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THE
BRITISH MEDICAL JOURNAL,

BEING THE

JOURNAL OF THE BRITISH MEDICAL ASSOCIATION.

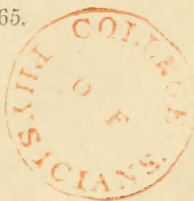
EDITED FOR THE ASSOCIATION BY

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VOLUME II FOR 1865.

JULY TO DECEMBER.



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BRITISH MEDICAL JOURNAL:

BEING THE JOURNAL OF THE BRITISH MEDICAL ASSOCIATION.

EDITED BY DR. MARKHAM.

LONDON: SATURDAY, JULY 8, 1865.

Transactions of Branches.

METROPOLITAN COUNTIES BRANCH.

PRESIDENT'S ADDRESS.

By EDWARD H. SEVEKING, M.D., F.R.C.P.;
Physician to H.R.H. the Prince of Wales;
Physician to St. Mary's Hospital; etc.

[Delivered July 4th, 1865.]

GENTLEMEN,—Two duties appear, on occasions like the present, to urge themselves upon our attention. The one duty is, to look back into the past, to ascertain what has been achieved; to deliberate calmly upon our shortcomings; to acknowledge our errors, if any have been committed. The other, to make preparations for the future; to form resolutions compatible with our experience and with our strength; and to determine the best, the wisest, and the most expeditious mode of carrying our resolutions into effect.

It were a futile attempt, were I to seek to condense into the brief space during which I am permitted to address you all that so wide a scope implies; but I am of opinion that, while our meeting here involves a tacit pledge that we are all engaged in this retrospect and prospect, you will exact from me no more than a brief allusion to some of the prominent topics which engage our common interests and our common affections.

If we take a general glance over the past of the British Medical Association—for I cannot regard the past of this Branch as dis severed from the trunk—I think we may congratulate ourselves upon its gradual and continuous growth. Fostered by no artificial means, developed in no social hotbed, it has followed the general law of Nature, that a good seed, sown in a congenial soil, must bide its time in order to grow into a strong and flourishing tree. There is many a good seed in this world which atrophies and dies for want of the appropriate nourishment; there is many a fertile land which produces noxious weeds, or is useless to humanity, for want of the careful labourer. But where time and opportunity suit, and the two come together, the result cannot fail to be propitious. Many years ago, Sir Charles Hastings sowed in our profession the seed of unity, unknown to our ancient corporations; and I ask the older members of our Association whether or not the tree that has sprung from it is putting forth branches to shelter, flowers to cheer and perfume, fruit to strengthen and uphold us in our pilgrimage. I cannot but think that, while the greatness of this country depends essentially upon the freedom with which individuals and individual corporations are permitted to develop, the "vested" rights of both frequently arrest unduly the progress of civilisation. The advancement of civilisation is in our case more particularly bound up with the doctrine that the interests of the

whole demand the equal growth and development of each of its parts. Every individual may equally arrest or foster the growth of the society to which he belongs. Therefore the importance of a full understanding of our common wants; therefore the necessity of self-sacrifice, of mutual forbearance and mutual aid. But, if such a constitution necessarily entails slow growth, it follows as an inherent consequence, that the results are broader, firmer, more enduring. The head may be necessary to direct and to guide; but, to use in a different sense the old parable of Menenius Agrippa, the head would be but a phantom, unless every part of the body helped to sustain, to nourish, and to obey.

The isolation, or, worse than isolation, the antagonism prevailing between the members of our medical body in days now happily almost gone by, has been removed mainly through the instrumentality of the British Medical Association. For years the doctrine of Unity was preached by its members, among whom not the least prominent was the excellent gentleman who has just vacated this chair. Various propositions were mooted and discussed; many strange combinations took place; many affinities were formed and again dissolved, and changes more complex than those that puzzle the student of chemistry effected, until at last the turmoil ended in the Medical Act of 1858. Let no one say that this was not a great achievement. It was the first great fruit of the struggle of our profession for Unity. Well I remember the meeting that took place at the house of a former President of this Branch, now unfortunately no more, at which the question was mooted as to whether the presidency of the Medical Council created under the Act should be given to a member of our profession or not. There were gentlemen then present who held the opinion that our profession was so little adapted for self-government, that it would be improper to let the President of the Medical Council be a medical man. Fortunately, the members of the Council did not agree to cast this slur upon their entire constituents, and elected one of the men most distinguished in medical science, Sir Benjamin Brodie, as their chief. I do not think that, whatever the shortcomings of the Medical Council may have been—and I am not here as their apologist—any meeting of members of the Association would now uphold the doctrine implied by some of the speakers on that occasion, that medical men, as such, are so deficient in tact and administrative talent as to be unworthy of the highest post in the executive appointed to rule their own body.

I bring forward this instance as an illustration of what I believe to have been the growth of public opinion, as well as of the utility of associations like our own. I incline to think that the initiative taken by this Branch on that particular occasion reminded the members of the Council of the duty of self-respect they owed to themselves as representatives of the entire profession.

If we look to more recent days, we still find in the British Medical Association, and not the least in the Branch which I now have the honour of addressing, numerous evidences of that watchful activity, zealous

in the protection of the interests not less of its own members than of those medical men who possess no means of bringing their grievances before a proper tribunal; and I conceive that the motives which have actuated the gentlemen who have been most prominent on those occasions have been of the highest quality, because they were impelled by the conviction that, in advocating the advancement of certain sections of the profession, they were seeking to promote the best interests of our countrymen at large. Need I remind you of the labours of my friend Dr. Stewart in behalf of the medical officers of the army and navy, which have already resulted in considerable improvement of their position, for which I cannot but think that our acknowledgments are due to the authorities? Is it necessary to point to the good work done by Dr. Gibbon and his coadjutors in watching over parliamentary Bills, in suggesting to members of Parliament and to heads of the Government, improvements in regard to the treatment of medical topics? It is in the columns of our JOURNAL, that these and allied matters, to which it would be tiresome to allude more in detail, have always received such able consideration, not only from our esteemed and learned editor, but from many pens of which we may well be proud. May I be permitted to say here, that without such an organ—without such a vehicle for the due expression of the opinions of our members—none of those measures could have been ventilated and promoted as they have been; and that I regard the existence of a journal like our own, issued at weekly intervals, as an essential and integral constituent of our body. In the rapid intercommunication established by its means, lies one of the elements of our strength; and so long as it is conducted with the ability and fearlessness which has characterised it of late years, so long I should regard any organic change in that quarter undesirable.

But, if there is ground for mutual congratulation as to the past of the British Medical Association, let us for a brief space consider whether we have in all respects attained the standard of excellence which we should aim at, and whether there be not room for a greater development of our resources. I would in all things seek, as an individual and as a member of a corporation, to take the highest ground; and I conceive that, as regards the immediate objects before us, the principle holds good, that what is a permanent and real benefit to ourselves as members of a common profession, ought to be an advantage to the community at large. I can conceive no injustice to an individual or to a section of the nation, without a corresponding and injurious reaction to those who inflict it; and, conversely, where an act of justice is done or a benefit conferred upon a smaller or larger section of the community, the entire community must benefit. This was, and remains, the great argument in favour of improving the position of the medical officers of the army and navy. The advancement of their interests, the increase of their legitimate authority, the elevation of their social status, will react beneficially upon the remainder of the profession, no less than upon the welfare of those soldiers and sailors whose health is indeed, both literally and figuratively, worth much gold to the country. It would be invidious to speak of individual instances in which we have failed, because it might be thought that I wished to cast blame upon individual members; but such is far from being my wish; and I would merely throw out interrogatively the inquiry, for each of my hearers to answer for himself, whether, in his sphere and capacity, he has always done his utmost to develope good-fellowship among his professional brethren; to advance the highest aims of our

art and science; and to promote the welfare of our country and of humanity at large.

The prosecution of science, and the continual growth in knowledge of all the members of our profession, is the first object at which we should all aim. Nowhere does this hold good more than with us; and, though there may be room for improvement in our social and political relations, we cannot forget that the main attraction to the study of medicine is, and ever will be, that inherent in itself. While it is right, for the reason previously stated, that we should not despise extraneous attractions, medicine will never flourish if either pecuniary rewards or honours should become our main incentives to labour. As yet, there is little chance of this being the case; and I intend shortly to consider how desirably for society at large the increase in those rewards may serve as auxiliaries to the progress of civilisation. At this moment, however, I only ask you to examine how far this Association may promote science on its own account, and with a view to the general realisation of the objects for which it was founded by Sir C. Hastings, now thirty-three years ago. The charge of empiricism, that has so often been made against us, can only be rendered nugatory by the unremitting endeavours of all to secure a high standard of preliminary education. Not that pure science is in itself conducive to an intelligence of natural phenomena, but that an expansion of all the faculties of the mind in early youth aids materially to the just comprehension of those physical phenomena to which the student of medicine has to turn his exclusive attention throughout his practical career. Much has been done in this direction of late years; and I think the teachers of the London schools of medicine already testify to the improved character of the students who flock to their benches, as compared with the majority of those who occupied those benches when they themselves were students. This, then, is one of the points to which our Association should never fail to direct its serious consideration. It may aid the authorities who mean well to the profession, by encouraging a high standard of education; and it may advance the cause of science, by offering every resistance in its power, if ever any attempts are made to depress the standard and encourage men of inferior intellectual calibre and growth.

Another question for us to consider is, as to whether the Association can directly contribute to the promotion of medical science. One of the means adopted is our JOURNAL, which serves as an organ of intercommunication between our members, and assists in the spread of the results obtained by individual workers. A high responsibility rests with the editor; and that our present editor fully appreciates his position, and well discharges his duties, is, I think, best demonstrated, not by any encomiums of mine, but by the great increase in the numbers which of late years have rallied round our standard.* Whether or not we may, by enlarging the scope of our JOURNAL, or by separating the scientific from the social part, do good, is a point upon which I would rather at present avoid expressing an opinion; but I have no hesitation in saying that, whatever changes or additions may be thought desirable, I should ever hold the continuance of a weekly paper to be essential to the existence and wellbeing of the British Medical Association. We must not forget that science demands of its workers hearty zeal and devotion; and that, although cooperation may be useful to the elucidation

* I find that the number of members of the Provincial Medical Association in the first year of its formation was 310; in 1852, the number had increased to 1688; in the year 1864, we numbered 2229; and I am told that about 150 new members have been added during the present year.

of some scientific truths, the bulk of good results obtained, are gained by men working by themselves and unfettered by the trammels which association often imposes. We must, therefore, not be too sanguine as to the powers possessed by the Association of directly influencing the advance of scientific medicine. Medals and other distinctions might, perhaps, be offered when our funds permit; possibly our annual meetings might be more specially directed towards the advancement of medical science; but, after all, the work must be done for its own sake; and I am inclined to think that our corporate energies may be most beneficially applied in other directions.

There are two points to which I would ask you for a few minutes to turn your attention—the advancement of preventive medicine, and the increase of our executive power; or, to put it in a different way, the duties which we owe to our fellow-men, and those which we owe to ourselves. I believe the two to be so closely bound up together, that they aid one another, and are almost correlative; and it is especially on the ground that the advancement of our own body will confer a great benefit on our fellow-countrymen, that I now, as I have often done before, urge the necessity of associations like our own doing their utmost to protect and advance the interests of the whole profession or of individual sections.

It is often asserted, that medicine is not a science; and the main argument used by the caviller is its want of precision. It would be an interesting subject for an address to go through the main features of modern medicine, to show how unjust the charge is, by pointing to the exactness and almost unerring certainty with which many diseases of the nervous centres, of the thorax and abdomen, may now be recognised and treated, compared with the vague guess-work that prevailed up to the beginning of the present century. But I am desirous of dwelling only upon one of the features of modern medicine in which that precision is particularly demonstrable on a large scale, and which illustrates particularly the social importance to the body politic of the medical man. It is in all matters connected with sanitary legislation that the physician's knowledge renders him not only peculiarly apt to offer counsel and advice, but, one would think, the only person who ought to have any strong and decisive voice. It is in the direction of Health of Towns Acts, in the removal of nuisances, and in the care of the poor no less than in the sanitary care of the rich, that an Association like our own can do so much, by promulgating correct knowledge, by urging on the dilatory, by supporting the weak, by attacking the prejudiced, and by throwing its axis over those who are ridden over and trampled down by the ignorant and the overbearing. It is true, that knowledge is power. It is because we know that our aid prolongs life, renders the soldier more efficient, and multiplies the resources of our army and our navy; that we desire in all reasonable ways to increase the efficiency of the medical officers, and to encourage the natural ardour of any young Englishman to devote himself to his country's service, whether it be as a combatant or as a non-combatant. If there be among us any who are disposed to ignore the great benefit medical science has conferred in this direction, let him study the medical statistics of our country; the Health of Towns Reports; the great work on Hygiene by our associate Dr. Parkes; and the various reports of that admirable staff of combatants against sickness and disease, and inferentially against crime, the Medical Officers of Health. If we look back to any of the great sanitary questions that are now finally settled by legislative

interference, we wonder at the obtuseness of law-givers, parochial and parliamentary, who could, in many cases for centuries, oppose what is now universally admitted to be a primary condition of the healthiness of our large communities. But there are still, and ever will be, many points upon which vested rights will be opposed to the general good; and the general good will only be duly attended to if there are proper counsellors, and those counsellors can see that their recommendations are duly carried into effect.

Take, for instance, our graveyards. Some of us may remember the first outcry that was raised on the appearance of Mr. Walker's works on this unsavoury subject; and there is scarcely a member here present who cannot call to mind the labour that was necessary to convince the public that their festering corpses had no claim to poison their surviving relatives, and that the living were, in our sublimity relations, of more importance than the dead. Are we not still, in many things, acting as blindly and inconsiderately as our predecessors, who asserted the innocuity of intramural interments and the wholesomeness of bestial offal, slaughter-houses, tallow boilers, knackers' yards, and other stink-generating processes? Shall we always go on from the lesser to greater abomination, because we have not the courage to grapple with a difficulty in its infancy, and because we must wait till we feel the sword pointed at our own throats?

Look at the great sewage question. Is that not even now threatening to overwhelm us? and have we not, in the triple sewer of this vast metropolis, agreed to throw away, as a temporary expedient, millions of money, for the purpose of showing how imperfect are all our endeavours to read the unfailing and unerring laws of a beneficent Creator? Are we not, at this moment, with all our advances in hygiene and engineering skill, temporising with a monstrous difficulty, instead of dealing with it manfully and radically? If we persevere in our present course, all the rivers of this country will soon be poisoned; and we shall, Tantalus-like, bring the cup to our lips, only to cast it aside because it teems with pollution. Where will this end? Not by multiplying our sewers; for they must at last terminate in our rivers, as they are flushed by their waters. We must not use up all our water, first to wash out our impurities, and then again cast the impurities into the water. But we must contrive some method by which, from each household, the fructifying liquids and solids may be separately conveyed direct to our meadows and our fields, there to reproduce in succeeding rotation the crops that nourish and support and strengthen our frames.

This, then, is a great question for us to take up and to solve—a question involving the happiness and the health of the present, and yet more of countless generations to come.

But it is only one of a class. An analogous question is the administration of our poor-laws, with reference to the healthy no less than with regard to the sick. Is the lawyer, or the clergyman, or the independent gentleman, to say nothing of the shop-keeping aristocracy of our vestries—are they, by training or observation, prepared for the investigation of the many sanitary and sanatory questions involved in the administration of the poor laws? Who but a medical man is capable of judging of a dietary? Who can determine the healthiness of dwellings, the cubic space necessary to prevent typhus or phthisis, the amount and character of ventilation requisite to prevent the development and spread of typhoid fever, of erysipelas, of gangrene, and all the various items that go to swell our death-rates, but the medical

man? Who can best supervise hospital arrangements and direct nurses? Who is the most suitable person, in short, to advise upon the countless matters upon which the health and strength of the nation depend? The man whose whole energies have been devoted previously to political, ecclesiastical, or commercial pursuits; or he whose studies have specially trained him for the work that I have pointed out as necessary to be done in a well ordered Christian community?

Let me not be misunderstood. I have no wish to underrate the services to the community of other professions and callings. But I do most earnestly desire to increase that power of doing good which so eminently belongs to our own. And I would ask you, whether or not past and contemporary history does not constantly exhibit the paralysing effect of some cold shadow thrown across the path of the medical man, where he is working for the good of his fellow men, but where he finds his power inadequate to secure attention to his suggestions. Much as I would desire to see medical men enter the Houses of Parliament, it is, I apprehend, impossible, from the nature of things, that any influential section of our legislators should ever be composed of physicians or surgeons. If medical men enter the House of Commons as *emeriti*, they are not likely to be able to undertake the task of learning a new calling; if young and energetic, they are too often compelled by the *res angusta domi* to think first of bread and cheese before they can devote their time and energies to what is only too likely to prove a thankless, though not an inglorious, work. Besides, the Senate would not lead the doctor to other lucrative posts which form the attraction to many a lawyer, and often enough reward his senatorial displays.

To insure a fuller and more ready acceptance of the great truths and facts of sanitary medicine, it seems necessary to admit medical men of eminence into all the Boards which now involve the consideration of medical topics; not merely as subordinate advisers, but as members occupying a position of perfect equality with the most influential members of the Boards. We all know how the voluntary advice of an inferior is looked upon; we all know that the suggestions of a subordinate are but too apt to be ungraciously received, if not cast aside. I do not, then, hesitate to maintain, that the good of our country will be consulted if medical men are admitted to seats in such departments of Government as the Poor-law Board, with the same right of voting and with the same executive and administrative privileges that belong to other members of those bodies. I should be disposed to think that, in the course of time, when the general public adequately appreciate the importance of the topics which we are now discussing, a medical ministry will be thought quite as integral a part of the government as a ministry of war.

Not till some such plans are carried out, can we expect to retain the services of the best men exclusively for the public good; because rich men rarely become physicians, and because, by the time their profession has rendered them pecuniarily independent, they will as rarely be disposed or suited to enter upon a new mode of life. There are at present scarcely any rewards or dignities accessible to the members of the profession; and where they have the greatest right to claim them, they are but too often withheld or bestowed in a niggardly spirit. I trust I have succeeded in showing, however feebly, that a large benefit would accrue to our beloved country if there were more prizes for us to hope for; not as inducements to join the profession, for the number who enter our ranks from a pure and hearty love of its immediate objects is already ample; but as a reward

for hard work done, and as a means of rendering that work eventually of more certain and general acceptance to the nation. Give to medical men the opportunities of themselves realising what now is invariably prompted by them, but as invariably, if adopted at all, adopted by others who ignore the original mover, and long after the idea was first brought under public notice. The public would be more ready to accept our suggestions, could they be brought before them with a little of that authority which is accorded to high position, especially if there can be no imputation of a selfish and personal motive.

The present time is particularly opportune. The approaching changes in Parliament enable us to urge our views, neither factiously nor as suppliants, but as men determined upon the issue, though willing to wait a fitting opportunity. If the entire profession of England determine at the next general election to support only such candidates as shall be willing in their turn to promote the just interests of the profession, and to see that medical men are put into those posts of honour and emolument for which they, and they alone, are sufficiently qualified, it would be strange indeed if no beneficial result were at once achieved. Might not the Association, at the annual general meeting, without entering into general politics, draw up a moderate and reasonable programme, embodying the conditions upon which the medical profession will give their support to individual candidates? I think we should, if it be ratified by the profession at large, gradually see such a change in public opinion as could not fail to terminate in the ultimate fulfilment of our legitimate wishes.

I fear I have already fatigued you, or there would be still much to say and many arguments to adduce why, in a commonwealth like ours, all intellectual power should be fairly represented in the government. I have said nothing about the many abuses from which we as medical men suffer, whether it be as Poor-law medical officers, as servants of the public in dispensaries and hospitals, as advisers on almost all questions that concern the public health. In these, as in other points directly relating to our personal interests, we must bide our time, holding together earnestly and honestly; not thinking that we can advance ourselves individually at the cost of our professional brethren, or by doing anything that may be derogatory to a man of science and a gentleman. One common bond of friendship should unite us to each other. Let us ever be mindful of the saying of one of our earliest teachers: "*Idem velle atque idem nolle, ea demum firma amicitia est.*" Let us be able to say with each recurring anniversary, in the words used by Sir C. Hastings at the first meeting of the Association, on the 19th of July, 1832, that we "hail this day, *hunc lætum medicis diem*, as one of peculiar promise." If there are any points upon which we differ, let us agree to differ. If our differences are based upon the same loyal zeal, they will find their ready cure in the common aim to extend the sphere of usefulness of the most beneficent and unselfish of all professions.

I should not, I am sure, do justice to your feelings or to my own, if I concluded without an allusion to one of the many topics that would still deserve our consideration, did I dare to trespass longer on your patience. The subject is one fraught with pain. During the past year, the numbers of our Branch have increased to above two hundred members; but we have experienced losses never to be replaced. Each of us will count personal friends among the five gentlemen who have been called from this, we hope, to a better world. Dr. James Bird, Dr. William Bell, Dr. Harrison, Dr. Kirkes, and Mr. Stone were all men who had not lived in vain, and whose death

was felt, when it occurred, as a personal loss by many members of this Association. This is not a place to dwell upon their relative merits; but I am sure I am only expressing the conviction of the entire profession—of those who knew him privately, as well as those who were acquainted with him by his works only—when I say that a peculiar poignancy of grief was experienced when the sad intelligence reached us of the demise of Dr. Kirkes, a physician who

"So wore his outward best, and joined
Each office of the social hour
To noble manners, as the flower
And native growth of noble mind."

He, indeed, belongs to the real great ones of the past.

Gentlemen, it remains for me to thank you for placing me in this chair. I consider this distinction as a comforting assurance that you, my medical brethren, have regarded my earnest good will to my profession, rather than my many shortcomings, of which no one can be more conscious than myself. It will be my endeavour, during my tenure of office, to emulate my predecessors; and if, at its termination, you have found in me the same assiduity and zeal that have characterised him who has just quitted the presidency of this Branch, I shall attain to a high reward.

HULL BRANCH.

CASES OF BRONCHOCELE OF THE ISTHMUS OF THE THYROID BODY; WITH REMARKS ON THE PRACTICABILITY OF EXCISION UNDER CERTAIN CIRCUMSTANCES.

By KELBURNE KING, M.D., Surgeon to the Hull General Infirmary.

[Read June 13, 1865.]

THE form of bronchocele to which I wish to call your attention to-day, is that in which the enlargement occurs not so much in the lobes of the thyroid body as in the isthmus, and consequently forms a projection upon the upper part of the trachea. This kind is not by any means so common as that which consists of enlargement of the lobes; but it is occasionally (as I shall show by three cases which have occurred in my own practice) attended with much more distressing symptoms than the mere size of the tumour would lead us to expect. I presume that there is something in the position which renders bronchocele of the isthmus a more serious complaint than when the same disease occurs in the lobes; and I believe that this is explained by the closer connexion which in that situation it possesses to the trachea, and to the more distressing effect produced by vertical than by lateral pressure upon that organ. At the same time, I ought to mention, that I have known cases of enlargement of the isthmus, in which no inconvenience, except that arising from the bulk of the tumour, has been experienced, and, therefore, proving that, even in this position, the neighbourhood of a considerable tumour is not necessarily attended with grave results. I believe, however, that it is much more frequently the cause of obstruction to breathing, and even swallowing, when occurring in the isthmus, than when it affects the lobes, and that although the size attained be comparatively inconsiderable.

The first case which I shall narrate proves the fatal results which may flow from a comparatively small tumour in this position; and the other two will indicate a method of dealing with the disease in certain cases which, though forbidden by the general rules of surgical authorities, is shown by the third case to be unattended with danger in the operation and perfectly effectual in the result.

My attention was called to the dangerous nature of bronchocele of the isthmus by the following case.

On October 2nd, 1860, I was consulted by Miss W., of Garton, in this neighbourhood, aged 42, on account of a tumour of about the size of a pigeon's egg, situated in the front of the trachea and following the movements of the larynx. There was hardly any appearance of enlargement of the thyroid lobes. The skin was much seamed, and was quite adherent to the tumour, which felt much firmer than these tumours usually do, and seemed to be unusually closely attached to the trachea.

She stated that she had noticed the swelling for many years; that at first it was quite moveable, but that, strong blisters and escharotics having been applied to it, it had become harder and more fixed; and that, while at first it had caused little inconvenience, latterly, and (as she thought) in consequence of the severe counterirritation, she had suffered from increasing paroxysms of dyspnoea, which, she said, had of late assumed an alarming character.

When I saw her, her breathing was rather hurried, and seemed somewhat spasmodic; but there was no laryngismus of any consequence, though she said it might come on at any moment, and that the attacks were of late becoming longer and more severe.

On October 6th, she called upon me again, but I happened to be from home; and when in my house she had a violent attack of dyspnoea, which those who saw her feared might have proved immediately fatal.

On the 8th, I saw her in consultation with Sir Henry Cooper. We were told that, during the last two days, her breathing had been excessively difficult and noisy. She was in a state of great prostration. Dyspnoea was extreme; and it was evident that tracheotomy afforded the only chance of prolonging life. This was performed by cutting right through the middle of the tumour. The hemorrhage was not so great as we had feared; and, except some difficulty in fixing in the tube in consequence of the depth of the wound, there was nothing to notice in regard to the operation.

Immediate relief was afforded; and on the following day she continued to feel much easier and better. Early on the morning of the 10th, inflammation and profuse secretion of the bronchial mucous membrane set in; and she died on October 11th.

Reflecting on this case, I could not help regretting that an attempt had not been earlier made to remove the tumour; and determined, in the event of seeing a similar state of disease, that I would dissect off the skin, pass ligatures deeply on each side, so as to command the principal arterial supply, and excise the included portion.

I did not meet again with anything like the circumstances named, until October 11th, 1864, when D. B., a young man, aged 21, from Preston in Holderness, consulted me regarding a tumour in the same situation, of about the size of a hen's egg. It was connected with enlarged lobes of the thyroid on each side. It had existed for a long time; but he had observed it to enlarge more rapidly during the last year; and his attention had been attracted to it during that time in consequence of the increasing difficulty he found in respiration. When he applied to me, his breathing was noisy and stridulous; its difficulty was increased by the least exertion; and he had an occasional hard ringing cough. He was otherwise in good health, and seemed a strong country lad. There was no pain about the tumour, which felt loose, moveable, soft, and elastic.

I was deterred from proceeding at once to treat this tumour in the way I have indicated, by the fact of its not being an isolated swelling of the isthmus, but a general enlargement of the thyroid body most

conspicuous in the central position. I remembered an attempt made by Mr. Lyon of Glasgow, when I was house-surgeon to the Infirmary there, twenty-three years ago, to relieve increasing dyspnoea, by removing a portion of a bronchocele, and the all but irrepressible hæmorrhage to which it gave rise; and I determined to try the effect of iodine inwardly and the application of biniodide of mercury outwardly, as recommended by an Indian medical officer. The man was admitted a patient of the Hull Infirmary; and these measures were persevered in, but without producing any improvement.

In the early part of November, it became evident that his condition was becoming worse. The breathing was more impeded; he lay with his head thrown back, and the lips were assuming a dusky appearance. There were no stethoscopic signs indicating any pulmonary affection. I told Mr. Evans, the house-surgeon, to let me know if any change for the worse took place; and at two o'clock on the morning of Nov. 13th, I was called to see him, when I found him insensible, with greatly impeded respiration, sluggish pupils, livid countenance, and firm, slow pulse. I immediately proceeded to perform the operation which I had determined upon, in the event of its being necessary to save life. An incision was made in the middle line, right over the centre of the tumour and down to it. The skin was dissected off on each side so as freely to expose the mass. The firm capsule surrounding it was opened; and I proceeded to enucleate the tumour with the handle of the knife as much as possible, intending to pass strong sharp needles, set on handles and armed with stout ligatures, round each side of the central tumour, which, being thus deprived of its arterial supply, I then intended to excise. To my surprise and satisfaction, I found that I could pass my fingers completely round the whole mass; and ultimately I removed a separate and independent solid tumour, enveloped in its own cyst, larger than a hen's egg, and attached to the surrounding bronchocele only by its connecting vessels. So far had asphyxia proceeded, that, when these were divided, the arterial blood flowed out in jets as purple as the venous. A ligature was placed round the bleeding portion; and the trachea could be discerned lying at the bottom of the deep wound from which the tumour had been withdrawn. The breathing was speedily relieved; and, as there were symptoms of returning sensibility, I advised Mr. Evans to watch him carefully, and if his condition did not improve after some time, to insert the tube into the trachea. This it was found necessary to do two hours afterwards. His breathing then became very much relieved; and when I saw him at 12 noon, respiration through the tube was free; he was perfectly conscious; and altogether his general appearance and symptoms were very promising.

On the 14th, the entry in the hospital book is, that he was "still improved"; but it was noticed that muco-purulent matter tinged with blood was expectorated through the tube.

On the 15th, at 8.30 a.m., he became much worse, with greatly impeded respiration (although the tube was free); and in half an hour he died.

On making a *post mortem* examination, the whole thyroid body was laid bare, and there was found to be great enlargement of both lobes, each of them measuring fully five inches in length and three in thickness. On a superficial examination, they presented a lobular homogeneous appearance, being surrounded by a strong capsule. A small isthmus connected the two lobes; and below it, and on each side, there was a deep indentation on the lobes, corresponding to the tumour which had been removed. When cut into, each lobe was found to consist of a

mass of independent tumours, each quite capable of isolation from those lying beside it, but all bound together by the strong capsular investment already alluded to. These varied from the size of a nut to that of a hen's egg. Many were solid, like the one removed; others consisted of a thick cyst, containing within it a black treacly fluid. All were perfectly independent, and were held together externally by the general capsule; internally, they were in some parts loosely united by what looked like an expansion of the true substance of the thyroid body. The trachea and bronchial tubes were filled with muco-purulent fluid. This was readily expressed from the substance of the lungs; and in this case, as in the former, there is no doubt that inflammation of the mucous membranes, and muco-purulent secretion from their surfaces, were the immediate causes of death.

This case seems to me very remarkable in a pathological point of view. I was not prepared to find a bronchocele made up of a series of independent tumours, most of them solid, and presenting the appearance of ordinary sarcoma. I have seen large cysts developed in the interior of a bronchocele; but they looked to me more like the results of absorption and softening of portions of the enlarged thyroid mass, than cysts of independent origin, and secreting the contained fluid. Erichsen, Chelius, and other writers speak of cystic tumours occurring in this way, and also independently; but in this case the greater number were not cystic, but solid tumours; and that especially which, occurring in the middle line, caused all the mischief, turned out to be, as it felt during life, but as I had no warrant to expect that it would prove, a totally independent tumour, only enveloped by a general capsule which united together the different individual items of which the mass consisted. Had I been aware of this disposition of parts, I would have done at an early period what I did at the last, and removed, without fear of hæmorrhage or other ill consequence, the body which, by its pressure on the trachea, was slowly producing asphyxia and death.

Not very long afterwards, I had an opportunity of putting in practice the treatment which I so deeply regretted not having known in the case of D. B.

On the 31st day of January, 1865, a young man, aged 21, from Ellerker, called upon me for advice regarding a tumour in the front of the throat, which had existed for three or four years, but had caused difficulty of breathing and in swallowing for the last three months. On examination, I found a tumour which followed the movements of the larynx, situated on the front of the trachea. It was of about the size of a small hen's egg; felt loose and moveable; was not painful to the touch, unless it was pressed back, when a feeling of suffocation was produced. On each side there could be felt an enlargement of the thyroid lobes, but not to a very great extent. Of late the difficulty of respiration was so much increased as to prevent his following his usual employment. For about three months, I administered iodine externally and internally; but, no improvement taking place, I determined to remove the central portion, which, like that in the former case, had the loose feeling of an independent tumour. Accordingly, on the 9th of May last, he was placed under the influence of chloroform, and an incision made in the middle line, over the centre of the tumour. The skin was dissected back, and the surface exposed. A dense capsule was divided, and the central tumour was readily enucleated by the handle of the knife, and removed. A ligature was readily applied to the nutritive artery, and not half a teaspoonful of blood was lost in the operation. Other tumours were brought into view on each side by the dissection, and I was tempted to go on isolating

them; but I abstained on reflecting that the central tumour was the only portion which interfered with the respiration, and that the incision had been planned solely with a reference to it.

The wound healed up, and the ligature came away, without any untoward symptom. The unpleasant sensations have been completely relieved; he has returned to his usual employment; but I have asked him to show himself to you to-day, that you may have an opportunity of seeing the present condition of the parts, and hearing his own statement.

From these cases I have been led to the following conclusions.

1. That serious and even fatal consequences may arise from a comparatively small tumour situated over the isthmus of the thyroid body.

2. That a bronchocele is not necessarily homogeneous in structure, but may consist of a number of tumours, solid or cystic, bound together only by the external capsule.

3. That if a central tumour be causing unpleasant symptoms by its presence in the trachea, and if it feel loose and isolated, there is good hope of removing it without any hæmorrhage or unpleasant effect; and that, even though the lobes also are felt to be enlarged.

SOUTH-EASTERN BRANCH: WEST KENT DISTRICT MEETINGS.

A CASE OF TRACHEOTOMY PERFORMED FOR RELIEF OF LARYNGITIS: EXPULSION OF A FRAGMENT OF MUTTON-BONE FROM LARYNX.

By C. H. ALLFREY, M.D., Chislehurst.

[Read at Dartford, April 28, 1865.]

G. M., Esq., aged 34, resident for nine years in India, in the Civil Service, but at the time of the operation at North Cray, caught a cold about the beginning of December 1864, to which he unfortunately paid but little attention; as during a fortnight's hunting in Ireland he was almost daily wet through, thus constantly renewing the cold. He had previously enjoyed perfect health.

On Dec. 23rd, he put himself under the care of Mr. T. Heckstall Smith of St. Mary Cray. He then appeared to be very much out of condition, and suffered prominently from hoarseness and difficulty of breathing. On auscultation, there was notable inaudibility of the respiratory murmur, with abnormal roughness in the neighbourhood of the windpipe.

On Dec. 29th, Dr. Allfrey, partner of Mr. Smith, at the request of the latter, examined the state of the larynx by means of the laryngoscope. That instrument, which was borne fairly well, revealed undue vascular injection of the whole mucous lining—involving the true cords as well as the epiglottis—with œdema, and consequent narrowing of the aperture of the glottis. Solution of nitrate of silver (sixteen grains to the ounce) was applied by means of a brush, and externally the throat was blistered.

Still the symptoms increased; and on Monday, January 2nd, they became very urgent. Emetics and leeches gave relief, but only temporarily; and, in the evening, so great was the difficulty of breathing, and so marked were the symptoms of exhaustion, that, after consultation with Dr. George Johnson, tracheotomy was performed by Dr. Allfrey. The laryngoscope, in Dr. Johnson's hands, gave strong confirmation of the absolute necessity of the course subsequently adopted. Whilst in this extreme distress, the patient tolerated the laryngoscope, and a more perfect view of the interior of the larynx was obtained than at any other time. The appearances

above mentioned still existed, but in a much more marked degree; and the narrowing of the aperture, from swelling and immobility of the cords, was extreme. The relief afforded by tracheotomy was immediate and strongly marked.

The patient had a good night, and from that time steadily mended; so that on Jan. 29th—one week after the operation—he breathed with perfect ease, when the tube was corked. The laryngoscope at this date—again in Dr. Johnson's hands—showed great amendment; but there was still sufficient redness and immobility of the cords to render the removal of the tube inadvisable. And well was it; for in the course of the same week—in consequence, apparently, of the extreme inclemency of the weather—a decided relapse occurred. The patient was then (Jan. 14th) absolutely unable to breathe without the aid of the tube; and the laryngoscope showed a state of things, if possible, worse than ever. The local application of nitrate of silver, in the form recommended by Dr. Johnson (arg. nit. ʒj; glycerini ʒss; aquæ dest. ʒss), hitherto only applied on alternate days, was now repeated daily, and with apparent advantage, for improvement steadily set in; and on Feb. 10th—seven weeks after the operation—the tube was removed, after another consultation with Dr. Johnson. The wound healed kindly and rapidly; yet the patient was not in an altogether satisfactory condition. He still suffered from frequent and distressing cough; and there was harshness of the breathing in the tracheal region, almost amounting to stridor. He could, it is true, fully inflate the chest; but inspiration and expiration were abnormally long. He also expectorated bloody muco-purulent matter. The continuance of these symptoms could only be explained by the supposition that the wound in the trachea had not healed so kindly as the external opening, as the larynx seemed healthy.

There was at the time of the removal of the tube—as there had been for several days previously—a great and unaccountable redness of the fauces, involving the epiglottis; accountable only, that is to say, on the supposition that the tube was in some way acting as an irritant.

On Saturday, Feb. 25th, these symptoms were rather unexpectedly explained. On the evening of Thursday, the 23rd, he suddenly lost his voice, and became altogether very poorly. On Friday, the 24th, the laryngoscope showed the existence of a certain degree of redness and œdema about the glottis; and on the afternoon of that day, he was seized with a fit of coughing, so terrible as almost to choke him; followed, on Saturday, by another even more terrible, during which he expelled what has every appearance of being a fragment of mutton-bone. From this moment, he rapidly became, to all intents and purposes, well, and the cough completely left him.

The question then presents itself, What was the origin of the bone? A very careful cross-examination failed to elicit any evidence that it was a portion thrown off from the patient's larynx or nose by necrosis, so it must be regarded as a foreign body. When, then, did this foreign body enter the larynx? Was it there all along? and, Was it the cause of the original mischief? Clearly not, for the following reasons. 1. The history of laryngitis produced by cold is too complete. 2. The patient has no recollection of having had, at any previous date, any violent cough, spasm, or distress, such as must have been occasioned by the entrance of such a body into a healthy larynx. 3. During the maintenance of the tube in the trachea, every facility for its peaceful entrance existed. The absolute insensibility of the glottis at that time was practically demonstrated, over and over again, when the caustic solution was applied; for, unless

the tongue or pharynx were accidentally touched, the introduction of the brush—and it could be felt to pass clearly between the cords—produced no cough or irritation whatever. The possibility of the entrance of such bodies was of course foreseen; and, in accordance with instructions, all nourishment was carefully strained, and solids rigorously prohibited. On one occasion, however, it was elicited that Scotch broth had been given, to humour the patient, without having been strained. Here was the source of the bone; and, in confirmation of this conclusion, it appeared, that on that very day (Jan. 30th) he was annoyed by fits of violent cough, and had been so, more or less, from that time. It is supposed, that the fragment was lodged in the anterior angle of the thyroid cartilage, just above the insertion of the vocal cords; and that thus we were unable to see it, for on no occasion, except that to which reference has been made, was a perfect view of the anterior part obtainable.

This case is valuable apart from its being a successful case of tracheotomy, as it affords an illustration of the very practical application of the laryngoscope. It proved, to say the least, a great comfort in confirming the necessity for tracheotomy; and it was undeniably of the greatest service at a later date, when its revelations were the only obstacle to the removal of the tube previous to the relapse which occurred as mentioned above.

It shows the necessity for extreme caution during the maintenance of the tube *in situ*, and for rigorously proscribing even the minutest particle of solid food.

It seems, also, to speak strongly in favour of the use of the solution of nitrate of silver, here used with glycerine, as recommended by Dr. G. Johnson in his lectures to the Royal College of Physicians.

DEATH OF ROBERT COOK, ESQ. Our obituary of this week contains the name of Mr. Robert Cook, of Gainsborough. Mr. Cook was one of the oldest medical practitioners in the county of Lincoln, if not the oldest. He commenced his medical career at Newark, where he remained only a few years, and had, as his first pupil, the late Dr. Marshall Hall, F.R.S., of London. Mr. Cook came to Gainsborough in the autumn of 1813; and from that period until his decease, a period of almost fifty-two years, he continued here. Altogether, Mr. Cook was in active practice nearly fifty-six years. He was well known and highly esteemed, not only by the medical world, but also by all classes of the community throughout a large circuit. Few men, indeed, possessed a larger acquaintance than he did; and his loss, even at the ripe age which he had attained, will be much felt.

FISSURE OF THE RECTUM SUCCESSFULLY TREATED BY FORCIBLE DISTENSION OF THE SPHINCTER ANI. The *New York Medical Journal* states, that at a meeting of the Medical and Surgical Society of that city, Dr. Otis called the attention of the society to the good results following the forcible distension of the sphincter ani, in a case of fissure of the rectum, recently under his care—a lady who had suffered for a year and a half from acute pain following each attempt at defecation, and lasting from eight to ten hours. On examination, he had discovered a fissure an inch in length, just within the anus. After putting the patient under the influence of chloroform, and inserting both thumbs into the rectum, he forcibly distended the anus. From that time to the present, over four weeks, the patient had been entirely free from pain, and considered herself cured. (*Medical and Surgical Reporter.*)

British Medical Journal.

SATURDAY, JULY 8th, 1865.

CEREBRO-SPINAL MENINGITIS.

DURING the last two years, an epidemic disease of children has prevailed in Germany, which was previously as strange to German nosologists as it still is to those of this country. It has appeared in various places between the Rhine and the Vistula; but in every instance the cases have been confined to limited epidemic areas—not disseminated over a wide extent of country; and these places have been at such distances from each other as at once to suggest to the unbiased mind that the agency by which the disease is brought into existence in each place must be meteoric, not terrestrial; and that, whatever be the nature of the original material cause, whether it be a *contagium vivum* or a so-called "proximate principle", it must be wafted by the atmosphere, not carried from place to place on the bodies of men.

The countries which have been principally visited by epidemic cerebro-spinal meningitis (or, as it has been lately called by laymen, "the new German complaint with the long name"), are West Prussia and Pomerania towards the north, and Bavaria and Baden towards the south. The disease seems to have been observed about the same time (in February 1864) in Stettin and Bromberg. In April 1864, it appeared near Eisenach; and in October, in Nuremberg; while in December, and in January and February 1865, it became epidemic in various parts of Bavaria, especially around the Fichtelgebirge, and in Baden, near Carlsruhe. During the same months, the outbreak in the department of Dantzic, which forms the subject of the report of which the title is at the head of this article, commenced and culminated.

The epidemics in Baden and Bavaria have been described by Professor Niemeyer of Tübingen, and by Drs. Merkel and Reuter of Nuremberg. These authors enumerate 220 fatal cases in their several reports; but this number is not supposed to include the whole. Dr. Sanderson* states that, in the province of Dantzic, it is believed by official persons that more than a thousand lives were lost during the first three months of the present year; so that it is not surprising that the Prussian Government considered that inquiry was necessary. For this purpose, the learned and accomplished Professor of Medicine in the University of Berlin, Dr. Hirsch, well known in this country as the author of an exhaustive treatise

* "Report of the Results of an Inquiry into the Epidemics of Cerebro-Spinal Meningitis prevailing about the Lower Vistula in the beginning of the present year." By John Burdon Sanderson, M.D., F.R.C.P.

tise on geographical pathology, was selected. In April last, the subject was brought under the notice of our own Government by Her Majesty's Ambassador at Berlin; and, in consequence of the facts communicated by him, the present inquiry was ordered.

The account which Dr. Sanderson gives of the symptoms and pathological appearances of the disease is probably as complete as it could have been, considering the short period during which the cases were under observation. The inquiry was completed in three weeks; and the epidemic was already subsiding when the author reached the scene of his labours. He appears to have confined himself strictly to those facts which actually came under his observation, without referring to the questions suggested by them. He has not expressed any opinion as to the essential nature of the disease itself, and has made no attempt to assign to it its proper place in the nosology, nor even alluded to the question, lately discussed, of its relation to typhus fever. It is evident, however, that he regards it as a blood-disease, or, as it is called by the German nosologists, an "*Infections-krankheit*".

Diseases of this description may be divided into two groups; namely, those in which the general constitutional disorder, and particularly the febrile reaction, are due partly to the infection of the blood, partly to local changes which are thereby induced; and, secondly, those in which the influence of the morbid poison is exerted exclusively on one organ. In these, the symptoms do not spring directly out of the dyscrasia, but out of the secondary local lesions. Now, from the following summary description of the disease, with which Dr. Sanderson precedes his more detailed account of its symptoms, there can be no doubt that it belongs to the second of these two groups. The phenomena represented are simply those which we should expect from inflammation of the membranes of the brain and spinal cord, however it originated.

"In adults, the disease begins almost invariably with shivering, profuse vomiting, intolerable headache, and giddiness. After these symptoms have continued for several hours, the patient's thoughts become confused. The headache continues, while other pains fix themselves in the muscles of the nape of the neck, of the small of the back, or of the abdominal wall. At this part of its progress the malady advances so rapidly, that within a few hours after the appearance of the first symptoms the patient becomes violently delirious, while at the same time the head is thrown back, and the thighs are drawn up by muscular contraction. The delirium usually lasts for a few days only. In the worst cases the patient lapses into profound insensibility, which continues until death. In a few rare instances he regains complete consciousness as the delirium ceases, and enters on convalescence. Much more frequently he is left on the third or fourth day of the disease, if he survive its first onset, in a state of extreme nervous depression, which is usually of long duration. This condition is characterised by impairment of consciousness,

rather apparent than real, perversion both of common and special sensibility, marasmus, and excessive muscular weakness.

"During the continuance of the state of depression, the patient is liable to frequent recurrence of the initial symptoms. Although so profoundly prostrate and indifferent to external impressions that he is incapable of replying to questions, he frequently utters piteous cries of pain. At night he sleeps little, usually wanders quietly, and is often subject to hallucinations. At any moment his life may be imperilled, either by secondary affections of the lungs or other vital organs, or by a recrudescence of the primary disease.

"As complete consciousness returns, and the patient resumes his relations with the external world, he may either find that in the course of the malady he has become paralysed, or that his sight or hearing are destroyed; or, on the other hand, he may be so exquisitely sensitive that light and sound are intolerable, and all other external impressions painful. Even if he escape these consequences, he is left in a pitiable state of muscular weakness and exhaustion, from which he very slowly recovers.

"The above description is completely applicable to those cases only in which the tendency to an early fatal termination manifests itself in the violence of the symptoms of invasion. Other cases are met with in which, although the evidences of cerebral disturbance are, from first to last, confined to sleeplessness and night-wandering, the subsequent development of the disease is similar. In these cases, the dangers and liabilities to which the patient is exposed are as serious, and the progress as tedious and exhausting, as in the others."

This description, as we have said, suggests nothing more than acute cerebro-spinal meningitis. In comparing it with that of typhus, one is first of all struck with the contrast between the one and the other as regards their general characters and aspects, and the order of succession and grouping of the symptoms. Then, in pursuing the comparison further, special differences present themselves of so essential a nature, that, unless we assume them to be misrepresented, it is impossible even to place the two diseases next each other in the nosology, much less to admit their identity. We refer particularly to the relation in which the two principal symptoms, *pain* and *delirium*, stand to each other. In cerebro-spinal meningitis, violent delirium occurs immediately after the initial symptoms, often within twenty-four hours of the commencement of the illness; and is preceded and followed, if not accompanied, by violent pain in the head, neck, and back. In typhus, it is true that there are both headache and delirium; but they are never combined. Headache is pre-eminently a symptom of the commencement. "About the end of the first week," says Dr. Murchison, "it ceases, and delirium supervenes." (*Continued Fevers*, p. 118.)

There are other respects in which the dissimilarity of typhus and epidemic meningitis is no less striking. So complete, indeed, is the contrast between them, that it is scarcely possible to mention a single characteristic of the former which is also possessed by the latter. According to the distinguished author

already quoted, the distinctive diagnosis of typhus rests mainly on the occurrence "of a rubeoloid rash between the fourth and seventh days", and on the limited duration of the malady; and, with respect to the discrimination between typhus and acute meningitis in particular, in doubtful cases, he expresses the opinion that "the presence of the eruption, or the exposure of the patient to the poison of typhus, can alone assist us." Now, as regards the duration of the disease, there is evidence, in the cases related or referred to in the Report, to show that, in the first place, there was the greatest irregularity as regards the period during which the disease lasted; and, secondly, that in several cases convalescence did not commence until four or five weeks after the attack. With respect to the eruption, the evidence is most positive. No eruption, which was in the slightest degree analogous to the typhus rash, was met with in any case; while, on the other hand, another eruption—that of herpes labialis—was observed in the greater number of cases at various periods, but for the most part between the third and sixth days.

The mode of invasion was remarkable.

"It usually happened that the patient was suddenly seized while following his ordinary occupations or at play, with shivering, vomiting, and headache. The occurrence of obstinate vomiting was almost universal. Of 56 cases in my notes in which this symptom was referred to, it was ascertained to have occurred in 51. It was of the most aggravated and uncontrollable character, the vomited matter consisting at first of half digested food, and subsequently of mucus stained with bile."

Very different is this from anything that ever occurs in typhus, in which, says Dr. Murchison, "nausea and vomiting are rare", though they are common in every form of meningitis.

From the frequency with which the muscles of the back of the neck become the seat of muscular contraction, the disease has acquired, in many parts of Germany, the familiar designation of *Genickkrampf*. This symptom Dr. Sanderson found to be so intimately associated with the existence of agonising pain in the same muscles, that he is disposed to regard the contraction as more or less dependent on the pain; for the contraction was never of so extreme a character as to deserve the name of tetanic. So long as the neck remained retracted, the muscles felt relaxed; nor could any hardness be made out until it was extended. In this respect, the author would appear to differ from other observers, especially in Germany, most of whom have described the retraction of the neck as tetanic. But the difference is probably rather of names than of things; for it is admitted that the head was drawn back in nearly every case, although the degree of muscular tension fell short of what in this country we understand by the word "tetanic".

Our space permits us to refer to one other set of

symptoms only; viz., to the affections of the organs of sight and hearing, and of their functions, which occurred in the course of attacks of meningitis. Squinting was observed frequently; sometimes it was transitory; sometimes it lasted several weeks; and in one instance it was permanent.

"The state of the pupils in epidemic meningitis corresponds closely with that which is observed in tubercular meningitis. I found that, in children seen during the first days of the disease, the pupils were either natural or contracted, the degree of contraction varying according to the condition of the patient at the time. In those patients who were apparently most insensible, the contraction of the iris was most marked, and then it was observed that as soon as the patient was roused by speaking to him or moving him in bed the pupil dilated. Variations of width often occurred while the patient was under observation, although he had not been disturbed, and no change had been made in the quantity of light admitted. Sometimes it was noticed that one pupil was larger than the other.

"In cases of long duration in which there was marasmus and great loss of muscular strength, the pupils were almost invariably dilated. In these instances it was found that they were sensible to light, and that there was no marked impairment of vision. In the case of a child aged 13, in whom this symptom existed to a remarkable degree, the eyes were explored with the ophthalmoscope without result."

Two cases of acute inflammatory disease of the eyeball came under observation. In one of these, iritis came on about the end of the second week, and resulted in synechia posterior and opacity of the vitreous humour. The patient, a child aged 14, had been at first nearly blind, but was gradually recovering her sight. In the other case, iritis commenced about the sixth day, and left the child with adherent iris, and absolutely blind. During the epidemic at Bromberg, several instances of the superposition of iritis in a similar manner were recorded by Dr. Salomon of that place.

Deafness was observed in ten cases, most of which were of children under ten. In six, the affection appeared during the first few days; and in three, in the second week; but in one it was not observed till the fourth week. Several cases are referred to in detail. Two of the patients, in one of whom the deafness had been absolute, recovered. Three or four others were completely deaf when last seen, although they were already convalescent as regards every other symptom.

As to the nature of the affection, Dr. Sanderson remarks:

"As regards the nature of the affection there appears to be good reason for believing that, like the blindness observed under similar circumstances and sometimes in the same cases, it is dependent on inflammatory changes in the organ of hearing itself. Dr. Klebs was kind enough to show me in the Pathological Museum of the Charité at Berlin a preparation of the internal ear of a soldier who had died of epidemic meningitis complicated with deafness, in which fibrinous adhesions existed between the bones of the internal ear and the walls of the vestibule. Dr. Klebs stated that in the recent state the mucous lining of

the vestibule was detached. My attention was drawn by Dr. Lissauer to a case reported to the Medical Society of Nuremberg, of a young woman who died of epidemic meningitis on the eighth day, having been deaf from the commencement. Both tympana were natural, but in the left membrana tympani was found a dense white thickening as large as a pin's head. On the same side the lining membrane of the semi-circular canals was distinctly thickened and loosened, and in the anterior canal there were semifluid purulent masses."

The *post mortem* appearances observed by Dr. Sanderson are already known to our readers. They were simply those which characterise exudation beneath the arachnoid. There were hyperæmia of the dura mater both of the brain and spinal cord, distension of the veins of the arachnoid, and minute injection of its surface. The pia mater was in each instance infiltrated with purulent exudation, which usually surrounded the large venous trunks occupying the intergyral subarachnoid spaces over the sulci, but sometimes extended over the convolutions. On the base of the brain there was, in some cases, very little exudation; while in others "it extended in a thick layer from the optic commissure to the medulla, covering all the adjacent parts, and enveloping the cranial nerves." In the spinal cord, the appearances were analogous. There was purulent exudation in every case. With respect to its distribution, it was most of all remarkable, that it was always much more abundant on the posterior than on the anterior surface of the organ. The exudation itself was partly liquid, partly concrete; "the subarachnoid space being occupied with purulent liquid; while the arachnoid, on its visceral aspect, was lined either with a continuous layer of uneven thickness, or with irregular patches of concrete pus."

Dr. Sanderson has been unable to draw any conclusions as to the determining causes of the late outbreak. He seems to think that, as regards the two localities in the department of Dantzic in which meningitis was most fatal—viz., in the delta of the Vistula, and on the hills to the westward—some importance is to be attached to the prevalence of malaria in the one case, and to the severity of the climate in the other; the hills in question being the only ones which the north-east winds meet between the Ural Mountains and the Hartz. With respect to overcrowding, want of ventilation, want of house-drainage, low diet, and other unfavourable personal conditions, the fullest information will be found in the introductory sections. All of these evils existed in a marked degree in some parts of the district; but, inasmuch as none of them were confined in their operation to infected districts, they could only be regarded as exercising a deteriorating effect on the health of the population, and thereby predisposing them to the invasion of disease.

No facts were met with in the course of the inquiry which afforded ground for believing that epi-

demic meningitis was capable of being communicated by personal intercourse. There was no instance in which the first case in any newly invaded district could be traced to communication with persons or families previously infected; and, when several individuals were attacked in the same household, the intervals between the attacks were usually so short that it could scarcely be supposed that one had caught it from another. There was no relation between the order in which villages or towns were visited by the epidemic, and their relative position or proximity to each other, or to the ordinary channels of human intercourse. We have already noticed that it broke out at the same moment on the shores of the Baltic and in Bavaria and Baden. So also, the circumscribed epidemics which occurred in different parts of the department of Dantzic commenced within a few days, although the localities were far distant from each other. Such facts as these are, of course, merely negative; they do not go to prove that the disease is not contagious, but merely that its power of communicating itself is so feeble as not sensibly to influence its mode of diffusion. Probably all blood-diseases are more or less catching; but observation seems to teach that those diseases in which the local element bears the largest proportion to the constitutional, such as diphtheria and epidemic meningitis, possess the property in the lowest degree.

As regards treatment, Dr. Sanderson states that there were few cases in which any of the means used appeared to exercise any appreciable influence in modifying the progress of the disease. In almost every case, the practice consisted in the application of leeches or cupping-glasses behind the ears or to the temples, which was invariably combined with the application of cold (ice or snow) to the head and spine.

"It was the opinion of all who had had most experience of the disease in its severest forms, that no advantage could be hoped for from this remedy unless it were adopted while the initial symptoms still lasted, and that, if the patient had already lapsed into the state of indifference—even though the face might still be flushed, and the skin feel warm—it was already too late to apply leeches. On the other hand, it appeared to be the general result of the experience of those who had seen the disease in its most formidable aspects, that, even in cases in which the onset was most violent, free local bleeding during the first few hours, while the patient was still vomiting, might be expected to be attended with benefit, and occasionally produced the most striking results."

"My own opportunities were, of course, far too limited to enable me to form any opinion on the question; but I think that the complete concurrence of opinion among practitioners is sufficient to warrant the statement that, notwithstanding the generally negative results which are observed, leeching, and the application of ice-cold to the spinal cord, is the only mode of treatment by which the progress of the disease is likely to be arrested, and that its utility is confined to the first day, and in some instances to the first few hours after the patient has begun to vomit."

Along with local bleeding and the application of cold, calomel was given almost universally in repeated doses during the first stage; while morphia was very generally administered by subcutaneous injection, or by the mouth, to alleviate the excruciating pain. In the later stages, quinine and other vegetable tonics were employed; while, in those cases in which there was impairment of vision or hearing, persistent muscular pains or contractions, or other indications that the disease had left behind alterations of structure in important organs, iodide of potassium was given with apparent advantage.

THE (SO-CALLED) SIBERIAN PLAGUE.

DR. BERKLEFF, on his return from St. Petersburg, gave, at a late meeting of the Medical Society of Vienna, an account of the "Siberian plague". The disease so called has, it appears, nothing to do with Siberia. It has been observed in the districts of Novogorod, Petersburg, Twer, etc.; and its origin is thus accounted for. More than one hundred thousand horses and oxen are employed in canal work throughout this marshy country; they are ill fed, and kept in harness eighteen hours a day. Under such conditions, the animals perish by thousands; and, by order of the Government, all such as die of the pustular fever (*Milzbrand*) are to be buried. But usually the skin is sold, and the flesh of the diseased oxen eaten. Of more than three hundred thousand animals which died during the past year, not more than ten thousand were buried. The men engaged in skinning the animals, and even in preparing the skins, have been attacked with malignant pustule (*Milzbrandkarbunkel*). If the carbuncles, etc., thus contracted, be opened early enough, and treated with acids, the disease is usually not fatal; but in those persons who can get no medical aid (as is usual in Russia) there arises a deadly form of typhus fever. Many of the dead animals are thrown into the Neva, the water of which is drunk by the inhabitants. This bad water, together with deficient food and diseased grain, explain, according to Dr. Berkleff, the presence of the recurrent fever in St. Petersburg, etc., during the past spring. The occurrence of the "Siberian plague" in man, he says, results immediately through contagion from diseased (*Milzkranken*) animals; malignant pustule being the result. It is probable, also, he adds, that the disease may be spread by gnats and flies from the animals to men; but it is not communicable from man to man.

WE recommend to the consideration of the Venereal Commission the following remarks lately made by M. Diday. They are a distinct confirmation of what we have already said in these pages: that there is no proof that syphilitic diseases are less common in

France, where police regulation of prostitution prevails, than they are in England. M. Diday says, in the *Gazette Médicale de Lyon*:

"The Administration has a special legislation for the purpose. The *visits*—i.e., the examinations of prostitutes—are, we are told, at present in many respects almost perfect. They are almost perfect . . . and yet are all but useless! Spite of all the ameliorations spoken of, are our consulting-rooms deserted? Is there a single bed empty in our venereal hospitals? How comes this contradiction?"

M. Diday replies, that the inspections are not properly carried out; that the inspecting doctors do not know how to inspect properly; and that the way to cure this evil is to appoint inspectors to inspect the inspectors, and see that they inspect more carefully!

THE following resolution was passed on the 4th inst., at the annual meeting of the Metropolitan Counties Branch. It is one which is of particular interest to the profession at the present moment.

"That, in the opinion of this Branch, medical electors should withhold their votes and influence from candidates for seats in Parliament who will not support the restoration in their integrity of the Army and Navy Medical Warrants of 1858-59, and the appointment of representatives of the medical profession on the Poor-law Board."

The propriety, or rather we should say the necessity, of a medical man being a member of the Poor-law Board is so obvious, that we are satisfied that very few candidates for Parliament would refuse to support so reasonable a proposition. Equally reasonable is the other proposal. And the occasion of pressing home on members of Parliament the opinions and wishes of the profession is very great, and one which it would be most foolish to lose. The power of medical men in Parliament is little enough; their only chance is to have their influence indirectly felt there. The very fact, moreover, of calling the general attention of members of Parliament to the interests of medical men, would be of great advantage to us all. We, therefore, trust that the suggestion, so simple and easy of execution, thrown out by the Metropolitan Counties Branch, will be generally adopted throughout the country.

DR. WHITLEY'S Report of the St. Petersburg epidemic does little more than confirm the facts already well known. Typhus or typhoid fever commonly prevails in St. Petersburg. In August last appeared a fever new to Russian doctors. Dr. Hermann, Physician of the Aboukhov Hospital, soon discovered its nature, and declared it to be relapsing or famine fever. Crowding, bad food, and extremes of temperature, were the main causes of the occurrence of the fever, which was, in fact, confined to the poorer classes. In the different hospitals, there were noted, from August 1864 to March 1865, 7,097 cases of typhus, and 7,625 of relapsing fever—in all, 14,722. Of these, 2,034 were fatal—1,198 typhus, and 836

relapsing fever. Parotitis was a common accident; but enlarged inguinal glands were much less frequently observed. The relapsing fever resembled precisely relapsing fever as elsewhere observed. The treatment had no influence in checking the relapses. The spleen was most frequently affected; the liver less so. Dr. Whitley remarks, that the mortality in different hospitals was very different, showing in a striking manner how the disease is modified by the circumstances under which the patient lives.

THE election of three Councillors of the Royal College of Surgeons, in the room of Mr. Arnott, resigned, and of Mr. Quain and Mr. Shaw, retiring by rotation, took place on Thursday last. The names of eight candidates were on the balloting papers; viz., Messrs. R. Quain, A. Shaw, Thomas Turner (of Manchester), W. J. E. Wilson, A. Ure, J. Paget, P. G. Hewett, and Charles Hawkins. The result was as follows.

Quain	225	Shaw	58
Paget	205	Hawkins	47
Turner	141	Wilson	24
Hewett	118	Ure	20

The three successful candidates were, therefore, Mr. Quain, Mr. Paget, and Mr. Turner; of whom the latter two are new members of the Council. In the voting, Mr. Quain had 55 plumpers; Mr. Turner 19; and the other candidates a small number—under 10—each.

THE meeting of the Metropolitan Counties Branch at the Crystal Palace, on Tuesday last, was a very successful one. A report from the Council was presented, in which the attention of the Branch was called to the army and navy questions, to the coming elections, to the JOURNAL, and to the subject of holding stated meetings of the Branch. The Parliamentary Committee also presented a long report, which showed that the Committee had, with but little outward display, been unwearied in its well directed efforts. The motion in regard to the conduct to be pursued by medical men at the coming elections, proposed by Dr. Stewart, is given at another page. The JOURNAL was brought under notice by Mr. Dunn, lately a president of the Branch, in the following motion.

“That the JOURNAL is, in the opinion of this Branch, essential for maintaining the unity and increasing the influence of the British Medical Association; and that the editor deserves the best thanks of the Branch for his unwearied efforts to uphold the honour and promote the highest interests of the medical profession.”

Dr. Sibson, one of the Vice-Presidents, seconded the proposal, which was very warmly received, and carried without a dissentient voice—the meeting thoroughly endorsing the views expressed by the President, Dr. Sieveking, in his address published in the

present number. The proceedings were, as usual, concluded by a dinner, Dr. Sieveking being in the chair. The pressure on our space compels us to defer a detailed report of the proceedings of the meeting, as well as some other reports of Branch meetings, until next week.

OUR medical brethren in Lambeth, as well as in Westminster, will have an opportunity of exercising their opinion upon the propriety or otherwise of voting for a homœopathic candidate. Mr. Hughes, the author of *Tom Brown's School Days*, is in the field for Lambeth, and is a warm supporter of the homœopathic subtlety. He performed a leading part at the last dinner of the Homœopathic Hospital.

A CORRESPONDENT SAYS:

“I have considered the question as to whether or no a medical man should refuse to give his vote to a candidate for Parliament who is a supporter of homœopathy, and cannot feel quite sure as to which is the right course to pursue. I am as strong an opponent of the farce of homœopathy as any doctor can be, but still do not wish to run into the error of laying myself open to the charge of being a persecutor. I should like to see the point discussed argumentatively in our JOURNAL, and am quite open to conviction.”

The safest course for our correspondent to follow, so long as he is in a difficulty on the question, is to vote against the supporter of homœopathy. Those who support quackeries are, as a rule, people with heads narrow at the base and high in the crown, of good hearts and limited intellects, but incapable of broad views. People of this sort are not of the right stuff to make good legislators. On this ground we may, as psychological, physiological, and political members of society, well and wisely, in the interests of our country, condemn all such as unfit to represent a common sense nation in Parliament. At the same time, we candidly admit that the point is one upon which, as Sir Roger De Coverley said, “Something may be said upon both sides of the question.”

M. DIDAY affirms that all syphilitic lesions are to be regarded as contagious as long as ever they exist; that, if they are not transmitted by one mode of contact, they may by some other mode; and that the capacity of a man to transmit syphilis, and especially by the act of generation, may survive, and even a long time, the disappearance of every syphilitic lesion.

A new medical journal, called *Tommaso Cornelio*, has appeared at Cosenza.

Dr. Fleury of Clermont-Ferrand informs the Paris Surgical Society that he has recently successfully extirpated the womb *in totality*. The Society, however, naturally somewhat incredulous, request him to produce the extirpated *pièce*.

Association Intelligence.

BRITISH MEDICAL ASSOCIATION: ANNUAL MEETING.

THE Thirty-third Annual Meeting of the British Medical Association will be held at Leamington, on Tuesday, Wednesday, Thursday, and Friday, the 1st, 2nd, 3rd, and 4th days of August next.

President—G. E. PAGET, M.D.Cantab.

President-elect—S. J. JEAFFRESON, M.D.Cantab.

All Meetings will be held in the College Buildings, Emswood Terrace.

TUESDAY, August 1st.

12 NOON. Meeting of Directors of Medical Provident Society.

1.30 P.M. Meeting of Committee of Council.

3 " Meeting of General Council.

8 " First General Meeting of Members. The retiring President (Dr. Paget) will resign his office. The new President (Dr. Jeaffreson) will deliver an Address. The Report of the Council will be read. The Report of the Medical Provident Society will be presented. Election of General Secretary. Election of Chairman and Vice-Chairman of the Medical Provident Society.

WEDNESDAY, August 2nd.

8.30 A.M. Public Breakfast at the "Regent" Hotel. Tickets 2s. 6d. each.

10 A.M. Meeting of the Council.

11 " Second General Meeting of Members. Discussion on Report of Council, and other subjects connected with the Association. Adjourn at One o'clock for Luncheon.

2 P.M. Third General Meeting of Members. Presentation of Hastings Medal. Address in Medicine by Professor STOKES, M.D., D.C.L. Papers, etc., on Medical subjects. Adjourn at 5 P.M.

8 P.M. *Soirée* at the College.

THURSDAY, August 3rd.

9 A.M. Meeting of new Board of Directors of the Medical Provident Society.

10.30 A.M. Fourth General Meeting of Members. Report of Medical Benevolent Fund will be presented. Discussion on subjects in Scientific Medicine, selected by the Committee of Council; viz., 1. Are there any Antecedent Conditions influencing the Production of Cancer? [This discussion will be opened by CHARLES H. MOORE, Esq., Surgeon to the Middlesex Hospital.] 2. Is there any foundation for the Hypothesis of the Origination of Disease by Zymosis or Ferment? [This discussion will be opened by B. W. RICHARDSON, M.A., M.D.] Adjourn at One o'clock for Luncheon.

2 P.M. Fifth General Meeting of Members. Address in Surgery by Professor SYME. Papers, etc., in Surgery and Midwifery. Adjourn at 5 P.M.

5 P.M. Cold Collation in the Jephson Gardens, by invitation of the Town authorities, to be followed by a *Vite*.

8.30 P.M. *Conversazione* at the College, by invitation of the President, Dr. Jeaffreson.

FRIDAY, August 4th.

10 A.M. Sixth General Meeting of Members. Discussion on subjects relating to State Medicine and Public Health selected by the Committee of Council; viz., 1. What measures should be advocated by the Association for securing an improved position to the

Medical Scientific Witness in Courts of Law? [This discussion will be opened by JOHN A. SYMONDS, M.D., F.R.S.E., of Clifton.] 2. Why are Sanitary Measures not always followed by a Reduction of Mortality? Adjourn at One o'clock for Luncheon.

2 P.M. Seventh General Meeting of Members. Papers and Cases in Medicine, Surgery, and Midwifery, with discussion thereon.

6 P.M. Public Dinner at the "Regent" Hotel. Tickets One Guinea each. Gentlemen intending to be present at the Dinner, are requested to give notice to the Honorary Local Secretary, THOMAS EBBAGE, Esq., 6, York Terrace, Leamington.

Members are requested, immediately on their arrival, to enter their names and addresses in the Reception-Room at the College, when cards will be supplied which will secure admission to all the proceedings.

A Clerk will be in attendance at the Reception-Room, and will give information respecting Private Lodgings, Hotels, etc.

To facilitate Excursions in the neighbourhood, the Clerk in attendance will be prepared to receive the names of gentlemen wishing to make such Excursions, and to arrange for the same.

The principal Hotels are the "Regent", the "Clarendon", the "Bath", and the "Crown".

Members who wish for information previous to the Meeting, may communicate with THOMAS EBBAGE, Esq., the Honorary Local Secretary.

Notices of Motion. Dr. PAGET will move to alter Law VIII, by inserting the words "President-elect" after the words "President for the year".

Dr. HENRY will move the appointment of a Committee to inquire into the subject of Poor-Law Medical Relief.

Dr. MEAD will move resolutions relative to Poor-law Medical Relief.

Dr. RICHARDSON will move: "That a Committee be appointed by the Association, to be called 'the Parliamentary Committee', to promote the Election of Medical Representatives to the House of Commons, and, if possible, to raise a Fund to support such Elections."

"That a sum of Fifty Pounds be placed by the Association at the disposal of the Committee, to enable it to carry out the object proposed."

Dr. DAVEY will move:—"That, with the view of dividing the present responsibilities of the Editor of the JOURNAL, and with the view of improving the general tone and management of the said JOURNAL, it is hereby proposed that there be chosen annually from the Council two gentlemen, who shall constitute an Editorial Committee, to which Committee the 'paid Editor' shall refer for counsel and assistance in especial cases of doubt or difficulty, and more particularly in all cases involving questions of a personal or social character."

Papers have been promised by—

FURNEAUX JORDAN, Esq. (Birmingham).

M. MACKENZIE, M.D. (London).

ALEXANDER FLEMING, M.D. (Birmingham).

J. VOSE SOLOMON, Esq. (Birmingham).

J. G. DAVEY, M.D. (Northwoods, Bristol).

T. P. TEALE, jun., Esq. (Leeds).

In order to facilitate the business of the Meeting, it is particularly requested that all papers be sent to the General Secretary, on or before the 25th of July, if possible.

T. WATKIN WILLIAMS, General Secretary.

13, Newhall Street, Birmingham, July 6th, 1865.

BRANCH MEETINGS TO BE HELD.

NAME OF BRANCH.	PLACE OF MEETING.	DATE.
READING. [Annual.]	Council Chamber, Reading.	Wednesday, July 12th, 4 P.M.
BATH AND BRISTOL. [Annual.]	Philosophical Institu- tion, Bristol.	Thursday, July 13, 4.45 P.M.
EAST ANGLIAN. [Annual.]	Council Chamber, Town Hall, Ipswich.	Friday, July 14th, 2 P.M.

BATH AND BRISTOL BRANCH.

The Annual Meeting of the Bath and Bristol Branch will be held in the Philosophical Institution, Bristol, on Thursday, July 13th, at 4.45 P.M.; when R. W. FALCONER, M.D., President, will resign the Chair to F. BRITTON, M.D., President-elect.

The dinner will be held at the Volunteer Club, Bristol, at 6.30 P.M.; F. BRITTON, M.D., in the Chair.

HENRY MARSHALL, M.D. } Hon. Secs.
R. S. FOWLER.

Clifton, July 26th, 1865.

EAST ANGLIAN BRANCH.

The Annual Meeting of the East Anglian Branch will be held in the Council Chamber, Town Hall, Ipswich, on Friday, July 14th, at 2 P.M.; A. H. BARTLET, M.D., President.

Dinner at 5 P.M.

Members are requested to forward to Dr. Chevallier the titles of any papers or cases they may wish to communicate, on or before June 30th.

B. CHEVALLIER, M.D., Hon. Secretary.

Ipswich, June 14th, 1865.

LANCASHIRE AND CHESHIRE BRANCH:
ANNUAL MEETING.

THE twenty-ninth annual meeting of the Lancashire and Cheshire Branch took place in the Royal Institution, Manchester, at noon, on Wednesday June 21st, 1865; T. TURNER, Esq., F.R.C.S., President, in the chair. There was a numerous attendance of members.

Mr. TURNER delivered an introductory address. He said he had great pleasure in welcoming them there that day, and he appreciated the honour which they had conferred upon him in electing him to the distinguished position of being their president. However, he was aware that every post of honour was also a post of responsibility, and it was not easy to preside over a body of even well-conditioned medical men. He was responsible for the success of their meeting; he had tried all he could to make it gratifying, and he trusted that they should make it useful. He was responsible, also, for keeping up fairness of discussion, and for endeavouring to carry out the primary object of the Association—the promotion of harmony and good feeling among the members of their common profession; a state of things which should exist in every liberal profession. If their profession was in any way adulterated, as was frequently unavoidably the case in rural districts, being mixed up with a certain amount of trading, it was to be regretted, but not at all times to be corrected. He fully agreed with the opinions of the late Sir Benjamin Brodie, who always laid it down as a maxim that their profession was but an irksome and indifferent trade, but it was a noble and dignified profession. [Hear, hear.] They should always endeavour to maintain it in this position, having kindred sympathies with each other in their common objects, and in everything which should bind man to man. There was never a time more striking than the present, when great attention should be paid to the conduct

of medical man to medical man. He felt that there was a great number of evils in connection with the profession. They should avoid persecution and prosecution if they were to be united in one great bond. In every society and association there would be differences of opinions. Be it so; but they need not differ on fundamental points. That was an axiom which he had endeavoured to act up to through life, which pertained not only to their profession, but to all learned professions and to social life at large, and it was this—that it was essential that there should be unity amongst them. There should be no difference between them on essential points; they never should carry their discussions to any degree of malignancy, and everything they said and did should be mixed up with charity. [Hear.] He felt persuaded that that meeting would endorse these sentiments. If they observed through life the rule that they had laid down, they would not suffer by tongue or cavil from within or without the profession; and if any appeal were necessary, let them appeal to their own consciences, which would in every respect disclose the truth. [Hear, hear.] The medical profession was not behindhand in its progress in science. Thirty years ago, when the master-mind of Sir Charles Hastings commenced the Association, the profession was in a very different state from what it is now. The Association was then an experiment, but now he (Mr. Turner) unhesitatingly said it was an established fact. What led to the establishment of the Society was to afford facilities to medical men, many hundreds of whom, who lived in obscure rural districts, had no means of access to persons within a very short distance of their homes; and medical men who had a rival in such districts had a very malignant rival. [Hear, hear.] When gentlemen in this position requested assistance in cases of emergency, they were denied it; and the evil did not end there, for it was reflected on the patients, and many valuable lives were thus lost. What was the state of matters now? Through the instrumentality of railways and the operation of the Association, men were brought to co-operate with one another, and to expunge from their moral obligations everything that could prevent humanity from receiving all that the profession could bestow. [Hear, hear.] The Society enlarged, taking into its ranks, at length, practitioners in the metropolis as well as in the provinces; and, although the recognition of its importance came slowly, it did come at last, and led to an union of metropolitan and provincial forces in the British Medical Association; so that now the Association formed a mighty engine for good. [Hear, hear.] Notwithstanding what the *Cornhill Magazine* said in its paper on provincialism, their metropolitan friends found that provincial societies were not to be disregarded, but that each strengthened the other. There was a protoplast in everything. Their Association had followed the fate of everything in literature, science, art, and social life. He hoped it would not follow the phases of human life in this—to have a beginning, to become developed, to grow, to increase, and to die; but that there would be found, after they were removed from the sphere of their present usefulness, other individuals who would support the Association, and that it would go on increasing in usefulness, in degree, and in every respect, until it should please God to pronounce the fiat that time should be no more. The question was often asked—What had the Association done? What had they not done? They had founded provincial Branch Associations, and that was doing a great deal towards carrying out the original intention of Sir Charles Hastings, that of harmonising the medical profession. They also published a JOURNAL, under the management of one of the most eminent physicians in the

metropolis, Dr. Markham. Some persons said that the JOURNAL might be better; but he never heard of any project that had met with universal approbation, and he believed that the JOURNAL was an essential element of their success; they must have a weekly organ, in order to keep them informed of London and the press of London. Some persons might say that there was too much sarcasm displayed in the paper; but there was in nature no such thing known as perfection. They had originated in the provinces a great many benevolent societies, and they had an institution at Epsom, of which it was impossible to say too much, and which met the exigencies of the profession to a very considerable extent, so far as the objects of the institution went. Again, they had a Medical Benevolent Fund, and they had a Provident Society in embryo, in connection with their Association; but this was a new undertaking, and required to be tested. He did not think that the channels of benevolence could be increased to too great an extent: all medical men were not successful, and many were not successful who deserved to be so. The road to wealth did not lie in the medical profession, and, if any untoward circumstance occurred to destroy their hopes or prospects, the provision of assistance for them was a good work.

Report of the Council. Dr. ROBERTS, Honorary Secretary, read the following report:

"In presenting their annual report, the Council congratulate the members on once more assembling in the city of Manchester.

"The Council have to call the attention of the members to the establishment of the Medical Provident Society, in connection with the British Medical Association. The Society was definitively founded at the last annual meeting of the Association held in Cambridge. The object of the Society is to enable duly registered medical practitioners to provide, by mutual assurance, for those exigencies of sickness and casualty which render them unable to discharge their professional duties. The rules of the Society, and the tables of contributions for assurers of different ages, have already been distributed, and are now in the hands of members. The Honorary Secretary of the Branch has received from the Chairman and Secretary of the Provident Society a circular calling upon the Branch to elect Directors to represent this district on the Board of Directors. The two following extracts from the rules of the Society contain the instructions by which these representatives are to be elected:—

"At the annual meeting of each district of the British Medical Association, there shall be elected one or more Directors, to represent the said district in the Board of Directors of this Society for twelve months, who shall be members of the aforesaid Association, and either honorary or contributing members of the Provident Society.

"If the number of members in a district do not exceed fifty, one Director shall be elected; if the number of members exceed fifty, and do not exceed one hundred, two shall be elected; if the number of members exceed one hundred, three shall be elected; but no district shall elect more than three Directors, whatever the number of its members may be."

"The Lancashire and Cheshire Branch are entitled by these rules to elect three Directors to represent this district in the Board of Directors of the British Provident Society. A resolution to that effect will be presently proposed to the meeting.

"In accordance with the law passed three years ago, five Members of the Council retire annually in rotation. The names of the gentlemen who retire this year are Dr. Noble; Mr. Ellis Jones; Mr. Mallet;

Dr. McIntyre; and Mr. Sharp. All these gentlemen are eligible for re-election.

Financial Statement. From the financial statement it appears that the balance in hand at the date of the annual meeting last year was £23:13:6; subscriptions received since, £21:2:8; making a total of £44:16:2. The ordinary expenses of the Branch during the past year have been £27:11:8, leaving in the hands of the Secretary a balance of £17:4:6."

Resolutions. The following resolutions were passed.

1. Moved by Dr. LEES (Ashton), and seconded by Mr. MCCHEANE (Liverpool):—

"That the report of the Council now read be adopted, and printed together with the proceedings of this meeting."

2. Moved by Mr. HUNT (Manchester), and seconded by Dr. WILLIAMS (Alderley):—

"That the best thanks of this meeting be given to Dr. De Vitre, the retiring President; to Dr. A. T. H. Waters and Mr. Howitt, the retiring Vice-Presidents; to the Honorary Secretary; and to the other members of the Council, for their services during the past year."

3. Moved by Dr. DESMOND (Liverpool), and seconded by Dr. EDWARD WATERS (Chester):—

"That the next meeting of the Branch be held in Liverpool; and that Dr. A. T. H. Waters be appointed President-Elect; and Dr. McNicoll (Southport) and W. H. Manifold, Esq. (Liverpool) Vice-Presidents-elect."

4. Moved by Dr. EASON WILKINSON (Manchester), and seconded by Dr. DESMOND:—

"That the following gentlemen be appointed Local Secretaries for the ensuing year: W. H. Manifold, Esq. (Liverpool); and J. Sharp, Esq. (Warrington).

5. Moved by Dr. W. M. ROBERTS (Manchester), and seconded by Dr. A. T. H. Waters (Liverpool):—

"That the following twenty gentlemen be elected members of the Council of the Branch for the ensuing year:—E. D. De Vitre, M.D.; W. T. Callon, M.D.; T. Davies, M.D.; L. E. Desmond, M.D.; J. Dickinson, M.D.; R. Flint, Esq.; John Harrison, Esq.; C. Johnson, jun., Esq.; Ellis Jones, Esq.; J. P. Langshaw, Esq.; G. Mallet, Esq.; P. McIntyre, M.D.; D. H. McNicoll, M.D.; A. Ransome, M.B.; J. Sharp, Esq.; L. Spencer, M.D.; A. B. Steele, Esq.; S. Crompton, M.D.; W. McCheane, Esq.; J. Macnaught, M.D.

6. Moved by Dr. DE VITRÉ, and seconded by Dr. McNicoll:—

"That the following gentlemen be appointed representatives of the Branch on the General Council of the Association:—T. Turner, Esq.; L. E. Desmond, M.D.; Eason Wilkinson, M.D.; A. T. H. Waters, M.D.; J. Vose, M.D.; Edward Waters, M.D.; G. Southam, Esq.; H. Simpson, M.D.; A. B. Steele, Esq.; T. Mellor, Esq."

Medical Provident Society. A discussion then took place on a proposal made by Mr. MELLOR to elect three gentlemen to represent the Branch in the Directorate of the Medical Provident Society.

Dr. McNicoll (Southport) said it appeared to him that few of them were sufficiently acquainted with the bearing of this question in regard to the responsibility, first of the parent Society, and then of the Branch. Hitherto, they had been a combination for scientific, social, and professional purposes, of the very highest importance, which had been successfully carried on. It appeared to him that this was introduced into the Society a commercial element, which might be a serious responsibility.

Dr. A. RANSOME (Bowdon) submitted that that was not the right constituency to elect Directors of the

Provident Society. Those alone who were subscribers to the Society should elect persons to represent their interests.

Mr. A. B. STEELE (Liverpool) said he should be quite prepared to show at the proper time that the so-called Provident Society was an extremely hazardous undertaking, and one which was more likely to contribute to dividing the Association into objectionable classes, and degrade and destroy the independence and self-respect which, as professional men, they ought to possess. In fact, it was a society admirably adapted for operatives and mechanics who earned weekly wages. For professional men, it was, in his opinion, thoroughly unfitted, entirely uncalled for, and very unlikely indeed to end in anything but dissatisfaction. At present, there was evidently a very great misapprehension of the principles upon which the Society was based. The Society simply provided a very small pecuniary assistance to a certain select number of the profession during temporary illness. He proposed the postponement of the consideration of this question until they had had time to make themselves thoroughly acquainted with it.

Dr. H. SIMPSON (Manchester) seconded the amendment.

Dr. De VITRÉ (Lancaster) said he was most anxious that there should not be the appearance of the elements of discord amongst them [*hear, hear*]. He suggested that notice should be given of a discussion at the next meeting.

Dr. DESMOND (Liverpool) said that, having attended two meetings of the Directors in London, they might wish to hear from him some outline of what had already taken place in the Medical Provident Society. [*Hear, hear.*] Before attending the first meeting, he was really ignorant of the whole question. At that meeting, he found gentlemen representing Branches all over the kingdom. They learned from experienced people what were the necessary elements of success, and were perfectly satisfied, from the opinions and arguments brought forward, that the medical profession largely contained those elements. He was thoroughly convinced of that, and there was no dissentient voice. He claimed for the Society that indulgence which all incipient speculations required. It was rather late in the day to discuss the advisability of instituting such a society; the thing was an accomplished fact, and would go on with or without the Lancashire and Cheshire Branch.

Dr. E. WATERS (Liverpool) believed that that meeting would sanction the Provident scheme. He thought they had no alternative but to discuss the question at that meeting, as they were not likely to get so large a number of members together during the ensuing year. He warmly supported the Society, which had received the highest possible sanction, and which was a soundly based undertaking that must succeed, even if it had to depend only on its contributors.

The PRESIDENT said he did not understand how there could be any liabilities connected with such a society.

Mr. STEELE said the Board of Directors had unlimited power to tax the contributing members for management expenses, which he thought not unlikely to exceed the sick contributions. Failures of societies of that kind were constantly occurring. They should provide against their own sickness, and not against the sickness of others. The fund was partially raised by charity, and therefore its provident element was destroyed. If he stood alone, he should record his protest against introducing what Dr. McNicoll had termed a commercial undertaking into a scientific body.

Dr. McNICOLL said that, after the discussion, he

should vote for the connection of the Branch with the Society.

Dr. A. T. H. WATERS (Liverpool) said he hoped the Branch would not throw cold water on a scheme which had been fairly started, and on a society to which their council had sent two deputies, who had that day made a most satisfactory report. Now that the Society was fairly launched, they should support it and see what could be done.

The PRESIDENT said that was the feeling which he entertained. As to liabilities, if the money was spent, it was spent, and the Society was at an end.

After some further conversation, Mr. Steele's amendment was put to the meeting and negatived.

The following resolution, moved by Dr. De VITRÉ, and seconded by Mr. T. HOWITT (Lancaster) was then put and carried:—

"That the Lancashire and Cheshire Branch of the British Medical Association approves of, and adopts the principle of, the Medical Provident Society, as adopted by the Parent Association, and pledges itself to further its objects as far as possible."

Mr. T. MELLOR, Dr. DESMOND, and Dr. De VITRÉ, were then elected members of the Directorate.

The BRITISH MEDICAL JOURNAL. Dr. WATERS said it was the wish of the Council of the Branch that that meeting should not end its proceedings without expressing a vote of thanks to the editor of the *BRITISH MEDICAL JOURNAL*. [*Applause.*] No more striking evidence of the weight and importance of the *JOURNAL* could be given than the fact that the two leading medical hebdomadal journals, the *Medical Times* and the *Lancet*, sighed for its extinction. He fully agreed with Dr. McNicoll that a commercial undertaking should not be the object of that Association; but in the *BRITISH MEDICAL JOURNAL* they had nothing of the kind. They had merely an organ representing the opinions of the *élite* of the medical profession in the United Kingdom, an organ unbiassed by any clique, but published in a strictly catholic spirit, and having the interests of the profession as a body at heart. He proposed:—

"That the members of the Branch desire to express their entire satisfaction with the *JOURNAL*, and to record their undiminished confidence in the ability and judgment displayed by the editor in its management."

Mr. STEELE seconded the resolution, which was supported by Mr. JOHNSON, of Lancaster, and carried *nem. con.*

Communications. The following communications were made.

1. The Physiological Relations of Colloid Substances. By A. Ransome, M.B.
2. Remarks on Re-Vaccination. By A. B. Steele, Esq.
3. A complete Stand of Urine-Tests. Exhibited by W. Roberts, M.D.
4. Observations on the Puerperal State and some of its Diseases. By G. Greaves, Esq.
5. A Case of Thoracic Aneurism treated by Rest. By A. T. H. Waters, M.D.

Votes of Thanks were passed to the readers of papers and to the Council of the Royal Institution for the use of their rooms.

Dinner. The members, with a number of guests, dined at the Clarence Hotel, at five o'clock. The President, T. Turner, Esq., presided, supported by Dr. De Vitré, the Rev. Canon Richson, the Rev. Dr. Bell, Murray Gladstone, Esq., and others. T. Mellor, Esq., Vice-President, occupied the vice-chair. After the usual loyal and patriotic toasts had been appropriately put from the chair, the Rev. Dr. Bell proposed "Prosperity to the British Medical Association."

tion," coupled with the name of Sir Charles Hastings. Mr. Murray Gladstone proposed "Prosperity to the Lancashire and Cheshire Branch," and Mr. Southam responded. Other toasts followed; and the company broke up at half-past nine.

SOUTH-EASTERN BRANCH: ANNUAL MEETING.

THE annual meeting of this Branch was held at the Crystal Palace, Sydenham, on Thursday, June 22nd. The chair was first taken by E. L. ORMEROD, M.D., president, and afterwards by Edward WESTALL, M.D., the president-elect for the ensuing year. There were also present: J. Armstrong, M.D. (Gravesend); J. M. Barry, M.D. (Tunbridge Wells); E. Berney, Esq. (Croydon); G. Bottomley, Esq. (Croydon); E. L. Bowles, Esq. (Folkestone); J. C. Burrows, Esq. (Brighton); J. M. Burton, Esq. (Lee); A. Carpenter, M.D. (Croydon); W. Carr, Esq. (Blackheath); C. Chaldecott, Esq. (Dorking); T. A. Chaldecott, M.D. (Chertsey); F. Cleaver, Esq. (Croydon); H. J. Collet, M.D. (Worthing); J. C. Forster, Esq. (Southwark); H. M. Gould, Esq. (Wateringbury); F. Hetley, M.D. (Norwood); A. Henry, M.D. (London); G. F. Hodgson, Esq. (Brighton); C. Holman, M.D. (Reigate); T. K. Hornidge, Esq. (London); C. Lashmar, M.D. (Croydon); T. H. Lowry, H.D. (Town Malling); W. Martin, Esq. (Hammersmith); W. W. Moore, M.D. (Brighton); A. Napper, Esq. (Cranley); H. Pout, Esq. (Yalding); J. Reid, Esq. (Canterbury); F. H. Sankey, Esq. (Wingham); W. Sankey, Esq. (Dover); W. C. Satchell, Esq. (Tunbridge Wells); A. Sisson, Esq. (Reigate); T. H. Smith, Esq. (St. Mary Cray); R. J. Starling, Esq. (Tunbridge Wells); J. Stephens, M.D. (Brighton); H. J. Strong, M.D. (Croydon); W. Sutherland, M.D. (Croydon); J. S. Warter, M.D. (London); E. Wooldridge, M.D. (London); W. Wooldridge, Esq. (Preston); J. W. Flower, Esq., of Park Hill, Croydon, was also present.

Dr. ORMEROD, having taken the chair, said: Gentlemen,—If the proverb which says, "Happy is the nation which has no history," be applicable to our Society, I ought to offer my congratulations on the uneventful nature of the period which has elapsed since our last meeting. Nothing really has happened to disturb us. [*Hear, hear.*] Officially, I have only to report the receipt of many kind letters, with enclosures for the Martin Fund; and of an acknowledgment of the petitions which I sent from you last year on behalf of the army medical officers. The petition, I presume, has shared the fate of all documents of the same kind; at least, nothing has come of it. I have also been reminded, by kind invitations, of the activity of our Kentish associates, contrasting forcibly with our own inactive state at Brighton. Let me say a word, however, on behalf of my townsmen. We have a large medical society of more than eighty members, which supplies us with all we want. It gives us ready arbitration in difficulties when they do arise, and a friendly spirit to prevent them. It gives us social and scientific intercourse; a large library; and, why need I say more?—an annual dinner. [*Laughter.*] So this Association does not flourish in Brighton, merely because we gain all it could afford in another way of our own; and I believe that large active societies have everywhere been found formidable rivals to the Association. [*Hear, hear.*] My duty now is very simple; first, I have to introduce to you my successor. You all know Croydon, and therefore, of course, you all know Dr. Westall; if not, you ought to do so. My next duty is to convey to you my best thanks for your courtesy, and my best wishes to you all.

Dr. Ormerod then vacated his seat, and it was taken by Dr. WESTALL, who delivered an Address, which will be published in the JOURNAL.

Mr. CORDY BURROWS (Brighton) said he had always understood that meetings at the Crystal Palace were supposed to be tantamount to meetings at Croydon; and perhaps, one of the great advantages which any branch of their Parent Society possessed, was, in meeting in one of the large towns in the district, and learning, while there, the history and topography of the place. They were much indebted to Dr. Westall for the pains he had taken to impart his large and ample experience on a subject which was of more importance to the members of his profession and to the public at large than any other subject which could have been brought before them. He (Mr. Burrows) was sure that the publication of that paper—more especially the statistics (which he trusted would be published as amply as possible)—would not only afford useful information, but would also be the means of disseminating the successful results attending sanitary improvements. Having given his attention to this subject, he could bear testimony that the difficulty and opposition encountered by those who wished to promote sanitary measures was beyond all calculation. It was a labour that required close application to effect, and those who entered upon it would have to work morning, noon, and night, and expect to meet all kinds of difficulties. He believed it was the opposition given by persons possessing vested interests in cottage and other property, that marred the success of sanitary regulations. He moved—

"That the best thanks of this meeting be presented to Dr. Westall for his able address, and that he be requested to allow it to be printed in the JOURNAL."

Dr. CARE (Blackheath), seconded the resolution. He thought one single fact contained in the paper just read would convince the meeting of the deep importance of the subject which had been brought before them; namely, that by the labours chiefly of the medical gentlemen of Croydon, two hundred lives *per annum* had been saved by the successful adoption of sanitary improvements. [*Hear, hear.*] He (Dr. Carr) had taken some little interest in sanitary matters in his own neighbourhood, and had received no small amount of opposition and abuse for the labour he had bestowed upon the subject; and he believed that opposition sprang from a question of pounds, shillings, and pence—from an unwillingness to spend money in sanitary improvements, and thus prevent the spread of disease. It was, he confessed, a new feature in the medical profession that they should turn their attention to the prevention as well as to the cure of diseases, and he hoped the circulation of the excellent paper delivered by Dr. Westall would shew the public the advantages of those sanitary measures which they had opposed, and have a salutary effect in checking, if not entirely preventing, further opposition.

Dr. COLLET (Worthing) said that, having lived in a town that had carried out sanitary improvements, he was in a position to corroborate all that had been stated with regard to the opposition experienced by those who, happily, succeeded in carrying out those improvements. Since the drainage operation at Worthing had been completed, they had not had one serious outbreak of an epidemic character; but previously to its completion, he had had thirty-six cases of typhus fever in *one street*. He was glad to say that the sanitary condition of the town was now immensely improved, and the prosperity of the town had increased in proportion. Most of those who were loudest in their opposition to sanitary improvement, were the first to come forward afterwards, and congratulate themselves and their fellow-inhabitants for having had the moral courage to withstand and

overthrow all the difficulties that had beset them. [*Hear, hear.*] The town was now very largely increasing, and it was entirely owing to the popularity it had gained since the completion of the drainage works; and in all probability Worthing would, in a few years, be three times the size it was now. He thanked Dr. Westall for the excellent paper he had read, and he felt sure it would be useful to the country at large, therefore he had much pleasure in supporting the motion that it should be printed in the JOURNAL.

Dr. HOLMAN (Honorary Secretary), then put the motion, which was unanimously agreed to; and Dr. Westall briefly acknowledged the compliment, and expressed his acquiescence with the wish that the papers should be printed.

Report of the Council. Dr. HOLMAN then read the following report of the Council:—

"The Council have great pleasure in bidding their brethren of the South-Eastern Branch a hearty welcome to the Crystal Palace—an institution combining in a peculiar degree all the requisites necessary for a successful meeting, whether in its facilities for business, its scientific collections, or its opportunities for social and pleasurable enjoyment.

"The past twelve months have been marked by the organisation of the Medical Provident Society. Many years since, Mr. Daniell of Newport Pagnell attempted to develop such a scheme, but he needed support; and in time it fell to the ground. The present Fund has been based upon a larger footing. The Committee of Council have nominated members as their representatives at the Board of Direction. The Branches, in proportion to their numbers, have sent delegates; whilst gentlemen outside the Association have given time and attention to the details. The Council of the Branch elected as their delegates Dr. Westall of Croydon, Dr. Armstrong of Gravesend, and Dr. Collet of Worthing, whose appointment awaits your approval. The Council have great confidence in recommending the Medical Provident Society to the support of every reflecting medical practitioner. When it is recollected how incessantly the medical man is exposed to accident and disease; when it is considered that the rules have been drawn up after careful deliberation by men eminent in the profession in different districts, aided by the friendly co-operation of Mr. Tidd Pratt, whilst the table of fees and payments have the high authority of Mr. Finlaison, the Actuary of the National Debt Office, the Council feel no diffidence in commending most earnestly this good scheme to the support of the Association.

"Another important feature also is, the decision to seek for a Charter of Incorporation; and the requisite steps are now being taken to carry this resolution into effect. This proceeding will give increased weight and stability to the Association.

"The Report of the Committee on Poor-law Medical Reform has again resulted in a miserably indirect acknowledgment of the inadequate payment made to poor-law medical officers. It recommends that the more expensive medicines should be provided by Boards of Guardians. The idea is feasible in populous places; but in rural districts the medical man must be left to supply and charge for them, a proceeding almost certain to bring him into collision with the guardians. If the salaries were considered too small to admit of the administration of these medicines, the far better plan would have been to augment the stipends and enable the requisite treatment, however expensive, to be adopted. The Council, however, have the satisfaction of knowing that the very large proportion of poor-law medical officers do their duty honestly to the poor intrusted to their care, un-

influenced by cost or by trouble. In the face of this recent report, the Council do not propose to take any step in the matter for the present. They would recommend those practitioners who are thrown into contact with members of Parliament, to shew them the vast injustice perpetrated under the present law; and they feel confident that the cases which have of late been brought before the public, must carry conviction to the minds of all that the care of the sick poor needs great and urgent reform, and must lead to the recognition of the just claims of the union medical officer.

"The appointment of paid workhouse nurses will have the approval of the profession at large.

"The petition on Army Medical Reform, determined upon at the last meeting of the Branch, has been presented. Since then, the College of Physicians have appointed a committee. These gentlemen have met, taken evidence, and made their report, which has been rejected. To reject, *in toto*, the report of a committee, is the most unusual step for any society to take, and in this particular instance demands some special explanation, if only in consequence of the injurious effects it must have on the prospects of the army medical officers, who are now seeking redress at the hands of government. That the corporate bodies at the head of the profession are the right persons to sympathise with and aid in obtaining redress for the wrongs of the members, there can be no doubt, if precedents did not establish the fact; and if the College of Physicians had not already acknowledged it by the appointment of the committee, that the physicians appointed by the College should have put forward statements contrary to facts in their report is impossible. Under any other contingency, the Council must express their regret that so decided a step has been taken as the entire rejection of the report, especially at a time when such a step would militate against the efforts of army medical officers to obtain a restoration of their rights, as appointed in the Warrant of 1858. The conclusions arrived at in that warrant were the result of the deliberations of Lord Herbert and a committee of eminent men, and their decisions ought not, without grave cause, to be set aside.

"The Council have great pleasure in informing the members, that the numbers of the Association are rapidly on the increase. In Surrey, Kent, and Sussex, the increase still continues; the meeting at Brighton resulted in a considerable accession of members; while Kent still does good service by the efficient working of the district meetings.

"In conclusion, the Council would urge their members to bring within the field of the Association as many of their professional friends as possible, for the conviction is forced more and more upon them that it is only by the combined efforts of the many that any real practical reform can be effected; whilst all are improved by social intercourse and scientific discussion."

Mr. SANKEY (Dover) proposed—

"That the Report now read be received and adopted."

He commented on the conduct of the College of Physicians in rejecting the report of the Committee appointed by them to investigate the question of Army Medical Reform.

Mr. BOTTOMLEY (Croydon) seconded the resolution, which was put by the Chairman, and agreed to.

Appointment of President and Vice-Presidents. Mr. HECKSTALL SMITH (St. Mary Cray) proposed—

"That the meeting of the Branch in 1866 be at Tunbridge Wells; that Charles Trustram, Esq., be President-elect; and that Dr. Milner Barry and Robert J. Starling, Esq., be Vice-Presidents-elect."

He had for many years known the gentleman who would be their next President (if they agreed to his resolution); he was an admirable surgeon; a cordial and earnest friend; and one of the best supporters of the British Medical Association. Of the vice-presidents, one of them had already done them the honour of being vice-president; and the other was well qualified for the office to which he had been nominated.

Dr. COLLET (Worthing) seconded the motion, which was carried.

New Members. The following gentlemen were elected members of the Branch:—Richard S. Davey, Esq. (Walmer); Alfred Monckton, Esq. (Brenchley); Matthew A. Adams, Esq. (Maidstone); J. Tapson, M.D. (Clapham); J. Nicholas Miller, M.B. (Blackheath); John S. Warter, M.D. (London); A. Henry, M.D. (London); T. A. Chaldecott, M.D. (Chertsey); H. J. Strong, M.D. (Croydon).

Council of the Branch. The following gentlemen were declared to be elected:—W. Addison, M.D. (Brighton); J. Armstrong, M.D. (Gravesend); F. J. Brown, M.D. (Rochester); J. M. Burton, Esq. (Blackheath); C. Chaldecott, Esq. (Dorking); W. Hoar, Esq. (Maidstone); G. Lowdell, Esq. (Brighton); E. Ray, M.D. (Dulwich); F. H. Sankey, Esq. (Wingham); C. Trustram, Esq. (Tunbridge Wells).

Representatives in the General Council. The following gentlemen were elected to represent the Branch in the General Council of the Association:—J. Armstrong, M.D. (Gravesend); G. Bottomley, Esq. (Croydon); J. C. Burrows, Esq. (Brighton); A. Carpenter, M.D. (Croydon); H. Collet, M.D. (Worthing); F. Fry, Esq. (Maidstone); W. Sankey, Esq. (Dover); T. H. Smith, Esq. (St. Mary Cray); C. M. Thompson, Esq. (Westerham); E. Westall, M.D. (Croydon).

A discussion ensued upon a suggestion thrown out by Mr. Heckstall Smith, that the Branch should adopt the plan carried out by the Metropolitan Counties Branch, in which the outgoing Council nominates and circulates a list of members recommended to the Council on the next occasion; and that the election should take place at the annual meeting. He was sure that, from the way in which the papers were sent round now, it was difficult to know who were the men most diligent in serving the interests of the Association.

A MEMBER remarked that the very circumstance of the wise selection of Mr. Heckstall Smith on every occasion, militated much against that gentleman's suggestion.

THE SECRETARY said this question had been raised on more than one occasion, but it had been thought better to adhere to the present system, than to have what might be termed a house-list suggested.

Dr. CAER said that, in the matter of electing their representatives, the system at present adopted was in thorough good keeping, not only with good usage, but in accordance with professional practice; it was in keeping with that freedom which Englishmen liked, and he should be sorry to see it deviated from.

No motion was made upon the subject.

The Martin Testimonial Fund. Mr. J. CORDY BURROWS said that, at the last meeting, the members had to deplore the loss of their highly esteemed friend Mr. Peter Martin, for many years the able and well beloved Secretary to this Branch of the Association; and a proposition was discussed for perpetuating in some fitting yet simple manner his memory. It was then resolved, upon the motion of Dr. ARMSTRONG of Gravesend, seconded by Mr. SANKEY of Dover—

“That the members of the South-Eastern Branch of the British Medical Association, at their first meet-

ing, beg to express their sincere condolence with Mrs. Martin and her family upon the irreparable loss which they have sustained in the death of Mr. Peter Martin. The Branch holds his memory in affectionate regard, and his services to the Association in grateful and lasting remembrance.”

And, upon the motion of Mr. CORDY BURROWS of Brighton, seconded by Mr. SANKEY of Dover, it was resolved—

“That, in grateful and lasting remembrance of the services of the late Mr. Peter Martin to this Branch of the Association, a subscription be made by the members to establish one or more prizes, to be given annually or otherwise, to the most deserving students at the Medical Benevolent College at Epsom.

“That a Committee be formed to carry out the above, consisting of Dr. Ormerod, Brighton; Dr. Armstrong, Gravesend; Mr. Cordy Burrows, Brighton; Dr. Collet, Worthing; Dr. Carpenter, Croydon; Dr. Hall, Brighton; Mr. Sisson, Reigate; Mr. Trustram, Tunbridge Wells; Mr. T. Heckstall Smith, St. Mary's Cray; Mr. Hodgson and Mr. Humphry, Brighton.”

In accordance with the above resolutions, he (Mr. Burrows) had been requested to present the following report to this meeting.

“The Committee appointed at the annual meeting of the South-Eastern Branch of the Association, held at Brighton on the 16th of June 1864, to carry out the resolutions then agreed to, beg to report, that the sum of £170:11 has been paid and promised to the Fund; and the Committee beg to recommend that they be empowered to invest in perpetuity such sum and any additional subscriptions which may be made to it, the interest of which shall be paid annually or otherwise to the Council of the Medical Benevolent College, to be applied in the manner directed by the Trust Deed, and with the advice of the Head-Master of the College, to make such arrangements for the annual or other distribution of prizes to the most deserving students of the College as they may think fit.

“Edw. L. ORMEROD, M.D., *President.*

“Cordy BURROWS, *Hon. Sec.*

“June 22nd, 1865.”

He moved—

“That the above report be received, entered on the minutes, and approved.”

Mr. HECKSTALL SMITH seconded the motion most cordially. They had two objects before them. One was to shew how much they revered their dear excellent friend who was gone from them; who was beloved by those who had been connected with the Association for many years, as well as by those in private life who knew him. A better man never passed through their ranks, and they had now an opportunity of shewing how well they loved him. Another object was to benefit the Medical Benevolent College, by a judicious application of the Testimonial Fund.

THE CHAIRMAN put the motion, which was carried *nem. con.*

The Medical Provident Society. Mr. F. H. SANKEY (Wingham) proposed—

“That the best thanks of the members be offered to Dr. Westall, Dr. Armstrong, and Dr. Collet, the delegates of this Branch to the Medical Provident Society, and that they be requested to continue their valuable services.”

He hoped that this new Society which had been established would be supported and found useful.

Dr. SUTHERLAND (Croydon) seconded the motion.

Mr. CORDY BURROWS said he had not subscribed to this Society, because, on reading the prospectus, he thought they were not proceeding in the right direction. There was something derogatory in a

profession like the medical giving a member of it £2 a week for a certain number of weeks, if sickness or casualty rendered him unable to discharge his professional duties, and then reducing that allowance to £1 per week, so long as he remained on the funds. The movement at present was worthy of support, but not of praise; and he trusted he should be able to see it go on better in future, and it would then receive greater support. He did not in his remarks intend to cast reflections on the services of the three gentlemen named in the resolution, but it was to the principle upon which the Society was working that he intended his remarks to apply.

Mr. HECKSTALL SMITH explained that there was no "giving" to the members of this fund at all. Nothing was given; that only was returned to the members which they paid in. The Society had been established on a secure basis; the Directors promised nothing more than they were able to perform. If the payments during sickness should become large, it would be in consequence of the increase in their numbers, and a consequent increase in the sums paid in; but the Directors had been told to provide for such a contingency as the occurrence of an unusual rate of mortality, and in order to keep themselves safe, it was a wise policy not to be too extravagant in payments at starting. They had consulted, not only Mr. Tidd Pratt, but also Mr. Finlaison, actuary to the national debt, and had proceeded under their advice and assistance. As to the "direction," he differed entirely from Mr. Cordy Burrows. They were beginning at the bottom, and were gradually rising up to the top; and if Mr. Burrows and others would extend to them their support, they should safely and securely reach the top of the hill. He had strongly recommended the removal of the word "guarantee," formerly applied to the auxiliary fund. This was a fund which could be used for provision in extraordinary cases of sickness, or for any other object that might arise. The number of members was steadily increasing; the corresponding increase in the fund would enable them to progress steadily and surely; and he had no doubt whatever that they were in the right direction, and in a very satisfactory position.

Dr. ARMSTRONG said that, as he had taken some little part in this movement, he might be permitted to bear his testimony to the care which had been bestowed in the establishment of the Medical Provident Society on a proper basis. He was sure that if Mr. Cordy Burrows could attend any of the meetings of Directors, he would be completely satisfied that the grounds they had taken were safe and secure grounds. They went into everything with the greatest care; a larger rate of payment was for some time under discussion; and it was not until they had received the most complete assurance from gentlemen who were able to form a judgment on the matter, that it would be injudicious to increase the sum at first proposed to be paid, that the proposition was withdrawn. They were warned that a society of this kind had been established, and failed through a disregard to the receipts and expenditure; and he believed that the Society, as it was at present established, was right from the bottom, and it would be found to be right to the top. If it was carried out with that prudence with which it had been started, it would be a glorious success.

Mr. SATCHELL (Tunbridge Wells) said that if it was agreed that a Provident Society should be established, it ought to be established on a firm basis; and he believed that this Society had been established on such a basis; therefore, he cordially concurred with it. He should like to ask Mr. Burrows and those who considered the Society had been started in a

wrong direction, what direction he would have them take? If he (Mr. Burrows) could point out a better way for them to go, in order to obtain a better return, they would be happy to go with him. But as far as he (Mr. Satchell) had been able to judge, the returns had been made with the utmost care consistent with safety. If Mr. Burrows could tell them how they could attain a better position with the same amount of contributions, he should be happy to consider his suggestions.

Dr. HENRY said the Directors of the Society would most willingly carry out Mr. Burrows' suggestion, and give more than £2 per week, if it were possible or prudent for them to do so in the present state of the Society. On the auxiliary fund, he would remark that its establishment had been specially urged upon him in a letter he had received from Mr. Finlaison, who (not knowing that such a fund had been already commenced) stated that he hoped some means would be taken to form an auxiliary or reserve fund, for the purpose of meeting those extraordinary calls which, in their profession, would be liable to be made on the Society. This auxiliary fund had been formed as a safe basis for the Society; and he was glad to say that the fund was going on prosperously. In the list that was published in the JOURNAL some time ago, the sum of £668 had been paid in; and since that time, additional subscriptions had been paid in, and now the sum amounted to £800. [*Hear, hear.*] He had lately received from Mr. Taylor Griffiths, of Wrexham, £70, the greater part of which had been collected from members of the North Wales Branch; and several other subscriptions had been promised.

Dr. CARR said that, although he sympathised with Mr. Burrows' suggestion that their sick brethren should receive more than £2 per week during their affliction; yet it must be remembered that the payments of this Society must be based upon strict principles of equity, and that this Society had constituted not what was termed a charitable fund, but a provident fund. The former would be obnoxious to their professional brethren, and the latter would be the providing for any unfortunate contingency that might arise; the recipients only receiving back what they had already paid. He would strongly impress upon the meeting this fact,—that they must keep to the point which was strictly in accordance with law, and accept as the basis of the Society that which Mr. Finlaison would accept and Mr. Tidd Pratt approve.

Mr. C. BURROWS said his objection to the Society arose because it had not been established on a sufficiently broad basis. He should like the members to have an opportunity of paying such a sum as would secure them more than £2 per week during illness or incapacity from discharging their professional duties.

The PRESIDENT, before putting the motion, said he could see that the discussion on this subject would be attended with good results. There would be one difficulty in meeting the suggestion of Mr. Burrows with regard to increased payments into the Society. Many of their members were young men who could not afford to pay more, having spent, perhaps, what little money they had, in attaining that proficiency which enabled them to pass their necessary examinations. There were some points which required consideration by the Directors; and on behalf of himself and colleagues he would say that they would do their best for the Society.

The SECRETARY then put the motion, which was carried.

Donation to the Medical Benevolent Fund. Dr. MILNER BARRY proposed—

"That £10:10 be given as a donation to the Medical Benevolent Fund."

Dr. CARPENTER (Croydon) seconded the motion.

Mr. REID (Canterbury) suggested that there was one point which was worthy of future consideration; namely, as their funds were more than sufficient to cover the expenses of this Branch, whether the surplus should not be applied to the diminishing of their annual subscriptions, instead of using it by a side way for benevolent purposes. There were many objects in connection with the Branch to which a surplus might be applied, and it would have the effect of diminishing the working expenses of the Branch. He would rather give his money direct to a benevolent object, than to give it by a side way when he subscribed it for a different purpose.

The SECRETARY said it had been thought that the sum of 2s. 6d. a year was the lowest that could be asked for. He could easily absorb that amount in expenses, but it had been his desire to keep down the working expenses to the lowest minimum, so that it might be said, "We have a little in hand; let us apply it to benevolent purposes." [*Hear, hear.*]

Mr. HECKSTALL SMITH advocated the necessity of encouraging the holding of district meetings, which tended to increase the numbers and the usefulness of the Association. It had been suggested that half the expenses of these district meetings should be borne by the Branch, but he could not see why the Branch should not bear all the expenses, as the members contributed 2s. 6d. annually to their district meetings in addition to their subscriptions. When the financial position of the Branch was discussed next year, it might be useful to consider whether the whole and not half of the expenses of these district meetings should be borne by the Branch.

The motion was then put and carried.

Election of Secretary. The PRESIDENT said they could all see how well and efficiently Dr. Holman had performed his duties; and it was for the meeting to say whether he should be requested to continue his valuable services.

Mr. CORDY BURROWS said that Dr. Holman was entitled to their warmest thanks for the excellent and inexpensive manner in which he had conducted the business of the Branch, as was evidenced by their having a balance in hand. He proposed the reappointment of Dr. Holman, upon whom, it might be said, the mantle of their beloved and lamented friend Mr. P. Martin had fallen.

Dr. CARR briefly seconded the motion, which was put from the chair and carried *nem. con.*

Dr. HOLMAN said that his work as Secretary was one which he had very much at heart; in fact, he might say he had been brought up to it. He only wished he could discharge his duties as efficiently as the late lamented secretary; but whilst they continued to honour him with their confidence, they might depend upon receiving his hearty co-operation.

Paper. The following paper was then read. An Inquiry into the Practical Value of the Thermometer in the Diagnosis and Prognosis of Acute Diseases. By J. S. WARTER, M.D.

Dr. CARPENTRE proposed that the very interesting paper which had just been read should be printed in the JOURNAL. The paper contained many points of considerable importance, and some that might be of service to them all as medical practitioners.

Mr. HODGSON said by a singular coincidence he had brought with him a thermometer of a somewhat different construction—the bulb being set in an angle, whilst that of Dr. Warter's was perfectly straight.

Dr. WARTER recommended the use of English thermometers instead of German ones; the latter were not to be depended on, as they sometimes went wrong. It was time well bestowed, if half-an-hour was employed in selecting a thermometer.

Vote of Thanks. Dr. ARMSTRONG proposed—

"That the best thanks of this meeting be presented to the officers of the past year for their able conduct of the business of the Branch."

Dr. Armstrong paid a high tribute to the valuable services rendered by Dr. Ormerod, the late president, and other officers of the Branch.

Mr. HECKSTALL SMITH seconded the motion, which was carried by acclamation.

The BRITISH MEDICAL JOURNAL. Mr. HECKSTALL SMITH said they all had, no doubt, received information of the attack which was to be made at the general meeting of the Association upon the conduct of the JOURNAL. As this meeting represented one of the largest Branches that existed of the British Medical Association, he wished, before they separated, that they should offer some expression of opinion with regard to the present condition and conduct of the JOURNAL. He confessed he held a very strong opinion on the subject. From the commencement of its career, the JOURNAL had never been unworthy of their support. When in its infancy, it took time to grow—and perhaps a longer time than many could wish; but it did increase in growth and stature, and now, under the management of Dr. Markham, it had attained its adult status—its stature was almost complete. If they gave Dr. Markham their support and discouraged those attempts that were made to lessen the value of the JOURNAL, it would probably become as good a representative journal as existed in the medical profession—or he might say, as good a journal as existed in this country. [*Hear, hear.*] If they separated without giving expression to their opinion upon the subject, it might be asked by Mr. Carter, who had given notice of this attack upon the JOURNAL—how it was, if they intended to support the JOURNAL, that they had taken no notice of it at their Branch meeting. He therefore moved—

"That, in the opinion of this meeting, the JOURNAL has greatly improved under the management of Dr. Markham, and is eminently worthy of support."

Dr. CARPENTRE with great pleasure seconded the resolution. It would have been wrong for them to separate without passing some such resolution. Dr. Markham had assisted them very materially, through the JOURNAL, in obtaining everything that had been obtained from the government of the country on behalf of the profession; and they would be doing very wrong not to support him in the attacks which were about to be made upon the JOURNAL. The JOURNAL might be looked upon as an opposition journal; but it was very unwise to consider it as such. There were some points in connection with this subject, which had been glanced at in one or two suggestions. One was from Dr. Ormerod, who stated that the Association was not so fully supported in Brighton as it could be, because there was a large medical society there, which appeared to give them all that this Association could give them. He thought that, if their laws would enable them to enrol the members of that society as members of this Association, they would be giving an advantage to the Association, and supporting the JOURNAL likewise. There was a tendency amongst medical men to establish firms—partnership was increasing throughout the country; and the result was, that only one member of a firm was a member of their Association. Perhaps some rule could be passed by which, when there were three members in a firm, the second and third could be admitted members of this Association at a lower sum than one guinea. The stronger their numbers the more powerful influence would they have. He threw out these suggestions, in the hope that they might be taken into consideration at the meeting at Leamington.

Mr. HECKSTALL SMITH would associate with the resolution the name of Dr. Henry, who had zealously co-operated with Dr. Markham, and was an excellent worker on the JOURNAL.

Mr. SANKEY (Dover) seconded the proposition; which, with the previous resolution, was carried unanimously.

Dr. HENRY said that he would have much pleasure in communicating to Dr. Markham the vote of confidence they had bestowed on him. It would be a ground of encouragement to him to go on in the course he was now pursuing. He (Dr. Henry) had worked intimately with Dr. Markham for the last four or five years, and he could say, that Dr. Markham was most honestly anxious to do all he could for the benefit of the profession, and to make the JOURNAL carry out the objects for which the Association was founded. How far the Association would entertain Mr. Carter's proposal, he could not say; but it appeared to him that a weekly paper was essential for carrying out the workings of this Association. It kept up a constant communication among the members of the Association, and in this way was especially valuable to those who resided at inconvenient distances from the places of meeting. He would assure the Branch that Dr. Markham and himself would do all they could to raise the JOURNAL to the highest standard to which it possibly could be raised.

Dinner. At 5 o'clock the members, the number of whom and of their friends was considerably augmented, reassembled at an excellent dinner in one of the dining saloons of the palace. Dr. Westall presided.

CAMBRIDGE AND HUNTINGDON BRANCH: ANNUAL MEETING.

THE annual meeting of the Cambridgeshire and Huntingdon Branch of the British Medical Association was held at Ely, on Tuesday, June 27, under the presidency of J. MURIEL, Esq.

The proceedings of the meeting commenced with a few remarks from the retiring president, Wm. PALEY, M.D., of Peterborough, who, in resigning the chair, spoke most highly of the professional and social qualities of his successor, and of the honour which he had conferred upon the Branch by accepting the presidency.

The PRESIDENT, having taken the chair, gave an interesting address, detailing his experience of the diseases of the district, derived from a forty years' practice in the town and neighbourhood.

Resolutions. After the President's address, the following resolutions were carried unanimously:

1. "That the next annual meeting of the Branch be held at St. Neot's under the presidency of J. J. Evans, Esq.; and that a communication be made by the President to the President of the East Anglian Branch, with a view to bringing about a combined meeting of the two Branches in 1867, with a suggestion that Newmarket would be a suitable place."

2. "That F. L. Girling, Esq., of St. Ives, and G. F. Helm, Esq., of Cambridge, be elected Directors of the Medical Provident Society."

3. "That M. Foster, Esq., of Huntingdon, and J. J. Hemming, Esq., of Kimbolton, be elected members of the General Council of the Association."

4. "That G. F. Helm, Esq., of Cambridge, who, through ill health, had been obliged temporarily to resign the office, be elected Honorary Secretary of the Branch."

5. "That the best thanks of the meeting be given to P. W. Latham, M.D., for the very able manner in which he had discharged the duties of Secretary."

Papers. The following papers were then read:—

1. A Case of Unusual Presentation of the Fœtus in Labour. By B. Pinchard, M.D., Cottenham.

2. The Beneficial Influence of Venesection in Cases of Convulsions associated with Albuminuria after Scarlet Fever. By M. Foster, Esq., Huntingdon.

3. Ergot of Eye in Midwifery. By T. O'Connor, Esq., March.

Poor-Law Medical Relief. After the above communications had been read, Dr. MEAD, of Newmarket, in a very energetic and earnest speech, proposed the following resolutions touching Poor-law medical relief, which were carried unanimously:—

1. "That this Branch of the Association regrets the decision of a Select Committee of the House of Commons that they saw no reason to recommend a change in the present mode of administering medical relief; as, in the opinion of this Branch of the Association, it has been frequently and conclusively shewn that the present system requires amendment, inflicting, as it often does, in its working, great injustice upon the medical attendant of the sick poor, as well as upon the sick poor themselves."

2. "That, in the opinion of this Branch of the Association, there ought to be an immediate revision of the salaries of union medical officers; and that the power of determining the amount of such salaries should rest with the Poor-law Board alone."

3. "That this Branch of the Association regrets to observe that the recommendation of the Select Committee, that cod-liver oil, quinine, and other expensive medicines should be supplied at the expense of the guardians, has been in most unions entirely ignored; and is of opinion that its adoption on a liberal scale, ought at once to be rendered imperative upon all Boards of Guardians."

4. "That it is advisable that every union medical officer should be entitled to keep one man-servant, one horse, and one two or four wheeled carriage free from assessed taxes; and also be free from all tolls when visiting pauper patients."

5. "That it is desirable that the list of extra medical fees should be extended to include fractures and dislocations of the ribs, perforating wounds of the chest or abdomen, severe lacerations, burns, and other similar cases requiring special attention and expensive surgical and other appliances."

6. "That all medical officers should be appointed for life or during good behaviour."

Dinner. The business portion of the meeting being concluded, the members of the Branch dined together, the President occupying the chair. Dr. Paget, president of the Association, was present. A very pleasant evening was spent, and several good speeches made, in which the hospitality of the President and the labours of the Secretary, Dr. Latham, were warmly applauded.

NORTHERN BRANCH: ANNUAL MEETING.

THE first annual meeting of this Branch was held in the library of the Newcastle-upon-Tyne Infirmary, on Wednesday, June 28th, at 10.30 A.M.; D. B. WHITE, M.D., President, in the chair. There were also present—Sir John Life (Newcastle); W. C. Blackett, Esq. (Durham); E. Charlton, M.D. (Newcastle); H. Clark, M.D. (Ferry Hill); R. Clarke, Esq. (Newcastle); T. Cossar, M.D. (Hurworth); D. Embleton, M.D. (Newcastle); H. G. Hardy, Esq. (Byers Green); E. Heffernan, Esq. (Spennymoor); T. Humble, M.D. (Newcastle); J. Jackson, Esq. (Usworth); T. H. Jackson, M.D. (Darlington); J. Johnson, Esq. (Bishop Auckland); F. D. Jones, M.D. (Washington); J. Mackie, Esq. (Heighington); W.

A. Morton, Esq. (Gateshead); J. C. Murray, M.D. (Newcastle); G. H. Philipson, M.D. (Newcastle); S. E. Piper, Esq. (Darlington); J. Russell, Esq. (Newcastle); J. Thornhill, Esq. (Bulman's Village); J. B. Thwaites, Esq. (Bishop Auckland); and as visitors, Andrew Bolton, M.D. (Newcastle); T. Y. Thompson, Esq. (Newcastle); and J. Hedley, Esq. (Newcastle).

President's Address. The PRESIDENT read an elaborate address, in which he referred to the formation of the Branch; and expressed his gratification at the rapid increase of members; mentioning that on December 1st, 1864, when the Branch was formed, there were twenty-two members, whereas now there are fifty-six. In forcible terms, the advantages of the Association, the Branch, and the Medical Provident Society, were severally explained. The various changes and improvements that have occurred in Newcastle during the last thirty-five years were recounted; the social and sanitary condition of the town considered; and many interesting events referred to connected with the charitable and other public institutions.

On the motion of Sir JOHN FIFE, seconded by Mr. JOHNSON, the thanks of the meeting were heartily accorded to the President for his address, with the request that he would allow it to be printed in the JOURNAL.

Officers for 1865-66. The following officers were elected. *President*—D. B. White, M.D. *President-Elect*—Sir John Fife, M.A., F.R.C.S. *Honorary Secretary and Treasurer*—G. H. Philipson, M.A., M.D. *Council of Management: Northumberland*—Edward Charlton, M.D.; Dennis Embleton, M.D.; *Durham*—T. T. Parker, M.D.; H. G. Hardy, L.R.C.P. *Representatives to the General Council*—D. B. White, M.D.; Sir John Fife.

New Members. The following gentlemen were unanimously elected members of the Association and Branch: G. Y. Heath, M.D., Newcastle; William Murray, M.D., Newcastle; J. C. Thomson, M.D., Thornley.

Papers. The following papers were then read.

1. Case of Morbus Addisonii. By D. Embleton, M.D.
2. Case of Osteosarcoma in connection with the Hip-joint. By J. C. Murray, M.D.
3. Case of Puerperal Tetanus. By G. H. Philipson, M.D.

A vote of thanks was given to each gentleman for his paper; and a similar compliment having been paid to the President for his able conduct in the chair, the members proceeded to visit the wards of the Infirmary and the College of Medicine.

Several microscopes and pathological specimens were on the table.

Dinner. In the evening, the members and their friends dined together at the Queen's Hotel, the President in the chair, and the President-elect in the vice-chair.

ROYAL COLLEGE OF SURGEONS. At a meeting of the Council of the college on the 4th inst., Mr. Caesar H. Hawkins, F.R.S., Serjeant-Surgeon to Her Majesty the Queen, was elected the representative of the college at the General Council of Education and Registration, in the vacancy caused by the retirement of Mr. J. M. Arnott. Mr. John Hilton, F.R.S., was elected an examiner of the college, and Mr. James Luke, F.R.S., was elected a member of the Dental Board, both vacancies having been caused by the resignation of Mr. Arnott.

Correspondence.

POOR-LAW MEDICAL REFORM.

LETTER FROM RICHARD GRIFFIN, Esq.

SIR,—In the course of a few days, the Poor-law medical officers of England and Wales will be called upon to exercise their elective franchise. Allow me space, therefore, to beg of them that they will not promise their votes until they have communicated, either personally or by letter, with the candidates for their suffrages, and, at least, obtained a general promise that, when questions of Poor-law medical relief come before the House of Commons, that they will give the subject their serious attention. I think that the communication should be made privately, and not on the hustings, for fear of exciting opposition from the guardians, who are more numerous than the medical officers, and, consequently, have more influence.

Let them inform the candidates, that the subject is one of vast importance; that the treatment of the sick poor in the workhouses, as revealed by the late inquests, by the Sanitary Commission of the *Lancet* (see *Lancet*, July 1st, 1865), and by other evidence, is most lamentable. Tell them that there are a million and a quarter of the labouring poor annually under the medical treatment of the Poor-law medical officers, who are about 3100 in number; and that the payments made to those officers do not average more than three shillings per patient—a sum so small that it is quite inadequate to the duties required of them.

Tell them, that the resolution of the Select Committee, so far as medical relief is concerned, is not borne out by the evidence, as will be readily perceived by an examination of it; and that the single incorrect and unsupported evidence of Mr. Cane, an inspector of the Poor-law Board, has been allowed to outweigh all other evidence on the subject, even the statement of the Right Hon. T. Sotherton Esq. to the deputation of about one hundred medical men and several members of Parliament, who waited upon him in 1859, when he was President of the Poor-law Board. The right hon. gentleman said, "The matter ought not to continue in its present state; and if I continue in office, I shall use the best means in my power to put the question on a better footing, and to make such arrangements as will be satisfactory both to you and to the public."

Much more may be said in conversation on this subject, so as to convince the candidate of its great importance; and if the opportunity permit, the question of general medical reform and the grievances of the army and navy medical men may be brought under consideration.

I am, etc.,

RICHARD GRIFFIN.

12, Royal Terrace, Weymouth, July 8, 1865.

P.S. I take this opportunity to acknowledge the receipt of one guinea (the tenth subscription) from Dr. F. J. Brown of Rochester, towards the expenses of the Association.

AN ANTHROPOLOGICAL SOCIETY was inaugurated on May 14th at Madrid.

THE EDINBURGH COLLEGE OF PHYSICIANS has established a scholarship of £25 a year, which may be held for two years. The prize is open to all medical students commencing study before 1865. It will be competed for on the 23rd and 24th of October next, the examination being in Greek and Latin classics.

Medical News.

APOTHECARIES' HALL. On June 29th, 1865, the following Licentiates were admitted:—

Cass, William Cunningham, University College
Fonsworth, John Cornelius, 37, Tavistock Street
Morgan, William John, Burwood Place West
Worsley, James Henry, Manchester Hospital
Wright, Edward Seymour, London Hospital

At the same Court, the following passed the first examination:—

Hayden, James Augustus, Charing Cross Hospital
Lucas, George, St. Thomas's Hospital
Pryce, Richard Matthews, University College
Ramsall, John George, St. Mary's Hospital
Young, Frederick William, University College

APPOINTMENTS.

*TERRY, Henry, jun., Esq., appointed Certifying Surgeon under the Factory Act, for Northampton and its neighbourhood.

DEATHS.

*COOK, Robert, Esq., of Gainsborough, in London, aged 50, lately.
DANIELL, William F., M.D., F.L.S., at Southampton, aged 49, on June 26.
*FOREMAN, Robert C., M.D., at Brighton, lately.
JOHNSON, Henry, Esq., Surgeon, at Walton-on-the-Hill, Liverpool, aged 52, on June 19.
MARSH, On June 20th, at Nantes, the wife of Frederick Marsh, Esq., Surgeon, of Thaxted, Essex.
*PARRY, F. J. G., Esq., at Tenkesbury, lately.
*PRICH, Samuel K., Esq., at Brighton, aged 44, on June 9.
*SCOTT, Wilham, M.D., at Odham, aged 54, on July 4.

THE DOG NUISANCE. The papers this week record another case of death from hydrophobia in London.

M. CZERNAK of Prague, has been appointed Professor of Physiology at Jena.

EMIGRATION. Dr. W. D. Stone, F.R.C.S., has been appointed surgeon-superintendent of the government emigrant ship *General Caulfeild*.

THE ELECTION. It is generally believed that Mr. Clement, in conjunction with the present member, Mr. G. Tomline, will be returned for Shrewsbury without opposition. Both profess Liberal principles.

ILLEGAL PRACTICE. A *pharmacie* of Bourges has been fined fifty francs and judicial costs for having illegally practised medicine, and making up drugs without a medical man's prescription.

BROMPTON HOSPITAL FOR CONSUMPTION. The Queen of the Netherlands visited this institution on the 3rd inst. Her Majesty was received by the Marquis of Westminster, and by several members of the committee of management and leading officials.

UNIVERSITY OF EDINBURGH. Mrs. T. Bruce has presented £10,000 to the Edinburgh University for the founding of prizes and scholarships for the purpose of aiding and encouraging students in all the Faculties.

POISONOUS JALAP. To take a jalap purge in Constantinople at present is something like taking a fatal dose. M. Della-Ladda, the *pharmacien*, states to the Medical Society there, that there is sold for jalap one of the most violent of vegetable poisons, viz., Indian *Aconitum Ferox*.

A STATUE TO JENNER. A musical celebration of a singular kind, a *fête* on the inauguration of a statue to Jenner, of vaccination memory, is to be held at Boulogne next month. M. Elwart has written a choral piece for the occasion, called "A Hymn to Beauty," to be sung by the Orphéonists of the place. (Reader.)

FEMALE DOCTORS. In an action brought for damages done to a lady by careless driving, we read that the husband, in whose name the action was brought, was a chemist and druggist at Rotherhithe, and his wife was studying medicine at the college in Norfolk Street with a view to a diploma.

HOMOEOPATHY IN THE FRENCH SENATE. In the Senate on the 1st inst., a debate took place upon a petition in favour of certain privileges to be accorded to homoeopathic doctors. M. Dumas and M. Dupin condemned the principles of homoeopathy, which were defended by M. Bonjean and M. Thayer. The Senate then passed to the order of the day.

INDIAN MEDICAL OFFICERS. In the House of Commons, on Thursday week, Mr. Bazley asked the Secretary of State for India whether it was true or not, as stated in the *United Service Gazette* and *Home News*, that the Indian medical warrant had been cancelled; if such was the case, what measures were to be taken as regards the pay and organisation of the medical department, and when would those measures be reported to the House; and why, pending such changes, medical officers in India had not at least received the pay of their relative ranks. Sir C. Wood said he had introduced a bill last year for the purpose of enabling a sufficient number of assistant-surgeons who had entered the Queen's general service to be drawn upon to form a medical staff. The House was pleased to throw out that bill on the third reading, and he was therefore compelled to maintain a separate establishment for India. The government of India consequently had written in very strong terms, pointing out the great disadvantage and great additional expense caused by the maintenance of the double establishment; but no step had been taken in consequence of those representations. The statement, therefore, implied in the question of his hon. friend was entirely incorrect; the warrant had not been cancelled, and satisfaction was felt by the medical officers in India at their position and pay.

ROYAL COLLEGE OF SURGEONS. A *conversazione* was held at the college on the 28th ult. In the Council room were displayed the handsome mace of the college, presented by George IV, together with some valuable plate; here also were seen the large painting by Hans Holbein of Henry VIII granting the charter to the Barber Chirurgeons, and that *chef d'œuvre* of Sir Joshua Reynolds, the portrait of John Hunter; Sir Astley Cooper's portrait, by Sir Thomas Lawrence; the portrait of Sir Cassar Hawkins, by Hogarth; and many other past worthies of the college. It was the noble library of the institution, however, which was, perhaps, the chief point of attraction; here were displayed some fine specimens of sculpture from the studios of Macdowell, Weekes, Noble, Adams, and others. On the walls were suspended some of the finest paintings from the easels of Sir Edward and Mr. Charles Landseer, contributed by those gentlemen. Mr. E. W. Cooke, B.A., most liberally supplied a large number of his charming works, as did also Mrs. Gibbons from her large and valuable collection. Professor Fergusson contributed a fine view of Edinburgh from Craig Miller, one of the earliest productions of the late David Roberts, a portrait of John Abernethy by Sir Thomas Lawrence, and a small copy of Holbein's large picture above alluded to. Mr. Hodgson, the president, sent the fine picture by Hannah, of Harvey demonstrating his theory of the circulation of the blood to Charles I, so well known to most readers by the engraving of Mr. Lemon. Professor Quain sent some of Sydney Cooper's fine groups of cattle; Professors Prescott Hewett, and W. Bowman sent several fine paintings from their collections. In the smaller library were

deposited the result of the explorations by Professor Busk of the caves at Gibraltar, exhibiting some rare specimens of extinct animals, domestic utensils, and stone arrow-heads. Dr. Cobbold, of the Middlesex Hospital, displayed the fine collection of entozoa from human bodies, prepared by him for the museum. The Council of the Royal Botanic Society most liberally supplied a large collection of fine exotic plants of rare beauty; and, to make up for the deficiency of smell, M. Rimmel had ingeniously placed his perfume vaporisers, now in constant use at the college during the anatomical examinations, near the plants, thus dispersing a most agreeable perfume of sweetbriar throughout the building.

MEDICAL POLITICIANS. Dr. Jacoby, of the Prussian Landtag, has been sentenced to six months' imprisonment for having at Berlin called upon his constituents to refuse to pay the taxes to an unconstitutional government. The Liberals are in good hopes that the shutting up of a man of his renown will benefit them nearly as much as the death of Herr Virchow at the hands of Herr von Bismark, had such a catastrophe actually occurred. Dr. Jacoby, a physician at Königsburg, is a man well known for courage, integrity, and the services he has rendered his country in its constitutional struggles. It was he who twenty-five years ago, in a famous pamphlet, began the war against absolutism; who, in 1848, had a very extraordinary encounter at Sans-Souci with King Frederick William IV, which made his name the most respected and revered among the many Radicals in the land. His many pamphlets have frequently brought down legal prosecution upon his devoted head, but always ended in his acquittal. This is the first time he has been actually convicted. Dr. Frenzel, another able member of the Lower House, has had also two months' imprisonment awarded to him, for speaking disrespectfully of the King at a public meeting.

CHEMISTS' AND DRUGGISTS' BILLS. The following report of a select committee of the House of Commons on the Chemists' and Druggists' Bills, No. 1 and No. 2, has just been published. "Your committee have examined witnesses on the general questions raised by the provisions contained in the two bills committed to them, and have heard evidence in support of the Chemists' and Druggists' (No. 1) Bill. Your committee then passed the following resolutions: '1. That no compulsory examination or registration under the bills referred to the committee should be required of persons now carrying on the trade of chemists and druggists. 2. That the bill do provide that no other person shall, after a day to be fixed by the bill, sell certain dangerous drugs, to be scheduled in the bill, unless he shall be examined and registered.' By the adoption of the second resolution as an amendment to a proposal that persons compounding medicines from the prescriptions of medical men should also be examined, your committee decided against the principal provision contained in the Chemists' and Druggists' (No. 1) Bill, and they accordingly resolved to proceed with the Chemists' and Druggists' (No. 2) Bill. After several clauses of the bill were passed, considerable difficulty arose in providing for the first formation of the council to which the duty of regulating the examination of chemists and druggists was to be entrusted; and your committee, considering the advanced period of the session, were compelled to abandon the expectation of any useful result from a further consideration of the bill. Having, therefore, disposed *pro forma* of the remaining clauses, they came to the following resolution:—'That, inasmuch as there appears to be little prospect of any satisfactory termination to the labours of the committee in the present session, it is desirable that the evidence,

so far as it has been already taken, and the proceedings of the committee, be reported to the House, accompanied by a recommendation that the government should, early in the new parliament, bring in a bill on the subjects referred to the committee.' Your committee have, in conclusion, to report that, in their opinion, it is not expedient to proceed further with either of the bills which have been committed to them."

STATISTICS OF LIFE. Dr. W. Farr has completed his supplementary volume on the mortality of England in the ten years 1851-60. There is little definite information respecting the rate of embryonic mortality. In the 26 years 1838-63 there were registered in England the deaths of no less than 2,374,379 infants born alive but not living for a single year. At this present time 100,000 infants of less than a year old die every year in England. The French returns are very minute, and show in 1856 a mortality of 154 per cent. *per annum* in the first seven days after birth, 120 in the second seven days, and 54 in the sixteen days following. The mortality among children under 5 years of age in the ten years 1851-60 was very little over 4 per cent. in the more healthy districts of England; in one or two thinly-peopled districts in the extreme north it was under 2.5 per cent. Among the children of peers it has been calculated to be little over 2 per cent.; among the children of the clergy in 1829 and 1858 rather over 3 per cent. On the other hand, there are 151 districts of England where, taken as a whole, the child mortality of 1851-60 exceeded 8 per cent. In the ten years 1851-60 the mean annual mortality among children under five was 10.149 per cent. in the city of London (east division); 10.219 in Nottingham; 10.852 in St. Giles's; 11.725 in Manchester district; and 13.198 in Liverpool district. Passing on to the higher ages, we find the rate of mortality declining with every year of life up to 12 or 13, when it is at its lowest. Between 10 and 15 years of age less than five boys in a thousand die in the year. Twenty years later in life the mortality is doubled, and goes on increasing to the close. At all ages the variation in the rate in different districts is shown to be very striking. The mortality of men in towns demands a careful investigation. At 45-55 the mortality of London men is not far from double that of men in the healthy districts of the country. It is much higher at every age than the mortality of women in London. In the ten years 1851-60 the deaths in 30 large town districts of England, with an aggregate mean population of 2,541,630, comprising seven London districts and the principal provincial town districts, averaged 71,194 a year, while the deaths at the rate in healthy country districts would have been only 38,459—an annual loss of above 32,000 lives in much less than a seventh of the population. There can now be no doubt that mere proximity of dwellings does not necessarily involve a high rate of mortality. If an adequate water supply and sufficient arrangements for drainage and cleansing are secured, the evils which make dense districts so fatal may be mitigated. It is remarkable that some of the dense districts of cities are already comparatively salubrious. The mortality of a district is by no means bound to its density of population. Bermondsey is less densely inhabited than St. James's, Westminster, but the mortality is considerably greater. It is also to be noted that in London the mortality fell from the annual rate of 25 per 1,000 in the decennial 1841-50 to 24 per 1,000 in 1851-60. The mortality of Lancashire and Cheshire also declined from 27 to 26. Taking all England, though the growth in numbers, of course, increased the density of population, the rate of mortality did not increase, but continued at 22 per 1,000.

Transactions of Branches.

SOUTH-EASTERN BRANCH.

PRESIDENT'S ADDRESS.

By EDWARD WESTALL, M.D.

[Delivered June 22, 1865.]

GENTLEMEN,—I believe it to be generally understood, on occasions of our meeting in this beautiful building, that, beyond the ordinary business of the Branch, the little time at our disposal should not be taken up by any long discussion or address; but that it should rather be devoted to the pleasure, amusement, and instruction, afforded by the numberless works of art and beauties of nature, brought together, I might almost say lavishly, within the place and its grounds. Nevertheless, as this especial meeting is held here in lieu of Croydon, I must not forget that the position I occupy to-day has more reference to my former residence in Croydon than to any ability I possess for such a post of honour. I feel bound to bear in mind (in any matter I may bring forward) my former connection with that town, and to endeavour to do credit to my old friends now residing there, and to tender my thanks to them and the other members of the South-Eastern Branch of the British Medical Association for their kindness; at the same time expressing a hope that they will not be very severely critical, of the fulfilment of the office of their President.

Having relinquished the active practice of the profession for some years, I have been anxious to find a subject which, although not strictly professional, shall be interesting to this Branch of our Association; and with this view I have taken up the point of sanitary improvement in our towns, as collateral to, or in aid of, the present prevailing ideas on preventive medicine. I say towns, because it is there we meet with the greatest opposition to sanitary measures from the outset; not always perhaps openly, for there is a strength even in this fashion; and, with all its higher interests, it is fortunately a fashion that only the most ignorant and selfish can resist. The Board of Health, with its Public Health Act of 1847, was not, nor is the Local Government Act, a popular measure; for, although it goes far towards protecting the best interests of the poor man, and thus trenches upon the too often avaricious or parsimonious conduct of the cottage proprietor, at the same time so far interferes with the liberty of the subject, as to deprive the poor man of one of his most cherished aspirations, the pig-stye at his back-door, which, with the consequent miasm, has too long been the bane of many close cottage districts.

As an example, both for evil incurred by long neglect, and for the good obtained by taking a bold course—so soon as opportunity offered—I shall take Croydon as my text; and, as candidly as possible, shew the state of the town prior to any care being taken for the health of its inhabitants; during the operation of the projected improvements; and subsequently to the completion of the works. I hope to be able to make a sufficiently good case to justify me in bringing before you this otherwise almost threadbare subject, of which the Croydon people have already had *usque ad nauseam*.

Croydon, then, may be taken as a fair illustration,

being one of the towns included in the first Order in Council (1849), under the General Board of Health, and having been the pioneer through all the difficulties of sewage, outfall, and water-rights, and the butt for actions at law, from any and every one who had, or fancied he had, a grievance; and because, in many places where it is now proposed to adopt the Local Government Act, Croydon is held up as a bugbear, and as a total failure of all that was sought for; and, of course, with extravagantly increased parochial rates. In more than one town, such *ex parte* reasoning (if it can be so called) has been successful, and the inhabitants are doomed by their authorities to go on amidst filth and short or bad water-supply, in some places both, until, as in Croydon, the "darkness shall be felt."

I know that it has been said, that statistics can be made to prove anything. When truthful, they are, however, too useful to be dispensed with; and I shall append a few, which I trust will be interesting; but as this address must necessarily be short, I shall merely embody the results, as far as may be required to illustrate my case.

In the year 1831, I came to Croydon, at the recommendation of my friends, to commence practice; and, curiously enough, the chief inducement held out was its extreme healthiness. As is usual with young members of our profession, I was not overworked by patients within the first two years, and I had time to dispel the charming illusion ere long. Coming, as I did, from a large and well regulated manufacturing town in Lancashire, a painful contrast was exhibited. No drainage, even from the surface; little water, and that for the most part bad in quality; paving only in the High Street; gas (16s. per 1000 feet) in the hands of a private individual (the works and a fellmonger's yard in the heart of the town); and highways anything but good.

I do not deem it necessary to give any history of Croydon or its peculiarities here. In addition to several standard works, ancient and modern, which refer to it, short papers have been written within a few years, by Mr. C. W. Johnson, Mr. J. W. Flower, and Dr. Carpenter. Some extracts from these will be given in an appendix.

Prior to 1848, the town was supposed to be cared for by a Board of Commissioners, under a local Act (10th George IV, cap. 73, 1829); but for several years little else seems to have been done by this Board than to provide the judges of assize with lodgings (once in two years) and to light the town district. It was not an uncommon circumstance for a majority of this Board to refuse a vote of twopence or threepence in the pound, brought forward repeatedly by a small minority, for the purpose of commencing some system of drainage; and it was a matter of congratulation, when the Board broke up at the termination of their year of office, that no such money had been spent; but not without a warning of the result of their imbecility. Up to this time, no sewer nor close drain existed in Croydon. All the refuse of the closets and privies was drained by porous earthen pipes into cesspools, and eventually found its way by open ditches into two large ponds, heads of the River Wandle; and I well remember seeing some fine trout endeavouring to hold their own, when well nigh surrounded by the town sewage, at the back and within a few yards of the houses in the High Street. These cesspools were in the yards of the houses; or, in some cases, there was one large cesspool to a number of houses, and generally so close to the well (where one existed) that, on the occurrence of a heavy rainfall, the water became more or less tainted.

In the lower parts of the town especially, where the wells were only from three to six feet deep, it was an

impossibility to keep the water pure; and at the periodical flowings of the Bourne Water, the earth became fully saturated.

Is it surprising, then, that, with all these exciting causes, there should be frequent prevalence of fever and other zymotic diseases? and that some of the more thoughtful inhabitants should begin to make inquiries?

The first movement was made by a few private individuals, in the year 1846, in opposition to a gas company, who proposed to perpetuate the nuisance of works in the town. About this time, also, a report was obtained as to the water-supply; and it was found, as I fear it would be in many places now, that one-half the houses had no wells or other source of supply. In many of these which had, the quality was bad.

The threatened attack of cholera soon after this (1848-49) began to call the attention of the authorities to the state of the town; and the country is deeply indebted to the Health of Towns Association, for keeping up a proper excitement on the subject; but until the passing of the Nuisance Removal Act (1846), there was no controlling power to remedy existing evils. In too many instances, these were not only tolerated, but fondly cherished; and the slightest interference was met by the old story of vested rights, or the cry of imperilling the liberty of the subject, with other like prejudices. So much was accomplished as could be with the limited powers, and the cholera came pretty severely in 1849. In the meantime, steps were taken to apply the Public Health Act to the town, under the General Board of Health; and, after a public inquiry, the Inspector, Mr. Ranger, made his report in April 1849, the Order in Council was obtained July 1849, and the first election of a Local Board occurred in August 1849. The works commenced in the autumn of 1850; and by the end of 1853, they may be said to have approached completion.

The works comprised an entirely new water-supply from a deep well; the water being pumped up into a large covered reservoir, holding 900,000 gallons, at some distance, and at a height of 142 feet, to ensure constant service, and to reach the highest houses; and a thorough system of sewerage by glazed earthenware pipes, both for sewers and house-service, by back drainage.

The completion of each of these undertakings involved the Board in great difficulties. In the first place, our right to raise the water, or at any rate such a quantity as would sensibly decrease the underground flow to the River Wandle, was disputed; for it was never intended to interfere with the stream, but merely to supply the mass of houses from one well, by suitable machinery, instead of each house having its own well. The well used by the Board was one which had been more or less public ever since the town had existed. An association of millers from all parts of the kingdom determined to dispute, or question, our power (by law) to effect the object desired. After two years of litigation, and at a cost of £5000 to the parish, and much more to the millers, it was finally decided in the House of Lords on July 29th, 1859: 1. "That the underground water in the land belongs to the owner of the ground"; and 2. "That he may drain that water out of his land, in any direction that he finds the best for his or its enjoyment or cultivation."

As to the water-supply for towns, I believe that, had the sanitary movement in Croydon done no more than establish, as it has done, the absolute right to underground water, it would have achieved a benefit for the community at large, not too dearly bought, costly as it was to all parties concerned. The water-

supply of Croydon leaves nothing to be desired on that head. There is a constant supply of the purest quality; and if anything be lost in its comparative hardness, it is fully compensated for by its freshness. I may safely say that it cannot be excelled. The supply was calculated at eleven gallons a head daily; it now ranges from forty-six to fifty-six gallons. The charge for this wonderful accommodation is exceedingly small—to the cottager one penny per week, and to the larger householders about one-fourth the rate of the water companies. It is proposed, on the erection of a new engine, to raise the charge slightly, on houses rented above £12 *per annum*. The surplus would yield a large sum in reduction of other rates.

Our difficulties with the sewerage and drainage were even more serious, involving, as they did for a time, an increased mortality from zymotic diseases; and Croydon became the battle-field of the pipe-gauges, and of controversialists on the value of solid and liquid manure. In addition to our local obstacles, which were not a few, we met opposition and objection from every quarter.

Before one step could be taken, a mill, which had been erected within forty years, within three hundred yards of the church, whereby the water-line of the town was raised seven feet and a half, had to be purchased and removed, and a large culvert formed, to conduct the Bourne and Stour waters through the lower parts of the town. As no power existed at this time to take the sewage matter beyond the limits of the parish, good as the outfall may be, the intervening distance was too short to admit of any sufficient or effectual means of deodorisation. All attempts to send the strained water into the river, even in a state of comparative purity, were unavailing. Actions at law and repeated injunctions interfered with our progress; until an amended Act of Parliament gave us power to extend our works beyond the parish, and enabled us by irrigation to free ourselves and others from the nuisance, and to prove the question of the utilisation of sewage. Croydon had no alternative; the best possible temporary arrangement was made for filtration and deodorisation; but the opposition to passing the sewage beyond the parish was too strong until Parliamentary powers were obtained. Irrigation was intended from the first. At present, the high rental of land, being so near London, prevents a large profit, although the irrigation is effected by gravitation; but where the land is of less value, or where the pumping of the sewage to a higher level can be done at a less cost than now, as doubtless it will be ere long, the sewage will become a source of large profit, and thus still further conduce to the reduction of the rates.

But, you will say, After all your trouble and expense, you had an increase of fever and other zymotic disease. That cannot be denied; but I question if the amount in the outbreak anything like equalled what must have proved the continued ratio had matters remained as they were. I will give briefly the causes; for it is matter of history now, and can be looked upon dispassionately. Many mistakes were made, as usual in all transitions, even from a bad to a good system. First, too large a surface of ground was opened at one time, and allowed to remain open too long; that ground being a soil more or less saturated by impurities from cesspools, old dung-pits, etc.; and, by the adoption of back drainage, this evil was greatly aggravated. A large rain-fall (34 inches, the average being about 24); a high mean temperature (50.17), and the flow of the Bourne (a periodical stream before alluded to), added to the mischief by filling the trenches, causing percolations into the wells, and the exhalation of much noxious vapour.

In addition to these causes, no provision having been made for ventilating the sewers, many of the closets and sinks in the upper part of the town became stink-traps for the escape of the tainted air into the houses. There was quite enough to bring fruit from the seed now by neglect of all and every precaution for so many years before.

It must be borne in mind, also, that fever was prevalent in many of the towns of nearly every county in England, in that year, 1852. We must not suppose, that such mischief can occur again, or in other places, however bad they may be, with this experience before them, and only moderate precaution.

The population of Croydon increased from 5743 in 1801, to 30,240 in 1861, and is now computed at about 40,000; that of the town proper about 18,000—the ratio per house being, in 1851, 6½; in 1861, 5½; and now about 5½. The more favourable condition in the ratio per house arises chiefly from the large number of first class cottages recently erected; also, from the care bestowed by the police in their regulations for lodging-houses, and the stringent bye-laws of the Local Board. The increase of population is despite of the removal of three large establishments, the London District Schools, the Addiscombe College, and the Barracks—in all embracing from 1500 to 2000 persons.

Having been a member of the Local Board of Health for nearly ten years from its first election, I may be supposed to have had some experience; and I would now, in a few words, offer such advice as that experience will warrant. First, medical men should take the initiative in all sanitary movements. We have proved in Croydon, that much may be done in educating the poor and lower classes, to the value of cleanliness, health, and comfort. Next to the clergy—indeed, often before them—none have so good opportunities as members of our profession. I say it in all thankfulness, that in Croydon, with rare exceptions, they were foremost in action; and, in addition to other means, many hundred pamphlets were distributed amongst the cottagers, and read by them, chiefly published by the Health of Towns Association. Next, I would say, Be not content with half measures. To meddle, bit by bit, is to ensure mischief. I could readily illustrate this by reference; but it is needless. Obtain full powers at once, and, with the examples of other towns before you, the best systems will be adopted. There need be no battle of pipe-gauges; no question of water-supply, excepting as to the best sources. Care should be taken to remove all existing nuisances, such as gas-works, slaughter-houses, and public works of all kinds, from the town. All open ponds into which refuse of any kind can be thrown, should be cleansed and filled up; a thorough system of scavenging should be adopted, with a house-to-house collection of dust and other refuse. All footpaths, alleys, and courtyards, should be paved or asphalted. On this latter point, I fear much of the good obtained by the wider roads, and the larger area allowed to cottage property, is lost, by admitting accumulations of manure, decaying vegetable matter, etc., in the yards and gardens. There is one point upon which I feel that particular stress should be laid; although perhaps it belongs rather to the engineer—that is, the avoidance (if possible) of back drainage. It is a constant source of annoyance and discomfort, if not of disease. When a stoppage occurs, it is not easily found out, without disturbing many yards and gardens (in some instances from ten to twenty; the soil from which has to be exposed for some time. The house-drains cannot well be too small, nor the sewers too large: the latter, to allow of frequent inspection; the former, to prevent the introduction of foreign matters, and to admit of

thorough flushing. As a measure of economy in the water-service, every house should be furnished with a cistern for the closets and cleansing purposes, in addition to its taps for drinking and cooking.

I am not one of those who believe all zymotic diseases to be preventable; so long as poverty, ignorance, and vice prevail, so there will be their concomitants of disease. We may do much, and ought to act with hope, to obtain the highest possible results for our (poor at the best) endeavours; but in this life we may not even dream of perfection.

The late Mr. Grainger, so lately lost to us, and whose memory deserves a hearty tribute from our profession, in a Report made to the General Board of Health in 1853, says: "On referring to the statistics of Surrey for 1841, it appears that, on comparing the several registration districts in the county, as to epidemic disease and mortality generally, that of Croydon holds an unfavourable position at each stage of life." He also shows, the death-rate from Fever to have been, from

1840 to 1845	4.6 per cent.
1845 to 1850	7.6 „
And from all Zymotic Diseases,	
1840 to 1845	19.0 „
1845 to 1850	26.1 „

I find in the three years 1848-49-50, the following death-rate:

Fever.	All Zymotic Diseases.
7.95 per cent.....	27 per cent.

Thus the danger was still increasing.

In the years 1851-52-53, when the works were in operation and the fever was epidemic, the mortality showed a very inconsiderable increase; being

Fever.	All Zymotic Diseases.
8.3 per cent.....	25.6 per cent.

After the completion of the works, the death-rate in 1854-55-56 was

Fever.	All Zymotic Diseases.
4.7 per cent.....	22 per cent.

Taking the two periods of ten years, 1845-54 and 1855-64, the death-rate was

Fever.	All Zymotic Diseases.
1845-54—7.5 per cent.....	27.3 per cent.
1855-64—3.1 per cent.....	17.2 per cent.

The deaths from cholera were in 1849 10.3 per cent., in 1854 7.8, on the gross mortality.

These figures speak for themselves. The details I will place before you; but they are too voluminous for this paper.

The birth-rate in the ten years was	
1845 to 1854.....	2.912 per cent.
1855 to 1864.....	3.141 „

The proportion of deaths to the population was, in the years 1845-54, 1 in 48; 1855 to 1864, 1 in 64.

The average duration of life was, in the years 1845-54, 30 years 1 month; 1855-64, 33 years.

The deaths under 20 years of age were, in the years 1845-54, 51 per cent.; 1855-64, 41.4 per cent.

The infant mortality has varied but little; being, under one year, about 1 in 7.

The foregoing figures show clearly the advantages derived from the sanitary works at Croydon.

In addition to the present benefits, of a constant and full supply of pure water—forty-six gallons per head to about 27,000 inhabitants (the outer portions of the parish being supplied by the Lambeth works, or by wells)—every house is connected with the sewers by glazed earthen socket-pipes, the larger sewers being of brickwork in cement, discharging at five different outfalls, intended eventually to converge by one main drain on to the irrigation farm at Beddington, of about 300 acres, one mile distant from

Croydon; the farm yielding a profit rental to the town of £1 per acre. Every house, or series of houses, is ventilated by the rain-water stock-pipes, or by upright pipes placed outside the houses. All the drains and sewers are flushed at frequent intervals, and a thorough system of scavenging is carried out. The old slaughter-houses are carefully watched; and others have been erected by the Board, outside the town.

The result is a large decrease of sickness, especially amongst the poorer classes; a very large increase of population; the birth-rate increased from 2.91 to 3.14 per cent.; and the deaths decreased from 2.366 to 1.845 in the thousand—showing a saving of above two hundred lives per annum. Excepting in extreme infancy, the average deaths at all ages have materially decreased; and, even when the infant deaths are taken at the old rate, all those under twenty years of age have decreased by nearly 10 per cent. Taking the deaths from fever and all zymotic diseases alone, the decrease is respectively from 6.1 per cent. to 3.1 per cent., and from 22.5 per cent. to 17.2 per cent.—taking from the year 1845, and including the two unhealthy seasons of the years 1863-4.

These, then, are some of the results of the application of the Local Government Act (patent to all) to Croydon, a town in many respects not most advantageously situated, by reason of its proximity to London, of which, in fact, it is a suburb; and by its being the chief town of a large agricultural district, the majority of the lower classes, male and female, obtaining their livelihood by out-of-door work, and thus, perhaps, greatly accounting for the large infant mortality; also by the daily passing through of a large number of tramps; and, again, as containing the union-house for nine parishes and two hamlets (for which no deduction has been made in the calculations). That there are results far higher than these, of a religious and moral character, we may be assured; and the Croydon ratepayers may well be satisfied that they have not exercised a large amount of self-denial and perseverance in vain, but that they have added somewhat to the improvement of their fellow-men, and thus, humbly though it be, joined in the tribute of glory and praise to Him who gave us so great an example of beneficence, and have endeavoured to fulfil their highest duty on earth.

Dr. Westall said he held in his hand another paper, which had been written by Mr. J. W. Flower; and he would leave it to the opinion of the meeting, whether he should read it now, or whether they would be content to see it in print in the JOURNAL. It being the unanimous wish of the meeting that the paper should be read at once, Dr. Westall proceeded to read the following

NOTES ON THE GEOLOGY OF CROYDON.

BY J. W. FLOWER, ESQ.

Croydon is situate on the margin or circumference of the great basin of London clay on which the metropolis (from which this formation takes its name) is built. The town is placed on a platform or delta of ferruginous gravel, at the mouth of a valley, or rather at the confluence of two valleys or passes, through the range of chalk hills known as the North Downs. One of these valleys extends as far as Godstone, and the other (more to the west) as far as Mersham. It is probably from these valleys, or at least from that leading from Godstone, that Croydon takes its name. In the oldest record extant in which it is mentioned (*circa* 962) it is termed Crog-dæne—the crooked or winding valley.

In some places, the gravel is found to rest directly upon the chalk, as at Dreppas Hill and the Waldrons. More to the north, it rests upon the London clay; while near the bridge in Coombe Lane, and in some few places south-west of the town, it is seen lying on the plastic clay-fields which overlie the chalk, and are geologically beneath the London clay. In these cases, however, it is not found upon the summit of the hills, but out upon the western slope or shoulder, apparently indicating the height of the current of drift which once swept into the valley, and the presence of which probably indicates the last great geological change to which the district was subjected.

It is evident that, before the gravel or drift was deposited in its present position, vast changes had occurred in the subjacent beds. The chalk, which is found at the surface near the bridge in Coombe Lane, is seen to dip rapidly towards the north, at an inclination of about one in six; and at Ashby's steam-mills, about half a mile distant, is found to underlie the London clay and plastic clay beds, at a depth of 120 feet; while in London, which is ten miles distant, it is only reached at the depth of about 400 feet. The chasm thus formed is filled up by the beds of the plastic clay and London clay series; but the London clay is found very sparingly, if at all, south of the Brighton railway-station. In that direction, the plastic clay beds, which in order of superposition should underlie the London clay, are seen rising on the east to the height of fifty or sixty feet; while to the south and south-west we find the bare Chalk Downs—the spur of the North Down range.

But, as all these beds must have been originally horizontal, it follows that, after the London clay was deposited, some enormous depressions must have taken place in the centre of what is now the London clay basin, or some elevation of the margin or circumference; and that thus, while the body of the London clay south of the Brighton railway-station, and at some places (as at Purley and Haling, and in Coombe Lane) the subjacent beds of plastic clay also, must have been carried away; and occasionally, as in Coombe Lane and at Ballard's, channels were cut in the chalk itself.

Abundant evidence of the ruin and degradation of the plastic clay beds and of the chalk may be found in the gravel beds of which mention has been made. In these we find vast quantities of angular chalk-flints, little rolled or worn, mixed with large quantities of those well-rounded flint-pebbles which are every where characteristic of the plastic clay beds, and are termed by Mr. Prestwich the basement-bed of the London clay.

The valley of gravel upon which the town stands is one of the affluents of the great valley of gravel which fills up the valley of the Thames, and extends in nearly uninterrupted series to the banks of that river, where it passes through London, a distance of about twelve miles. Its presence is doubtless due to the same causes to which the present physical geography of the district is ascribed, and which may be shortly described as follows.

It has long been considered by those who have studied the subject, that the Weald of Kent, and Surrey, and Sussex, by which I mean the district lying between the North Downs and the South Downs, is a valley of elevation.

Before this valley was formed by the Wealden beds, the greensand and the gault and the chalk may have reposed, and probably did repose, upon each other, in undisturbed and unbroken succession; and possibly they may have been overlaid by the plastic and London clays, although it is doubtful if they extended thus far south. However this may have been, at some very remote period an elevation occurred of

all this district, by which the Wealden rocks and the overlying greensand and chalk beds were upheaved.

This elevation was doubtless the result of volcanic agencies, in operation, probably, for countless ages, in the depths of seas which have long since disappeared; and, as it took place under water, the central mass—that in the course of the anticlinal line—was gradually swept or melted away. And so that large valley was left, which we now call the Valley of the Weald; while the sides or margins of this valley, less exposed, probably, to the destroying influence which acted upon the surface, were left, like the rafters of a house from which the topmost ridge has been cut or broken off—that on the north side of the chasm dipping to the north, and that on the south to the south.

It is probable that a line drawn from near Alton in Hants, passing by Cowborough, to Romney Marsh, would indicate pretty accurately the anticlinal or central line of this great Wealden elevation. Although so far distant, and occurring so many ages since, this great change has left lasting and ineffaceable traces of its influence in the present condition of the town, as well as many others in the county—preparing it, as it were, for the advent of the wealthy and prosperous population who were to come in times which then were immeasurably distant.

By means of the slow and long continued elevation of the Wealden district, the whole surface was gradually elevated on the north, and depressed on the southern extremity of the town; and, from the rush of waters from the slopes of the anticlinal line, the tertiary beds lying above the chalk were swept away either wholly or in part; and the greater portion of what was left was covered with a thick coating of flint-gravel, the ruins of the chalk and plastic clay beds. Nor was this the only result of the Wealden elevation. When the central mass was upheaved, certain lateral or transverse valleys, at right angles with the anticlinal or line of elevation, were formed at various distances, and thus served for channels for the waters from the higher lands. We find one of these at Dorking, through which the river Mole finds its way; another, at Guildford, forms a channel for the Wey; near Shoreham is a channel for the Derant, and near Rochester for the Medway.

Owing to the more permeable character of the soil above Croydon, no river is found to run into it; but, if it can boast of no clear sparkling stream running through the town, it has an underground river of equal value. The water from the Godstone and Mersham valleys finds its way through the gravel and sand, and supplies the source of the stream which runs from the town and falls into the Thames at Wandsworth.

It is doubtless owing to the geological conditions which I have thus attempted to describe, that Croydon enjoys so many sanitary advantages as regards earth, air, and water.

As we have seen, the town does not stand entirely either on chalk or the London clay, or the plastic clay and sands, but partly upon each of these beds; and thus derives no small advantages from each.

The prevailing winds, which are from the south-west, sweep across a wide extent of chalk downs, and bring with them a full supply of bracing and pure air. The soil is usually so porous that it is altogether free from unwholesome damps; while the great admixture and variety of earth is found to be favourable to the growth of both grass and corn of all kinds; and, lastly, watershed from the chalk hills south of the town finds its way through the valleys before mentioned into the beds of gravel and sand on which the town is placed; and, being then inter-

rupted by the thick impermeable beds of London clay which underlie the gravel, afford a copious supply of excellent water.

We cannot doubt that the clear springs from which the Wandle here takes its origin attracted the first Anglo-Saxon settlers to the crooked or winding valley. Tacitus, in describing the manners and customs of the German races of his time, tells us that they did not live in streets and towns, as the Romans did; but that every one dwelt apart by himself, just where the wood, or the plain, or the fresh spring pleased him.

MIDLAND BRANCH.

PRESIDENT'S ADDRESS.

By JOHN BARCLAY, M.D., Leicester.

[Read June 28th, 1865.]

GENTLEMEN,—I feel deeply the honour you have conferred upon me in seating me in the chair of the President of the Midland Branch of the Association. Still more deeply do I feel my inability to preside, in one sense, over the deliberations of my friends, in many cases my seniors.

My idea of the nature of the address which it is the custom of the President-elect to deliver on taking the chair is very different from that of some Presidents to whom I have listened, and of others whose addresses I have read. Sometimes the chief objects of interest in the neighbourhood are catalogued; sometimes private cases are classified and reported; sometimes nearly the whole principles and practice of medicine are lectured upon. Now I consider it is not my duty, at any rate, to attempt to teach, when I might with better grace sit at the feet of some my seniors; nor is it my duty to lay down the law to those who probably know it a great deal better than I do myself; but rather to suggest subjects of thought and conversation, to elicit an expression of feeling on certain points of general medical interest, and to seek to draw into closer union of friendship and mutual esteem the members of an Association which has done so much to keep up the social and scientific status of all grades of the medical profession.

But it is my duty to welcome all strangers here present to Leicester—a town rapidly increasing in importance and population, thriving in its trades, and whose highest eulogy is this, that in it the medical profession is an united, a friendly, and sociable body of men. I say nothing of scientific attainments; but that we live together in unity, free from rivalry, from cabals, and from personal or professional hostilities.

There is only one point strictly medical on which I shall touch—strictly medical, as bearing on the treatment of disease. It is a subject I have not seen commented upon of late: the tendency—and I do not know that I shall command the sympathy of my hearers in calling it the vicious tendency—there exists at the present day to excessive refinement in the classification of disease. The chief offenders in this respect are our metropolitan brethren, who, from the limited experience derived from the treatment of disease as it occurs in London, are too much inclined to ignore every other type of disease than that which comes under their own observation. It would occupy too much time to refer to many instances, but I would specially mention fevers. The country constitution differs from the metropolitan. Our house-surgeons at the infirmary, derived generally from some London hospital, have invariably to undergo a course of unlearning before they are cured of their habit of ordering “pints of porter” and other stimulants for country people unaccustomed to their use. And in like manner as our constitutions differ,

do our diseases, I believe, differ; and there is no such distinction here between typhus and typhoid fever as is observed in London. We see cases in the same family with spots and without, with typhus rash and abdominal symptoms; and the converse. We see enteric fever and spots in two or three cases in a family; while at the same time, and under the same roof, there are others with the mulberry rash, the petechie, and the abdomen perfectly free. It is this same tendency which has given rise to so much mystification with regard to the Prussian epidemics. I have seen fevers in Edinburgh, in London, in Berlin, in Vienna, in Paris; I had to treat large numbers of the camp fever brought down in the *Melbourne* transport, and spreading in the hospital at Smyrna; and I have seen the various epidemics of fever in this town for the last twenty-two years; and my belief is, that there is but one poison—but one fever—differing, indeed, in type—differing according to the general class of constitutions attacked, but one in its mysterious origin. Our forefathers, in their old classification of nervous fever, bilious fever, brain fever, etc., were perhaps wiser in their generation than we may be inclined to think. If the occurrence of three cases within a short time of fever accompanied by abscess—curious, abnormal, purposeless abscess—justify the remark, I would say that this constitutes the peculiarity of what fever is prevalent here at present. These abscesses may be analogous to the buboes of the plague; and, indeed, I think it is generally admitted that the plague, as well as the yellow fever, are only common fever as modified by climate and sanitary conditions.

I am happy in feeling that my views of fever are shared by a very high authority in such matters—Dr. Henry Kennedy of Dublin. Speaking of Dr. Jenner's elaborate monograph *On the Identity or Non-identity of Typhoid and Typhus Fevers*, he says Dr. Jenner "has avowedly omitted all notice of the labours of others in the same field, and has come to the conclusion that the two fevers are essentially different, and the result of different poisons. Now, in a wide-spread disease like fever, I can scarcely conceive a mode more likely to lead to a wrong conclusion. Had the author put forward his views as representing the two types of fever as they came under his notice in London, I could have understood him; and a very valuable contribution it would have been. But to seek to establish that they are essentially two diseases, both as to causes and symptoms, is going further than any present experience would justify. . . . The London physicians seem to have ignored anything but what has occurred in their own city."

I may mention that, when I have shown cases in our fever-house to London medical men, they have several times admitted that they were "exceptional" cases—cases that could not be classified as either typhus or typhoid. Now, in this instance, the exceptions do not prove the rule, but they annihilate it; they prove that it is no rule, no law, but merely an inference, and a wrong inference, drawn from too limited a sphere of experience.

Puerperal fever is another disease on which our classifiers are at present exercising their ingenuity. Puerperal fever, puerperal metritis, and puerperal peritonitis, I believe to be almost synonymous terms; for in some dissections (which only the physician can perform with safety to the public) I have found the most acute and gangrenous inflammation of the uterus when the local symptoms of pain or distension were completely merged in the violence of the so-called fevers. We have a poison, some septic matter—it hardly signifies what—conveyed either by contagion or infection, seizing upon the surface of the recently emptied womb, and producing a variety

of symptoms which depend only on accidental circumstances, and in no way justify the attempted fine distinctions and definitions of different diseases by authors whose efforts may be laudable, but whose observations and "laws" are but crude and hasty.

To pass from these to more general subjects, I may be allowed to remark that medical legislation seems still in a very unsatisfactory state. The vast sums expended on the General Medical Council produce results wholly inadequate in their importance to the amounts taken from the profession. It seems to me a question still *sub judice*, whether any legislation will or can ever suppress quackery. The supply is regulated by the demand; and the unanimous resolution of the British Medical Association to utterly refuse any professional intercourse with those practising fashionable forms of spurious medicine, or even with those who, while professing to repudiate the error, would from motives—they may be honest, they may be not—of pseudo-philanthropy, countenance the practice of, let us say, homeopathy, and acknowledge the position of its professors by making diagnoses and periodical reports, or by performing surgical operations,—this resolution, I say, has done more to discountenance quackery than all the medical legislation.

The *British Pharmacopœia* has proved a most utter failure, so far as I can observe. The change of weights; the change of strength in different preparations, and consequently of doses; the change of nomenclature,—have all contributed to this result. Still, let us acknowledge that there are many preparations and formulae of much value in the new *Pharmacopœia*, which may, I hope, be satisfactorily revised and re-issued.

The public mind has been stirred by recent disclosures regarding the administration of medical relief to the poor; and while individual officers must suffer, and suffer justly, for neglect of duties they have deliberately undertaken, the result of this ventilation of the subject will probably be to benefit the profession at large; for the incredibly low rate of payment needs in many instances only to be exposed in order to be re-adjusted. Let us hope, however, that no one among ourselves will undertake duties that he cannot perform to the satisfaction of his own conscience.

The position of the army and navy medical officers continues in a most unsettled state. The niggardly hand with which promotion and honours are doled out to the army and navy surgeons, shows how little their services are appreciated; though in the field or in the still more fatal hospital work, the necessity of the ready hand and firm head of the educated doctor is universally acknowledged by the soldier, the officer, and by the public. The vicious system so long practised is now reacting—as perhaps it was intended to do—and it can little be wondered at that many, I fear it must be acknowledged, are, at any rate at first, unfit to preside even at the mess-table. But most surely is the fault to be laid at the door, not of the offenders, but of those who have called them into existence.

The subject of our JOURNAL is still made a matter of agitation in the Association. I think we must all do the present editor the justice to say that he conducts it most creditably. I do not believe we could be banded together as we are without a weekly journal. Many of our members see no other; and I would especially commend to any complainers the self-condemnatory reflection, that they have probably communicated nothing to its pages from their stores of accumulated observations. It seems to me, we have only to help ourselves in order to make the JOURNAL all that could be desired.

In conclusion, I have to remind the members present that we are only a Branch, and that the Parent Association meets this year in our own district almost, at Leamington, under the presidency of our most hospitable and accomplished friend Dr. Jeaffreson, on the first four days of August. This I think, and I trust, is an opportunity that none of us should neglect of strengthening the bonds of friendship, of renewing old and half-forgotten acquaintanceships, of sharing with others the results of our experience, of perhaps learning something ourselves; above all, of showing an united front to the public, of testifying that medicine is a science and not a trade, of condemning all forms of illegitimate practice, of obliterating all feelings of petty jealousy, of discountenancing all self-seeking and rivalry, of doing all honour to him who makes his profession his study as well as his business, and of testifying that there is a pleasure, that there is a reward in the victorious grappling with disease, with deformity, or with death. It is he alone who cherishes such high feelings of his calling, who can make it high; he alone who knows the God-like power entrusted to him, who can reap its reward; he alone who considers the feelings, the susceptibilities, nay, it may be the prejudices, of his brother practitioners, who can expect his own shortcomings to be overlooked, or his own judgment to be respected, or his own talents to be appreciated, either by the public or by the profession.

Gentlemen, I will not detain you longer. We have a list of papers to be read, some of which are on subjects of great interest; and we cannot feel too deeply our obligation to those gentlemen who have come from such distant places to confer on us the honour and privilege of being their audience. We fixed the dinner hour early, to suit the convenience of those who wish to go off by train, and I am far from thinking the dinner the least important part of our usual programmes. Should there be time for doing so, I think the members from a distance would probably be much interested in a short visit to the new wards of our Infirmary; perhaps the finest in this or any other country. The so-called exigencies of the style, or no style, of architecture prevented our having the best form of ventilation—cross-ventilation for the latrines; but, on the whole, it is a very noble building.

Again, let me thank you for the honour you have conferred upon me in electing me as president; I only regret that every member of the profession is not a member of the Association. It might be their privilege; I am sure it is their duty to be so.

HULL BRANCH.

CASE OF FLUCTUATING TUMOUR OF THE HIP CAUSED BY PARASITIC ANIMALS.

By WILLIAM HENDRY, M.R.C.S., Hull.

[Read June 13, 1865.]

Miss A., aged 21, states that, from 10 years of age, she has noticed the left hip and thigh to be weak and occasionally painful. These symptoms increased greatly during the last winter. Her attention was particularly attracted of late by a swelling of the affected hip, which has rapidly increased. The movements have been impeded and painful, causing awkwardness of gait, and preventing her walking any great distance. The swelling increased, especially during the latter part of May and beginning of June, becoming much extended and diffuse.

On June 8th, the case was seen by Dr. King and myself; and it was remarked that, in addition to the

fluid character of the swelling, the feeling of fluctuation was accompanied by a peculiar crepitus resembling that perceived in bursal enlargements. There was also more pain about it, though the skin was not at all inflamed, than is common in ordinary superficial chronic abscesses.

The tumour was punctured with a medium sized trocar, and a pint and a half of semi-opaque yellowish fluid was discharged—the cyst even then not being completely emptied. A good deal of pain was complained of, upon the handling which was necessary during the examination of the fluid.

Microscopic examination of the liquid which was drawn off, afforded evidence of the existence of innumerable hooklets of echinococci. Every drop, under the four-tenths or quarter of an inch object-glass, gave indisputable evidence of these bodies, proving abundantly the presence of these parasitical formations.

The parasite itself has not hitherto been obtained entire; but various portions have been viewed in a greater or less degree of decomposition.

Along with the *débris* of echinococci were observed minute cubic crystals or chloride of sodium and of cholesterine. All such appearances accord well with the general description of these existences.

The case is interesting, as showing the voluntary muscles to be liable to the incursion of these parasites, as well as the brain, liver, and other organs; and is an admirable example of the utility of the microscope in the practice of our art, as, but for it, the peculiar character of the secretion drawn off would not have been understood or recognised.

There are many interesting questions as to diet which such a case as this opens out. Into this I will not proceed at present. I will merely mention that I have returned, during the past year, diseased meat to two or three butchers, who have been glad to take it back, although cooked.

Progress of Medical Science.

SURGERY.

WOUND OF THE BRACHIO-CEPHALIC VEIN: RECOVERY. M. Maisonneuve gives a case of recovery from wound of the brachio-cephalic vein. The case is that of the Count of B., who was lately, as the papers recorded, stabbed several times at the Russian Embassy in Paris. M. Maisonneuve was in attendance almost immediately after the blow was struck. He found the Count exsanguine; his clothes bathed, and his boots even filled, with blood. The pulse and respiration were scarcely perceptible. The chief wound was a centimètre and a half long, immediately above the sternum, and a little to the right of the median line, passing apparently from before backwards and from above downwards. Immediately the patient recovered from his fainting condition, the blood again rushed out in a wave of enormous size. The blood was perfectly black; and as it contained neither arterial blood nor bubbles of air, it was evident that neither the carotid artery nor the trachea were injured. M. Maisonneuve closed the wound with the twisted suture; taking up in it a large extent and depth of tissue, but carefully avoiding the walls of the vein. By this means, he obtained a great and steady compression of the vein, which completely stopped the hemorrhage. The patient was then carefully taken to his own house. His body, which was covered with blood, was then washed, and the other slight wounds dressed. On the following day, the

wound was closed. On the fourth day, the needles were removed, and the wound seemed healed at the bottom. On the sixth day, the patient had a shivering fit, intense headache, agitation, and heat. By M. Trousseau's advice, a *gramme* of sulphate of quinine was given; and the next day as the symptoms returned, a similar dose. A better diet was also supplied. From this time, the patient went on well; and on May 12th—eighteen days after the injury—he had completely recovered. (*L'Union Méd.*) How do those who believe in the change of type of disease idea reconcile cases of this kind with their assertion, that people cannot bear loss of blood now-a-days?

CASE OF HYDROCELE OF THE CANAL OF NUCK. At a meeting of the Surgical Society of Ireland, Dr. Albert Walsh related the following case. Mary McD., an emaciated woman, who stated her age to be 46, was admitted into the Adelaide Hospital on January 18th last. She was then suffering under scirrhus of the right breast of eighteen months' standing, and was in almost the last stage of cancerous cachexia. The right arm was markedly oedematous, and shortly after her admission, the right leg became oedematous also. On exposing her groin, Dr. Walsh observed a tumour occupying the position of the external abdominal ring. The patient stated that she had never noticed it until the week before. It was oval in shape, about the size of a small egg, and communicated a distinct sense of fluctuation. It was not influenced in any way by pressure or manipulation. It received no impulse upon coughing or straining, and was perfectly translucent when viewed by transmitted light. Under these circumstances Dr. Walsh believed that it was probably a hydrocele of the round ligament, and on February 4th tapped it with a fine trocar. He drew off about two ounces of a clear albuminous fluid resembling that contained in a hydrocele of the tunica vaginalis, when the tumour collapsed and entirely disappeared. The external puncture was then sealed up with collodion. The next day the patient complained of some pain in the part, the sac commenced to refill, and had almost regained its former size when she died, on February 11th. Dr. Walsh made a *post mortem* examination forty-eight hours after death, when the oedema of the right extremities was fully accounted for, by the enlarged interthoracic and iliac glands. On raising a triangular flap of skin and dissecting down upon the tumour, he found it to be of a light-blue colour, completely filling up the external abdominal ring and extending along the inguinal canal, both pillars of the ring being clearly defined and distinctly separable from it by a probe. Below, the sac ended in a bulging extremity fully a quarter of an inch short of the termination of the posterior wall of the canal, and was attached throughout to the round ligament, which could be traced by itself some distance further down. On slitting up the ring, the sac was seen to extend nearly half-way up the canal, and its entire dependence on the round ligament became apparent, traction on the ligament from within producing corresponding movement in the sac. The specimen, in fact, answered in every respect to the description given by Regnoli (*Arch. Gén. de Méd.*, second series, vol. v. p. 114) of his third variety of hydrocele in women—namely, "hydrocele of the canal of Nuck without communication with the peritoneum." This form of hydrocele is extremely rare. Not only do Dr. Cruikshank, Erichsen, and Cooper completely ignore the subject, but even Chelius and Rokitsky overlook it, while Paget merely informs his readers in a footnote of two lines that there is such a thing as hydrocele of the round ligament. It is to Regnoli that we owe almost all our information in the matter.

He arranges hydrocele in the female under five heads: first, oedema of the round ligament; second, hydrocele of the canal of Nuck communicating with the peritoneum; third, hydrocele of the canal of Nuck without communication with the peritoneum; fourth, encysted hydrocele; and fifth, accumulation of serum in the sac of an old hernia, the neck of which has become obliterated. (*Dublin Medical Press*, May 3rd, 1865.)

STRANGULATION OF THE TESTIS IN THE INGUINAL CANAL. M. Velpeau had lately under his care a large well made man aged 37, who was admitted into hospital with symptoms resembling those of strangulated hernia. He had had, during two hours, severe pain in the groin, and repeated vomiting; there was a swelling in the right inguinal canal, much resembling a hernia. No improvement was produced by the use of a bath for three quarters of an hour. The tumour was of about the size of an orange, moderately firm, dull on percussion, moveable, and very painful on pressure; it occupied the inguinal region, and the scrotum of the same side was distended with fluid. The patient was ordered to have ice applied to the part, and to take a dose of calomel and jalap. The vomiting and pain disappeared completely ten hours after their commencement. The next day, the swellings in the inguinal canal and in the scrotum still remained. But the former had become soft, flaccid, and painless; it was a little larger than a walnut, and evidently fluid; while the scrotal tumour had acquired a certain degree of hardness, and consisted in part of the testis, lying in the scrotum a little below the ring, and surrounded by a small quantity of fluid. A hydrocele of the inguinal canal had succeeded the strangulation of the testis. On inquiry, it was found that the patient had been from an early age able to withdraw the testis into the inguinal canal. (*Journal de Méd. et de Chir. Prat.*, Avril 1865.)

WOUNDS OF THE FACE. Dr. Becker makes the following remarks in the *Boston Medical Journal*. Wounds of the face are chiefly to be regretted on account of the deformity and disfigurement resulting therefrom. The extreme vascularity of the tissues of the face endows them with a vitality which rectifies most injuries with a rapidity truly marvellous; and from their great distensibility the surgeon is enabled to repair loss of tissue, even when this has been very extensive. The face has been wounded in almost every part and direction, and often presents a most ghastly appearance. The upper and lower jaws, respectively, have frequently been, to a greater or less extent, destroyed, and yet speedy recovery follow. At the battle of Antietam, a soldier had both his eyes destroyed by one ball, which passed through the bridge of the nose, leaving a clean hole. He suffered but little pain, and made a rapid recovery. Hemorrhage is undoubtedly the greatest source of danger in gunshot wounds of the face; and, from the great difficulty of commanding it, frequently places the patient in imminent danger. Those who have received a severe face wound, seldom leave the field without sustaining a considerable loss of blood; and secondary hemorrhage is common when the bones have been fractured. The irregularity and extreme vascularity of the parts render the application of ligatures to the bleeding points difficult; and to be effectual, compresses must be applied with much nicety. In secondary hemorrhage of the deep branches of the face, ligation of the main artery will generally be necessary. The branches of the facial nerve are sometimes so much injured in face wounds, either by the ball itself or by spicule of bone, that temporary or even permanent paralysis may ensue. The greatest

care should always be taken to remove the secretions which result from injury of the bones of the face. For if any amount of it should be swallowed, and thus enter the stomach, much constitutional disturbance will follow, and a fever of a low typhoid and very fatal type will be induced. Fractures of the bones of the face form an exception to the general rule, of removing fragments which are nearly detached. The large supply of blood in this region frequently enables pieces of bone—whose direction is not opposed to a proper union—to resume their full connection, in a manner which would be impossible in other parts under the same relative circumstances. The curious manner in which balls may be concealed in the bones of the face, and be discharged of their own accord, is shown in an instance which occurred at the Alma, and is related by Macleod. "A round ball had entered close to, but below the inner canthus of the eye, and being lost, was not further thought of. The wound healed, and the patient had almost forgotten the circumstance, when after suffering slightly from dryness in the nostril, the ball fell from his nose, to his great alarm and astonishment, several months afterwards." This case is singular, from the absence of the fetid discharge which usually attends such injuries of bones, with a retained ball. (*Philadelphia Medical and Surgical Reporter*.)

UMBILICAL HERNIA; SLOUGHING OF FOUR INCHES OF THE SMALL INTESTINES; COMPLETE RECOVERY. The following case, which occurred in the practice of Dr. Nolan of Wicklow, was read by Dr. Benson at a meeting of the Surgical Society of Ireland. James Delany, a man about 50, was admitted into Wicklow Infirmary on June 19th. He had an umbilical hernia of about a twelvemonth's standing. Eight days before admission, in struggling to hold a pig, he felt something give way at the tumour, was seized with weakness, followed by pain, and soon after had vomiting. In this state he continued for seven days, using such means as his friends suggested, till the seventh day, when the medical officer of the district was called to visit him. Seeing the state of the case, and the man being in a remote part of the district, he recommended him to be conveyed to the infirmary, to which he was brought on a car, a distance of about seven miles. Dr. Nolan saw him on the eighth day, and found a hernia at the umbilicus about the size of a largish orange, a black mass, with a line of separation forming at the base, and a blush of redness in the surrounding integuments, especially towards the left side; the pulse was weak, the countenance pale and anxious, the stomach gulping up everything. Manual interference was out of the question. He therefore determined to leave to the adhesive process the repair of the local damage, and to allay irritation and support the patient's strength, ordering a grain of opium every fourth hour till the vomiting ceased; beef-tea, and brandy-and-water in small quantities, and a linseed-meal poultice over the tumour. Next day he had slept well, and was free from pain; the vomiting had ceased after the second pill. The opium was discontinued. The beef-tea, etc., had remained on the stomach; the countenance and pulse were improved; the whole of the integuments had sloughed away, disclosing between three and four inches of small intestine completely disorganised and ready to slough, which it did in two days after, followed by a discharge of bilious curdy fluid. The treatment from this time consisted of giving as much beef-tea and brandy-and-water as he could take, and throwing up an enema daily of strained gruel and milk, which was generally retained till next day. In about a week the opening began gradually to contract; in a fortnight it had closed, the man daily im-

proved in health and strength, the bowels acted naturally when the enemata were discontinued, and he was able to leave the hospital on July 22nd, a month and five days from his admission. (*Dub. Med. Press*, May 17th.)

SYPHILITIC DISEASE OF THE BONES IN INFANTS. At a meeting of the Hospital Medical Society in Paris, M. Fournier related the cases of two children in whom he had met with syphilitic disease of the bones. The first case was that of a child three months ago, born apparently healthy. Two months after birth, an eruption appeared on the buttocks, thighs, and groins; and there was also abundant coryza. When M. Fournier saw the child, the following appearances were noticed. There was a papular syphilide, rather confluent, on the buttocks and thighs, and a similar eruption, but confluent, near the anus; several of the papules, especially near the anus, were ulcerated. There were also mucous patches on the lips and scrotum; and an abundant discharge from the nose of sanious pus, not mixed with blood. The child had also considerable swelling of the right arm, near the elbow-joint; the tissues there felt pasty, but the colour of the skin was not changed. On examination, a tumour of the size of a large almond, adherent to the bone, and immovable, was found at the inner edge of the lowest part of the humerus. The swelling had appeared during the third month; and, as it enlarged, the child lost the power of bending the forearm, and the hand became paralysed. The patient was otherwise apparently in good condition. Iodide of potassium and other remedies were employed; the swelling diminished, but the eruption remained obstinate. Ultimately the child was sent into the country, and M. Fournier lost sight of it. In the second case, an infant aged three months, the child of syphilitic parents, presented no trace of the disease when born. In six or seven weeks, however, ulcerated papules appeared on the buttocks, arms, and scrotum, accompanied by a purulent nasal discharge and various eruptions on the skin. M. Fournier found a pustular syphilide on the face, occupying chiefly the forehead and nostrils; a purulent discharge, streaked with blood, from the nose; numerous copper-coloured traces of papules mostly recently cicatrised, on the buttocks, scrotum, and arms, and some papules which had not ulcerated; also a considerable pasty swelling, without change of colour, at the upper part of the forearm. On palpation, there was found to be an enlargement of the two bones at their upper part. The ulna appeared to have doubled its size and the radius was much enlarged. The humerus was healthy. The child was pale, and somewhat thin, but did not present the general traits of infantile syphilis, nor any carberia. Iodide of potassium was given for a month, with the effect of producing marked improvement. After this time, M. Fournier did not see the child again; but some time afterwards heard that it died after a sudden attack of vomiting and diarrhoea. (*Gazette Méd. de Lyon*, 16 Avril, 1865.)

EXTIRPATION OF THE ARM AND SHOULDER. At a meeting of the Academy of Medicine on May 16th, M. Niepce related the case of a man aged 32, whose left arm had been seized in the machinery of a marble saw-mill. The humerus was crushed at the upper part; the joint was widely opened; and the clavicle and scapula were broken into several fragments. M. Niepce proceeded immediately, with the aid of Drs. Burdel and Borehard, to remove the entire shoulder. The patient recovered completely. The operation was performed on December 17th, 1860. (*Gazette Méd. de Paris*, 20 Mai, 1865.)

British Medical Journal.

SATURDAY, JULY 15TH, 1865.

IS MEDICINE NOT A SCIENCE?

PROFESSOR OWEN lately told us, that our profession was not a scientific one; although he qualified the announcement by adding, that it might possibly one day become one. This our profession, which we have been used to believe foremost in the investigation of every branch of natural philosophy, applying mechanics, chemistry, hydrostatics, hydraulics, pneumatics, etc., to the comprehension of that greatest all God's works, the human frame—our profession, which, before the physicists were known as an independent class, comprised nearly all the labourers in the pursuit of scientific truth—is not yet to be called scientific.

A similar proposition has lately been promulgated in France by Dr. Daremberg, who tells us, that the physicians of the present day are not a whit more certain about the principles of their art, than were those in the period of Molière; that patent phenomena are the only subjects examined; and that medical study does not rise to the consideration of general laws.

Dr. Daremberg condescends to distinguish two classes of existing medical practitioners. The first, he says, consists of those who seek the starting point of their biological doctrine in the regions of metaphysics and theology—paths which lead to puerilities and superstitions. In the second class, he includes those who seek to study general principles rather than facts in the pursuit of medical science. In regard to the first class, we need scarcely trouble ourselves; their denouncer acknowledges that their errors proceed from ultra-Catholic views. As to this influence we may add the tendency of certain national peculiarities of character, we may flatter ourselves that it is unlikely for the English medical philosopher to be betrayed into similar errors.

If there is, in this country, really any want of ardour in the search of general principles, it is full time to set ourselves into a sounder course of study. But the fact that there is any such falling off in the present day is by no means proved; and it seems to us that much of the spirit of the imputation may be resolved into this, that we do not live in an age for spinning theories. If this be the meaning of the reproach, we accept it, and turn it into praise; for it shews, that we have learnt a valuable lesson from the disappearance of numerous theoretic cobwebs, which have not stood the searching rays of new discovery; it shews, also, a prudent reticence

from the invention of curative principles, whilst the data are not yet firmly established. To fall into these vicious courses, would indeed be returning to the days of Drs. Purgon and Diafoirus.

A hasty glance at some of the prominent ignorances of the time of the Stuarts, when leanings towards occult science had scarcely passed away, compared with the advances in true medical philosophy since established, may prove no small encouragement to those who wish to vindicate the progressive state of their profession. This subject would deserve more space than we can now afford it; but we need refer only to the doctrine of signatures; to the practice of choosing medicines merely on the observation of their effects; to the fact that the whole field of inquiry by morbid anatomy was wholly uncultivated; to the uncertain knowledge of the circulation of the blood, which was only just beginning to dawn upon the age; and to the superstition which could acknowledge the virtue of the royal touch—to show a sufficiently dark picture of the close of the seventeenth century.

Of the present advancement, we need only mention the admirable classification of remedies into colloids and crystalloids, established by Professor Graham, showing the power of membranes to arrest or forward their absorption into the system; explaining the meaning of Poiseuille's valuable observations;—the whole establishment of the cell-theory, with its vast results in the knowledge of disease;—the recognition of several new diseases, as albuminuria, and the clearer comprehension of organic changes; and the abandonment of endless empirical modes of treating fevers, small-pox, etc.

Whilst vindicating our profession from any retrocession as a scientific study, and commending its members for not putting forward hasty generalisations and rashly devised curative systems—the latter, especially, being no small virtue at a time of crowded competition for the favour of a very prejudiced public, which is peculiarly uninformed on medical topics—we still feel that there is room for mutual exhortation to bear in mind that every member has a contribution, small or great, expected of him, towards the advancement of establishing principles on the widest basis.

At the present moment, there are many not merely speculative but practical topics which seem to demand a closer study than they have lately received. As one instance only, we may allude to the subject of depletion; which line of practice, after having been empirically abused, has been too willingly discarded, in deference to public prejudice. It may be that, under the light of increasing physiological discovery, and through the results observed after its judicious application, as well as by the evidence of the consequences of its neglect afforded by morbid dissection, this powerful engine for good, in skilful hands, may

return to its place as one of the most valuable means which the practitioner has at his command.

We cannot close our allusion to Professor Owen's address to the students of St. Mary's Hospital, without acknowledging the courteous and encouraging remarks with which he terminated his observations, and more particularly the testimony he afforded to the benevolent character of the medical profession. His last encomium is a most just one; and we must add, that the sympathy, the liberal feeling, and pecuniary generosity—the latter not unfrequently abused—are virtues especially praiseworthy when they are found in a body which receives but small enlightened courtesy from the general public; a body, too, which has its peculiar temptations, arising from the smaller incorporated support which it enjoys than exists in the other two learned professions, and from the fact that the success of its members depends on a purely personal struggle.

We trust to see these happy characteristics keeping pace with further advance in true philosophy: we mean in all branches of philosophy; because, unless we except astronomy and pure mathematics, all bear upon the legitimate resources of medical science; and "*quamvis non faciant medicum, aptiorem tamen medicinæ reddunt.*"

THE LATE COLLEGE OF SURGEONS ELECTION.

WE sincerely congratulate our country brethren on the election of Mr. Turner. The fact shows clearly enough that, if the Council do not themselves advance, the Fellows who elect them do not intend any longer to stand still. Last year, Mr. Turner was rejected. This year, he is elected. Reform advances. Pressure from without is being unmistakably manifested. And even the Council begin to show semi-signs of progress. The election of Mr. Cæsar Hawkins as representative of the Royal College of Surgeons in the Medical Council is a public admission that a Fellow may be a high officer of the College, and yet not necessarily a member of Council. It is curious enough, that Mr. Cæsar Hawkins should doubly exemplify this fact—although no longer a member of Council, he is nevertheless an Examiner, and now also the College representative in the Medical Council.

In some other respects, the results of the late College election strongly confirm the views sustained by this JOURNAL. We strongly advised those Fellows of the College, whose position and high standing gave them full right to be elected Examiners without being on the Council, publicly to declare the fact, that they would not offer themselves for the Council, but still maintain their claims to Examinerships equally as though they had been elected to the Council. A public declaration of this kind would have most ma-

terially advanced College reform, and would have placed these gentlemen in the very highest position before the profession—in such a position as would have forced upon the Council the necessity of electing them, or others like them, Examiners, though not on the Council. Probably, some of those Fellows who have been rejected, now regret they did not follow our advice.

There is one other moral that has come out of this election, which must be noticed. It has been said, that the giving of votes by proxy to country Fellows would encourage canvassing and electioneering. After what has been done in this way on the present occasion, such an argument can never be repeated. Rather, indeed, it may be said, that the very improper canvassing carried on during the past few weeks, is a very strong argument in favour of the voting of country Fellows. As a rule, the wider the constituency, the less the corruption; and *vice versa*. Can any one, will any one, justify canvassing for such an appointment as Councillor of the College of Surgeons?

A seat in the Council of the Royal College of Surgeons—even though it lead to the eventual prize of an Examinership—may be purchased too dearly, if it be purchased at the price of a man's independence. So, at least, think some Fellows of the College, and we agree with them. The electioneering manoeuvres and canvassing for office which have marked some previous elections of Councillors to the College, and have particularly distinguished this last election, painfully condemn the system which has produced them. These are not things which ought to be done. Candidates worthy of such an office should require no officious arts to help them to compass their election. Neither is it well, that men who have already given hostages to their profession, who are men of mark in the eyes of all their brethren, who are illustrations of surgery, and possess a full right and claim to the office of Councillor or Examiner, should condescend to pledge their word, go through their Council *credo*, and give their faith, at the bidding of the private agents of medical journals, in order to be accepted as fit and proper men to be run by such journals as their winning horses. We speak jocularly; but we doubt if the sight of these things is either very satisfactory or very edifying, or one which can much exalt us in our own opinion, or in the opinion of others. Is it satisfactory to our dignity, that men occupying the highest regions of surgery, unable to rely upon their own sterling, long-tried merits and high repute, should feel themselves compelled, at the eleventh hour of the day, to receive privately the agent of a journal, at his bidding categorically go through their political catechism, and accept the terms laid down for them, in order to secure its support? Is it dignified that they should go through this or be ostracised? We state the fact,

and leave the profession to answer it. In our opinion, this is not as it should be; but, on the contrary, it is a humiliation to all of us.

MARVELLOUS SKILL AND UNBOUNDED LIBERALITY.

THE working of the gratuitous medical services system, most of our readers will agree with us in thinking, shows in a prominent but not very favourable light in the instance we have to note. In an announcement in the daily papers of the annual festival of the City Orthopædic Hospital, we observe put forth on behalf of the charity several unusual, perhaps unprecedented, claims to public recognition. We must really congratulate our profession on the development and progress of the art and science (for it is really becoming such) of the gratuitous medical system. In the *Telegraph* we read as follows:

"The anniversary festival of this institution was held at the London Tavern. The usual loyal and patriotic toasts were given; thanks for the Volunteers being returned by Mr. N. Henry Stevens, M.R.C.S., who is medical officer of the St. George's Rifles, as well as one of the surgeons of the City Orthopædic Hospital. To him, and to his principal, Mr. E. J. Chance, F.R.C.S., F.L.S., F.G.S., as also to the house-surgeon, Mr. E. W. Johnson, the credit of a vast number of skilful and successful cures is fairly due; and a marvellous case was actually shown in the presence of a young man who entered the hospital sixteen months ago with a fearfully distorted leg, a cast of which was exhibited in an adjoining room, and who now walks with no very apparent difficulty. This patient had been discharged from another infirmary as incurable. It should be noticed, that the City Orthopædic Hospital extends its acts of mercy beyond the bounds of the metropolis, a great part of its correspondence being with clergymen and other representative persons in the country who desire to obtain relief for some poor cripple in their district or parish."

This, we believe, is the first instance on record on which a plaster of Paris cast of a distorted limb has been served up at a public dinner as—shall we say a *hors d'œuvre*, or a *pièce de resistance*? It is a real advance in the art of charity-mongering. The exhibition of a frisky young man at the dinner-table, by the side of his antecedent distortion displayed in cast, reminds us of a well-known advertisement to be seen in omnibuses and on spare wall-corners, "What I was, and what I am." This case of cure is announced as simply "marvellous". In future, we advise that over the head of the Orthopædic dining-chair be inscribed the poet's words—

"The dumb shall sing, the lame his crutch forego,
And leap exulting like the bounding roe."

But, if the cures are marvellous, what must not the cures be? When ordinary mortals fail, they step sublimely in. This very marvel of a cure was rendered marvellous by the stated fact that, in the eyes of other doctors, cure had been pronounced impossible. It is worthy of remark, also, that in this

case, at all events, the merits of the medical officers of the institution were not overshadowed by other and more ordinary toasts. This institution knows how to appreciate the extraordinary virtues of its servants, and how publicly to express the same. Neither should its cosmopolitan excellence be unnoticed. The announcement says: "Clergy and other representative persons" in all parts of the kingdom, send hither your incurable cripples, and we will show you what marvels can be done on them! And please to recollect, all this we do, not with any secondary object, not that our marvellous institution, with its marvellous cures and curers, may have its and their names re-echoed throughout the whole kingdom of crippledom, but we do it simply and solely out of an irrepressible love of benefiting poor afflicted humanity. Our own only desire and object is to do the work of pure philanthropic charity! "It's wonderful how we do it, but we do it!"

CEREBRO-SPINAL MENINGITIS.

DR. REMY of Zellin, in *Ally. Medic. Central-Zeit.*, gives an account of this disease as by him observed.

Zellin is about 150 feet above the Oder, and is exposed to much wind. Its soil is dry and light; fevers there are rarely observed; but diseases of the respiratory organs are frequent. The epidemic occurred between February and May; and during thirteen previous years Dr. Remy had observed only one case of the disease. Zellin contains 3,000 inhabitants; and of these, 173, or 5 per cent., were affected—63 males, and 110 females. Of these, 54 were severely affected; and only seven of this number were above seven years old. Thirty-six died, only six being above fifteen years of age. Several deaths often occurred in the same family. The symptoms were, shivering; headache; vomiting; delirium; *chilliness passing from below upwards*; pulse full and rapid; feet cold; skin hot and dry; constipation; incessant thirst; large pupils; and dry red tongue. The patients either die in this early stage in complete coma; or then the head symptoms become less severe, and the spinal symptoms begin, with great pain in the neck and down the spine. The cervical muscles contract, and draw the head gradually backwards; consciousness remains clear. Signs of inflammation of the spinal cord begin; convulsions of facial muscles—of the limbs; difficult respiration; dysphagia; paralysis of the muscles of the thorax and abdomen; constipation; retention of urine; opisthotonos; tetanic spasms. Then follow loss of power over the sphincters; and the patients die in three or four days, through difficulty of respiration, and with apoplectic symptoms. The most rapid death was in twelve hours; the longest in ten days. The urine was acid, but clear. During recovery, it contained much urates, but never either albumen or sugar. If

the symptoms grew milder, and especially if a good sweating occurred, with lessening of cough, and sleep, the patient generally recovered.

PROFESSIONAL WITNESSES.

THE odium attaching to the term "professional witnesses", often falls mainly, and falls justly, on doctors, engineers, and architects. The following remarks on the subject were last week made by the Lord Chief Justice.

"The Lord Chief Justice observed: I don't like to hear that phrase, 'employed as a professional witness'. The Counsel said he meant being employed to advise and consult as an engineer. The duty of a scientific witness, he added, is not confined to giving evidence. The Lord Chief Justice: I wish it were. It would be well if there were a distinction between advising and assisting in a case, and giving evidence in it. Perhaps it was the mixing up of the two characters—of advocate or adviser and of witness—which tends to make what is called 'scientific evidence' so much open to animadversion. The gentleman who is consulted is intended to be, and afterwards becomes, a witness in the case; and all his professional interest and personal bias are enlisted on the side of the party by whom he is called or 'employed'. Counsel said that certainly was so to a very great extent. The witness (Mr. Hodge) said the value of 'scientific' evidence was in applying to the particular matter in hand the results of long experience and practical skill. However, he must confess that there were professional men, he was ashamed to say, ready to give their evidence any way. [Laughter.] Mr. Scott Russell said that there are men calling themselves civil engineers who in fact abuse the profession and bring discredit upon it; and I wish that we were paid only for our professional advice and assistance, and not for our attendance as witnesses to give evidence."

A case, however, occurred last week, which we have pleasure in recording as an instance in which the medical witnesses were indirectly complimented by the judge, in that they had not strained their evidence to meet their clients' case. It was a heavy railway accident. On behalf of the company were called Dr. Jeaffreson, Messrs. Coulson, Skey, Solly, and Holmes Coote.

In summing up, the Lord Chief Justice said:

"It was due to the medical men called on the part of the company, to observe that they had not in the least attempted to disparage the plaintiff or his case. There was in this case, happily, no undue exaggeration on one side, and no undue disparagement on the other; and as the medical men on the part of the company had admitted the serious nature of the case, so the plaintiff, on the other hand, had admitted that some of the symptoms had abated."

THE Herbert (a military) Hospital at Woolwich is now completed; and will soon be in a state to receive patients. In the construction of this building, all that science and wealth can do in the making of a perfect hospital has been done. The hospital was originated by Lord Herbert. It is situated on

Shooter's Hill, and has a southerly aspect. It affords space for 650 patients. No attempt has been made at any new-fangled artificial ventilation. The wards are warmed by open fire-places; and fresh air is admitted mainly through the windows. Ventilating shafts are provided for the escape of foul air. The Government Commission of Hospitals and Barracks have decided that in this, as in all other military hospitals, 1218 cubic feet should be allotted to each bed; that not more than thirty-two beds should be placed in one ward, and that the beds should be placed between the windows; that each bed should have a superficial area of 87 feet, and a wall-space of not less than 7 feet 3 inches; and that each ward should have a height of not less than 14 feet, and be 24 feet wide.

THE Council of the National Rifle Association have very unwisely and most unnecessarily accepted the offer of the military authorities to provide a military hospital at Wimbledon, to be placed under a surgeon-major and two assistant-surgeons of the army. The proceeding is unwise, because it must, of course, offend the whole volunteer medical staff; and that it is unnecessary, is manifest to every member of the medical profession. There is no such thing as special military surgery. Every well educated surgeon is able to meet the emergencies of bullet-wounds, sword-thrusts, and bayonet-stabs, whether he be civil or military. The Council, before taking action in a matter of this kind, should have consulted the medical volunteer officers. Already leading members of the medical staff—viz., Surgeons Barwell, Buzzard, Coulson, Nunn, Spencer Smith, Probert, Ure, Wakley, and Assistant-Surgeons Cooper, Jackson, and Westmacott—have had an interview, at the War office, with Colonel Erskine, Inspector-General of Volunteers, and strongly protested against what they naturally regarded as a want of confidence.—Since the above was written, we learn that the medical officers and Lord Elcho have met, and have arranged the difficulty, though not healed the wound, which still rankles and festers. It is argued by Lord Elcho, that the Rifle Association meeting is not exclusively a volunteer meeting; and that, consequently, the volunteer medical officers have no official *locus standi* in this case. And, as a matter of mere argument, it is difficult to deny this assertion. But then, to put an army surgeon over the heads of men of the calibre of the gentlemen above named is clearly a very unnecessary, and in some sense an insulting proceeding. Lord Elcho has so far conceded to the volunteer surgeons as to request Dr. Westmacott, the volunteer officer who for four years has had charge of the camp, to act again on behalf of the Association, in conjunction with an assistant-surgeon of the army, and under the superintendence of Surgeon-Major Wyatt of the Guards.

MR. CLEMENT, as we anticipated, has been returned member for Shrewsbury without opposition. His election is a very great boon to the whole profession; for we may now be sure we have in the House of Commons a member of the profession who practically knows its wants and disabilities, and a man of energy and influence, who is thoroughly capable of properly asserting and maintaining the rights of the profession within the House. Mr. W. J. Clement is an old member of the Association. He is a magistrate of the counties of Shropshire and Merioneth, and deputy-lieutenant of the latter county. His literary contributions have been: *Observations in Surgical Pathology*; an essay *On the Anatomy, Physiology, and Pathology of the Urinary Organs* (which gained the Fothergill Medal of the Medical Society of London); a paper in the *Medico-Chirurgical Transactions*, on "Two Cases of Intestinal Obstruction"; and a paper in the *BRITISH MEDICAL JOURNAL* (1858), on "Successful Amputation at the Hip-joint".

A MANCHESTER paper contains an account of an inquest, and heads it "Medical Inhumanity."

"An inquest was held at Preston, on the body of a military pensioner, about 80 years of age, named Robert Sharples. It appeared that the deceased had celebrated the Waterloo anniversary with some of his fellow veterans. He went to bed about ten o'clock; and in about an hour the old man was found lying at the bottom of the stairs. He was hurt on the head, and lost a good deal of blood. Mrs. Pickup sent for Dr. Smith; but it was said that Dr. Smith was not at home. The messenger then went to another doctor, who said, 'If I come, who is to pay me?' I told him I could not tell. He said, if I could satisfy him who was to pay him he would come. I told him that the man had tumbled down stairs, and that he seemed very dangerous. He said he could not come unless he knew who was to pay him. It would be about one o'clock in the morning. The old man died without being visited by a doctor a few hours afterwards. The jury returned a verdict of 'Accidental death'; and added that the doctors called upon were culpable for not attending the deceased, and that they acted in a very unfeeling manner."

We do not learn that any of these benevolent jurymen put their hands in their pockets to establish a fund to pay the doctors in such cases.

THE love which our French medical academicians have for learned and eloquent and deep discussion of what we may call impossible questions, has been well exemplified in the late long debates on Aphasia in the Academy of Medicine. Bouillaud, Trousseau, Parchappe, Baillarger, Cérise, Bonnafont, and other speakers, have recorded their eloquence on this topic before an admiring and applauding audience. But what is the result? To us who sit outside, and hear not the charming facility of speech and correctness and closeness in arguing of those who so often are there heard, it almost seems as if the *jeu ne valoit pas*

la chandelle. The very disease aphasia is to most of us a new one; and we venture to say that even yet no one can give a satisfactory definition of Trousseau's new term. The whole discussion shows that it is impossible to admit the existence of aphasia pure and simple, apart from other disturbance of the intelligence or motion; and that it is much more reasonable to regard the loss, partial or complete, of speech, as a phenomenon coincident with cerebral hæmorrhage, softening of the brain, general paralysis, different forms of insanity, wounds of the encephalon, and all the various diseases of which the brain is the seat. Aphasia has been observed as a symptom of many diseases, but never as a morbid entity. This is what the clinical history of the disease showed. As regards its morbid anatomy, Bouillaud and Parchappe cited cases which, in their opinion, seemed to localise the power of speech in the anterior lobes of the brain; but this was only a very partial view of the case. M. Cérise touched upon the psychological side of the question, and put some questions very puzzling to those who would localise speech in one particular part of the brain. He pointed out the relation between the thoughts and the power of speech. Thought is the internal voice; speech the external. But what know we of the seat of thought in the brain? And, if we cannot localise the internal voice, how can we pretend to localise its external expression?

Virchow's late Report to the Chamber of Deputies on the Prussian naval service is said by German journals to be a document "masterly, lucid, and complete". It is no slight tribute to the genius and energy of the professor to find that, whilst engaged in matters so foreign to his special studies, he still finds time to devote to the latter. The March number of his *Archiv*, for example, contains from his pen a long and very interesting paper on the subject of Trichinae, of which we may shortly give a summary.

Nature's power *versus* Art is well shown in the *Medical Gazette* of Venice. A young mother fell into a syncope on watching a dying son. "The whole surface of the body was pale; the pulse fluttering." Thereupon, to cure this state, the writer says he bled his patient to 180 grammes, and applied cold to the heart and feet! The next day, and the following day, the bleeding was repeated, and aided by a dozen leeches. Despite all this, the woman recovered; her son, on the third day, having been restored to her.

Dr. Guyon of Paris speaks in very high terms of the value of talc (silicate of alumina and magnesia) as an application to burns and suppurating wounds. It is very clean and soft; resists fermentation, and therefore opposes vegetation; is inoffensive; causes no pain; rapidly cleans the wound; and produces healthy granulations. It is also an excellent hæmostatic.

Association Intelligence.

METROPOLITAN COUNTIES BRANCH: ANNUAL MEETING.

The thirteenth annual meeting of the above named Branch was held at the Crystal Palace, Sydenham, on July 4th, Charles F. J. Lord, Esq., retiring president, and afterwards Edward H. Sieveking, M.D., president for 1865-66, in the chair. There were also present: S. S. Alford, Esq.; T. Ballard, M.D.; J. W. Barnes, Esq.; B. Bottomley, Esq. (Croydon); W. Camps, M.D.; A. Douglas, M.D.; E. Dunn, Esq.; O. A. Field, Esq.; J. FitzPatrick, M.D.; G. D. Gibb, M.D.; S. Gibbon, M.B.; R. Greenhaigh, M.D.; C. H. Rogers Harrison, Esq.; J. Hatton, M.D. (Belvedere); Charles Hawkins, Esq.; A. Henry, M.D.; Graily Hewitt, M.D.; T. Hillier, M.D.; T. Hunt, Esq.; G. A. Ibbetson, Esq.; J. C. Langmore, M.B.; H. Lee, Esq.; A. C. MacLaren, Esq.; W. O. Markham, M.D.; W. Martin, Esq. (Hammersmith); S. Norway, Esq.; J. H. Paul, M.D. (Camberwell); W. F. Ramsay, M.D.; B. W. Richardson, M.D.; H. C. Rose, M.D. (Hampstead); C. H. F. Routh, M.D.; H. Savage, M.D.; J. Seaton, M.D. (Sunbury); E. Sercombe, Esq.; F. Sibson, M.D.; J. Marion Sims, M.D.; T. H. Smith, Esq. (St. Mary Cray); A. P. Stewart, M.D.; E. H. Vinen, M.D.; G. Webster, M.D.; E. Wilson, Esq.; etc.

The minutes of the last meeting of the Branch were read and confirmed.

New Members. The following gentlemen were elected members of the Association and Branch: Octavius A. Field, Esq.; William A. Hillman, Esq.; and George A. Ibbetson, Esq. As members of the Branch were also elected: George D. Brown, Esq., Ealing; George A. Fulcher, Esq., Hanwell; and J. C. Langmore, M.B.

Report of Council. Dr. STEWART, one of the Honorary Secretaries, read the following report.

"The Council are happy to state that, notwithstanding several deaths and resignations, the accession of new members has been such as not only to maintain the Branch at its former level, but to raise it above that of any previous year. Our numbers at the last annual meeting were 200. Our losses during the year by death have been five, by resignation and removal eight; but, as thirty new members have joined during the same period, the Metropolitan Counties Branch now numbers 217 associates. Among those whom death has taken from us are, we grieve to think, our late energetic and active colleague Dr. James Bird, who long occupied the honourable and responsible post of Physician-General of the Bombay Army; Mr. Thomas Arthur Stone, whose career was long and eminently successful; Dr. Thomas Harrison of Frome, who was well known in the West of England as an able and accomplished physician; and Dr. Senhouse Kirkes, who was justly respected and admired by all his professional brethren, and beloved by all who enjoyed the privilege of his friendship.

"After the previous year of excitement and great activity, the Branch has been unusually quiescent during the past twelve months. Only one general meeting has been summoned, for the purpose of electing Directors of the Medical Provident Society, which has been instituted in connexion with the Association, and enrolled under the Friendly Societies Act, for the praiseworthy purpose of enabling duly registered medical practitioners to provide, by mutual assurance, for those exigencies of sickness

and casualty which disable them from the discharge of their professional duties.

"The efforts of the Branch in behalf of the army medical officers have been followed by gratifying results. The orderly officer of the day, as proposed by the Director-General to the deputation that waited on him last July, now superintends the operation of branding, instead of the medical officer, who attends, as at flogging, in the interest of the soldier. The staff-surgeon now receives regular forage allowance; and the regimental surgeon is now allowed the quantity of baggage which he was entitled to by the Queen's Warrant, but denied by the Queen's Regulations. Nor is this all; for he is now exempted from the expenses of new commissions on being transferred from the staff to a regiment, and from renewed payment of mess and band fees on each occasion of exchange or transfer from one regiment to another; and military honours have of late been awarded to army surgeons with a very liberal hand.

"Still the master grievance remains unredressed. The right, conferred on him by the Warrant of 1858, of presiding over, and even (except in the rare case of an officer senior to him being president) of sitting on, sanitary and other boards and committees, where his presence may be said to be essential, is still withheld from the experienced regimental surgeon. And it cannot be expected that confidence and contentment will be thoroughly restored, until the authorities shall have given full effect to the Warrant of 1858, and shall have afforded some security that measures adopted after long and conscientious inquiry shall not be liable to be superseded by private memoranda, of which the existence is unknown even to those most seriously affected by them.

"That greater results have not flowed from the efforts of the Branch, and from the rejection of Sir Charles Wood's Indian Medical Bill last autumn by the House of Commons, is doubtless owing to the large influx of candidates for army appointments, the overwhelming majority of whom have come from Ireland. Yet the question is by no means shelved. After protracted investigation and repeated discussions, the College of Physicians has at length decided on transmitting letters, under the College Seal, and signed, in the name of the College, by its distinguished President, to the Secretary for War and the First Lord of the Admiralty, praying for a return to the Warrant of 1858. The Committee of Council, at its last meeting at Birmingham, directed a memorial in favour of the claims of their brethren in the United Service to be drawn up, and submitted to the annual meeting of the Association at Leamington. It is also instructive to observe, that the pertinacious denial of justice to the naval surgeons is once more producing its natural results in a great scarcity of medical candidates for the Navy.

"Your Council would remind the members, not only of this Branch, but of the Association generally, that they have much in their power at the impending general election; and would express their earnest hope that resolutions will this day be adopted, urging on the medical profession the importance of united action in favour of Army and Navy and Poor-law Medical Reform. In this way alone can we hope to secure the objects we have in view.

"An account of the proceedings of the Parliamentary Committee of the Branch will be read by Dr. Gibbon, the Honorary Secretary. The Council recommend that this Report be printed in the JOURNAL.

"The Council have approved of a series of resolutions, providing for the holding of stated meetings of the Branch for the discussion of subjects connected with sanitary science and with the social and political interests of the medical profession. The proposals, of which due notice has been given in the circular convening the annual meeting, will be brought under the consideration of the Branch in the course of the day's proceedings.

"The question of the continuance of the JOURNAL having again been raised, the Branch cannot avoid expressing its opinion, whether or no our weekly organ should be maintained, and also whether its Editor has not deserved well of the Association in the past, and is not entitled to a continuance of the confidence hitherto reposed in him.

"An expression of opinion is also required on another very important subject—the propriety of applying for a Royal Charter of Incorporation. The matter having been referred to them by the Cambridge meeting, the Committee of Council, approving strongly of the proposal, as likely, if carried out, greatly to increase the influence and stability of the Association, appointed a subcommittee, consisting of Drs. Richardson, Westall, and Stewart, to prepare, under the guidance of Mr. Robert B. Upton, the eminent solicitor, a Draft Charter and Petition, to be submitted to the annual meeting. We are called at present only to discuss the principle of a Charter of Incorporation; the members of the Association will very soon have an opportunity of considering the details, as the Draft and Petition will appear in this week's JOURNAL.

"Financial Report. Your Council have much pleasure in laying before the meeting the following Statement of the Income and Expenditure of the Branch for the past year. It will be seen that a satisfactory balance remains in hand, after meeting all the expenses.

<i>Income.</i>		£	s.	d.
Balance in hand, July 12, 1864		16	8	0
Subscriptions since received		19	2	6
		<hr/>		
		35	10	6
<i>Expenditure.</i>				
Expenses of Parliamentary Committee		6	15	3
Printing, travelling, and miscellaneous expenses incurred by Secretaries.....		15	9	0
Donation to the "Peter Martin Testimonial Fund"		5	0	0
		<hr/>		
		27	4	3
Balance.....		8	6	3
		<hr/>		
		35	10	6

"I have examined the above account with the vouchers, and do find the same to be correct and true. JOHN ROSE COEMACK, Auditor. 4th July, 1865."

Mr. ERASMUS WILSON moved—

"That the Report of Council now read be received, adopted, and printed in the JOURNAL."

Dr. SEATON seconded the resolution, which was carried unanimously.

Report of Committee on Parliamentary Bills. The following report was read by Dr. GIBSON:—

"The Committee again have the pleasure of submitting to the annual meeting a statement of their transactions in the interests of the profession during the past year.

"The Government Annuities Bill, which received the Royal assent on July 14th, 1864, came into operation one month after the Tables and Regulations respecting such Insurances and Annuities had been

submitted to Parliament in its present session. The fee to be given for medical examinations and reports, viz., 2s. 6d. for policies below and 5s. for those above £60, was fixed much lower than 'the fair rate of remuneration' which your Committee were led to expect, and the very moderate scale advocated by them during the passage of the Bill through Parliament, viz., either an uniform fee of 5s. or one varying from 2s. 6d. to 10s. 6d. according to the sums insured, which must be between £20 and £100. The reports required to be furnished by the medical examiner are very voluminous—perhaps unnecessarily so, and will involve a considerable amount of time and responsibility. Your Committee, therefore, deemed it advisable to protest against this inadequate remuneration. They sought an interview with the Postmaster-General, who had fixed it, and urged upon him the expediency as well as the justice of giving a uniform fee of at least 5s. for each medical examination. The deputation, which was influentially attended, was cordially received and attentively listened to by Lord Stanley of Alderley. In reply to the arguments adduced, he stated that, inasmuch as more than seven hundred medical gentlemen of eminence and standing in the profession had already assented to do the work at the proposed remuneration, and the leading medical journal had pronounced it to be 'sufficiently liberal,' he did not feel justified in raising it, but promised to try to curtail the reports required from medical examiners. The Committee are advised, that the rates exacted for these insurances will admit of a proper fee being given to the medical examiner, on whose skill, care, and judgment, the success of the scheme mainly depends. They regret, therefore, that so many gentlemen have consented to a rate of remuneration so much lower than that given by other insurance companies, and even to veterinary surgeons, for analogous, though less onerous services.

"Towards the close of the last session, a measure was introduced into Parliament by the Right Honourable the Secretary of State for India, to enable that minister to substitute a system of *patronage* for the system of *competitive examinations* in recruiting the Indian Medical Service. Although the Bill was entitled a Bill to repeal certain parts of 'the Act of the 16th and 17th year of her Majesty, Chapter 95, and to make provision for the medical service of her Majesty's Indian Forces,' and was said by its promoter merely to have for its object to enable assistant-surgeons to be transferred from the Queen's to the Indian army, he objected to a clause thus limiting its action, proposed by Mr. Pope Hennessy. The Committee regarded the measure as one injuriously affecting the status and interest of the profession at large, and of the Indian Medical Service in particular. Therefore, with the view of strenuously opposing it, they placed themselves in communication with several members of Parliament, and are happy to be able to state that the Bill was defeated on the third reading by a majority of two against the Government. Had it passed into law, it would have deprived the profession of the control which it now has for several years exercised with advantage over the Indian medical appointments, and would have degraded that service by a system of purely government patronage. For this happy result, the thanks of the profession are due to Mr. Pope Hennessy, Mr. Cox, and the members of the House of Commons who divided with them on that occasion, as well as to Mr. Ernest Hart, an active member of your Committee.

"In the early part of the present session, a Bill was introduced by Sir Robert Peel, 'to provide for Superannuation Allowances to Officers of Unions in Ireland.' As, in the corresponding Bill passed last

session for England, the wording of this Bill was such as to exclude the over-worked and ill-paid medical officers from its benefits, the Committee requested Dr. Brady to move that the words 'whose whole time has been devoted to the service of the union' be omitted. He did so, but unfortunately without success.

"Two rival Bills for regulating the Qualifications of Chemists and Druggists were introduced by Sir Fitzroy Kelly and Sir John Shelley into the House of Commons, and were subsequently referred by the House to a select committee. The main objects of each Bill were, to provide a compulsory examination to test the competency of persons desirous of exercising the trade of a druggist, and to form a register of persons thus examined and qualified. These objects are laudable in themselves, and may be necessary for the public safety; but there is great danger lest the body thus constituted should usurp the functions of medical practitioners. It is well known that many chemists and druggists, both members of the Pharmaceutical Society and others, already practise medicine to a considerable extent; indeed, your Committee have been informed of instances in which druggists are largely engaged as unqualified medical practitioners—even acting as surgeons to benefit societies, clubs, etc. The Committee fear that the temptation to this kind of irregular practice will be increased by raising the educational status of chemists and druggists; for the public, who infer that the dealers and compounders of drugs must know a good deal as to their application, will be confirmed in the erroneous inference by the fact of the druggists holding a parliamentary certificate or diploma as to education and competence. The public, perhaps, are also encouraged to seek medical advice from the druggist, by the practice followed by some medical practitioners of attending at stated times in druggists' shops for the express purpose of dispensing advice to such of their customers as require it.

"In order to prevent this danger to the interests of the public, no less than of the profession, the Committee resolved to endeavour to get the following clause added to Section XVIII of the Bill promoted by the Pharmaceutical Society, which protects medical practitioners in such right of practising pharmacy as they have hitherto enjoyed: 'And it shall not be lawful for any person registered under this Act, to prescribe for any patient, or undertake the treatment of disease, or in any way assume to act as a medical practitioner; and every chemist and druggist so offending, shall, upon a summary conviction, forfeit or pay a sum not exceeding £5.' The Chemists' and Druggists' Bill (No. 2), promoted by the United Society of Chemists and Druggists, in two points appeared to your Committee to be superior to the No. 1. Bill. First, it contained a broader and better definition of the chemists and druggists to be registered than the No. 1 Bill; it provided that all persons engaged in retailing or dispensing dangerous drugs, simple or compounded, enumerated in a schedule, shall be registered; whereas the Bill (No. 1) limited the examination and registration to persons actually engaged in compounding the prescriptions of duly qualified medical practitioners. Secondly, it proposed to regulate the sale of all active poisons. The Committee thought the time when these pharmacy bills were under discussion in the legislature an appropriate one for entering a protest against the unlimited sale of patent, quack, and other secret remedies; the vast majority of which, if not actually injurious to health, are worthless, and generally a fraud upon the purchaser. Your Committee, therefore, decided to attempt to get the following clause inserted in whichever Bill might be approved by the Select Committee. 'No patent,

quack, or other medicine shall be sold, unless a sworn certificate of its composition be lodged with the Registrar appointed under this Act, and a copy thereof be open for inspection in the shop or place in which such medicine is sold, and any person or proprietor of a shop, selling any secret remedy, shall, on summary conviction for each such offence, be liable to a penalty not exceeding £20.' A deputation from the Committee waited upon Sir Fitzroy Kelly, who had charge of the No. 1 Bill, to explain the purport of these proposed amendments. Their Honorary Secretary had several interviews with the chairman, Sir John Shelley, and other active members of the Select Committee. They caused copies of the amendments to be circulated amongst members of the Select Committee and other members of Parliament. They presented a petition in favour of them, which was referred by the House of Commons to the Select Committee. The Select Committee, after examining both Bills and taking some evidence, came to the resolution that legislation was required to regulate the sale of poisons; that the Government ought to frame a Bill for the purpose; and that the subject of an examination for chemists and druggists ought to be deferred until the next session.

"The Committee have also from time to time considered the effect on the profession of the following Bills, which have been introduced into both Houses of Parliament since the last annual meeting of the Branch; and they have in some instances suggested amendments or alterations therein where it appeared to them to be advisable.

"The Contagious (or Venereal) Diseases Prevention Bill, which proposes to make the entrance of prostitutes, suspected or known to be diseased, into civil hospitals, chartered for the purpose by Government, compulsory under severe penalties.

"The Sewage Utilisation Bill for facilitating the more useful application of town sewage in Great Britain and Ireland.

"The River Waters Protection Bill, which proposes to amend and improve the laws for the protection of waters in rivers and streams in England.

"The Capital Punishment within Gaols Bill, which proposes that the execution of criminals shall take place within gaols.

"The County Infirmaries (Ireland) Bill for the better management of the county infirmaries in Ireland, one provision of which is that no newly constituted governor shall have a vote in the election of the surgeons or physicians until one year after the payment of his donation or first subscription.

"The Prisons Bill, which effects many alterations in the management and administration of gaols and prisons.

"The labours of your Committee would be attended with more success, were the interests of the profession better appreciated and understood by members of the legislature. It is a matter of congratulation, therefore, that four members of the profession are aspiring to seats in the next House of Commons. Your Committee cannot conclude this report without cordially wishing them success, and earnestly commending their claims to the support and interest of their professional brethren who have votes in the respective constituencies.

"(Signed)

SEPTIMUS GIBBON,

"Honorary Secretary."

Dr. HATTON proposed, Mr. BARNES seconded, and it was unanimously resolved—

"That the report now read be received, adopted, and published in the JOURNAL; that the best thanks of the Branch be given to the committee, and especially to Dr. Gibbon, the Honorary Secretary; and that they be reappointed, and requested to continue their services."

Officers and Council for 1865-66. The ballot having been taken, the following officers and council were declared to be elected for the ensuing year: *President*, Edward H. Sieveking, M.D.; *President-elect*, Henry Lee, Esq.; *Vice-Presidents*, F. Sibson, M.D., F.R.S.; C. F. J. Lord, Esq.; *Treasurer*, E. Lankester, M.D., F.R.S.; *Secretaries*, A. P. Stewart, M.D.; A. Henry, M.D. *Other Members of Council. For the Metropolitan District*: A. Billing, M.D., F.R.S.; J. Rose Cormack, M.D.; R. Dunn, Esq.; S. Gibbon, M.B.; J. R. Gibson, Esq.; W. O. Markham, M.D.; C. H. Rogers-Harrison, Esq.; H. Thompson, Esq. *For the Extra Metropolitan District*: C. Drage, M.D. (Hatfield); J. H. Paul, M.D. (Camberwell); T. Heckstall Smith, Esq. (St. Mary Cray); G. Webster, M.D., Dulwich.

The retiring president, Mr. LORD, after making a few remarks, introduced his successor and vacated the chair.

President's Address. Dr. SIEVEKING the new president, delivered an address, which was published at page 1 of last week's JOURNAL.

Mr. HECKSTALL SMITH proposed—

"That the cordial thanks of the meeting be given to Dr. Sieveking for his excellent address, and that he be requested to allow it to be published in the JOURNAL."

Dr. MARION SIMS seconded the resolution. He was one of the youngest members of the Branch; and, if he had had any doubts as to the usefulness of the Association, such doubts would have been altogether removed by the reports and the address which he had just heard.

The vote of thanks was carried by acclamation.

Representatives in the General Council. On the motion of Dr. Stewart, the following members were elected to represent the Branch in the General Council of the Association:—A. Billing, M.D., F.R.S.; S. Gibbon, M.B.; A. Henry, M.D.; H. Lee, Esq.; C. F. J. Lord, Esq.; W. O. Markham, M.D.; C. H. Moore, Esq.; B. W. Richardson; F. Sibson, M.D., F.R.S.; E. H. Sieveking, M.D.; with A. P. Stewart, M.D., Secretary, *ex officio*.

Medical Provident Society. Dr. STEWART moved, Mr. DUNN seconded, and it was unanimously resolved, "That Charles F. J. Lord, Esq., S. W. J. Merriman, M.D., and James Paget, Esq., F.R.S., be elected Directors of the Medical Provident Society."

The Coming Elections. Dr. STEWART said that, as the general election was close at hand, it was important that medical electors should endeavour to obtain from candidates pledges as to their conduct in regard to medical matters. The demands made should be brief and intelligible; but it was important to act at once. He proposed—

"That, in the opinion of this Branch, medical electors should withhold their votes and influence from candidates for seats in Parliament who will not support the restoration in their integrity of the Army and Navy Medical Warrants of 1858-59, and the appointment of representatives of the medical profession on the Poor-law Board."

Dr. MARKHAM seconded the proposal, which he considered to be thoroughly practical. He believed that there were very few members of Parliament not directly connected with the public services, who could refuse the requests of the medical profession. At all events, so good an opportunity as the present one should not be lost.

Dr. GIBBON supported the resolution.

Mr. LORD asked how medical men could attempt to make conditions with candidates for parliament, when, for every man who gives up a poor-law appointment, numbers of others came forward for the vacant place.

Dr. WEBSTER supported the motion. He looked on the appointment of Dr. Edward Smith as poor-law inspector as a step in the right direction.

Mr. ROGERS-HARRISON would not oppose the motion, but considered that until the medical profession took a higher standing, no attention would be paid to it in the legislature.

Dr. STEWART was quite aware of what had been stated by the previous speakers as to the readiness with which appointments of little worth were sought for by medical men. It was for this reason that he did not propose co-operation in carrying out details, but merely laid down a few general principles. As for the argument that the attempt was hopeless, we must make up our minds to be beaten at first; but, by perseverance, we might be in a very different position in a few years. A beginning should be made.

The motion was then put to the vote and carried.

Meetings of the Branch. Dr. HENRY proposed the following resolutions, being those referred to in the Report of Council:—

"1. That four ordinary meetings of the Branch be held in each year, on such days as the Council of the Branch may determine.

"2. That the object of these meetings be the discussion of subjects connected with sanitary science, and with the social and political interests of the medical profession.

"3. That a subject for discussion at each meeting be fixed by the Council; and that notice of the same be given in the BRITISH MEDICAL JOURNAL at least fourteen days before the meeting.

"4. That it be optional with the member opening the discussion to do so either from or without a written paper.

"5. That the Council be empowered to take such steps as may be necessary for carrying out the preceding resolutions."

Mr. BARNES seconded the resolutions, which were carried.

Alteration of Laws. Dr. HENRY, having given the required notice of his intention to propose certain alterations in the laws of the Branch, now moved—

"That Law 1 be altered as follows:—'1. The Metropolitan Counties Branch shall include the counties of Middlesex and Hertfordshire, and such portions of Surrey, Kent, and Essex, as are comprised within the limits of the London postal district.'"

Mr. W. MARTIN seconded the proposal, which was carried.

Dr. HENRY proposed—

"That Law 8 be altered to the following form:—'The twelve Ordinary Members of Council shall be chosen annually, four at least of them being resident beyond the town limits of the London postal district. They shall all be capable of re-election, with the exception of the six who have attended the fewest meetings of the Council, who shall not be eligible for one year.'"

Dr. WEBSTER seconded the motion.

Dr. SEATON objected to the proposal; and moved as an amendment, that the words "four of them being resident beyond the town limits of the London postal district" be omitted.

Dr. HATTON seconded the amendment, which, after some discussion, was put to the vote and lost.

The original motion was carried; the words "at least" being inserted with the consent of the proposer and seconder.

Dr. HENRY moved an alteration of Law 9, so to remove the obligation to hold the annual meeting of the Branch on a Tuesday.

The resolution was carried.

Dr. HENRY moved, Dr. STEWART seconded, and it was unanimously resolved—

“That the following new law be adopted, viz.:— ‘Four ordinary meetings of the Branch shall be held in each year for the discussion of subjects of professional interest, at such times and under such regulations as the Council, or the Branch at an annual meeting, may determine.’”

The BRITISH MEDICAL JOURNAL. Mr. DUNN moved, Dr. SIBSON seconded, and it was carried without a dissentient voice—

“That the JOURNAL is, in the opinion of this Branch, essential for maintaining the unity and increasing the influence of the British Medical Association; and that the editor deserves the best thanks of the Branch for his unwearied efforts to uphold the honour and promote the highest interests of the medical profession.”

Dr. MARKHAM briefly acknowledged the vote of thanks.

The Proposed Charter of the Association. Dr. RICHARDSON moved—

“That, in the opinion of this Branch, a Royal Charter of Incorporation will conduce to the stability, and greatly increase the influence for good to the entire profession, of the British Medical Association.”

Dr. WEBSTER seconded the resolution, which was carried.

Vote of Thanks to the Retiring President. Dr. GIBBON moved, and it was unanimously resolved—

“That the cordial thanks of the Branch be given to the retiring president, Charles F. J. Lord, Esq., for his able and courteous conduct in the chair on all occasions, and for the active interest he has taken in the welfare of the Branch, and in all subjects brought under its notice.”

Dinner. The business having been concluded, the members and their friends, to the number of forty-three, dined together; E. H. Sieveking, M.D., in the chair.

WEST SOMERSET BRANCH: ANNUAL MEETING.

The annual meeting of the West Somerset Branch was held at Clarke's Castle Hotel, Taunton, on Tuesday, July 4th, at half-past two o'clock. The members present were, H. Alford, Esq.; W. E. Gillett, Esq.; W. M. Kelly, M.D.; H. J. Kinglake, M.D.; W. Liddon, M.B.; E. Marchant, Esq.; H. Norris, L.R.C.P.; H. P. Oliver, Esq.; T. Plowman, Esq.; J. Frankerd, Esq.; H. W. Randolph, Esq.; and W. L. Winterbotham, M.B. The following visitors were also present—Dr. Hill (North Curry); Mr. Frankerd, jun. (Langport); and Mr. C. S. Smith (Burbage).

The retiring President, Dr. Kinglake, after a few remarks, introduced the President-elect, HUGH NORRIS, L.R.C.P.Ed., who then took the chair.

A vote of thanks to the retiring President, Dr. Kinglake, was passed by acclamation.

The HONORARY SECRETARY (Dr. Kelly) announced that he had received letters from Messrs. G. Stuckey, H. E. Norris, J. B. Collins, W. M. Silke, S. F. Bridge, J. Cornwall, J. D. Adams, E. Martyn, W. Reynolds, H. J. Alford, G. E. Burt, and C. H. Cornish, expressing regret at their unavoidable absence.

The minutes of the last annual meeting were read. In reference to resolutions then passed, the Secretary read a letter from Mr. J. B. Collins, dated July 13th, 1864, expressing on behalf of his mother “her estimation of the kind feeling of the associates, as embodied in their resolution” of July 6th, 1864; also,

a letter from Earl de Grey, the Secretary of State for War, dated August 2nd, 1864, acknowledging the receipt of the memorial from this Branch “on the subject of the unsatisfactory state of the Medical Department of the Army, and the measures which should be adopted with a view to rendering the same more attractive”, and assuring the memorialists that “their representations should receive his lordship's careful consideration.”

Report of Council. The following report of council was then read.

“I. Your Council have to report that the Branch has been maintained in more vigorous action during the past year than at any previous period since its formation; but, in point of number, it is a matter for regret that one member (Mr. Hill) has died, and another (Mr. Powell) has resigned, and no addition has been made to the list, which at present includes the names of thirty only, out of about a hundred and twenty medical men, who are practising within the area which this Branch should embrace.

“II. In accordance with a resolution passed at the last annual meeting, three quarterly meetings have been held during the year, at which the following cases and papers were communicated.

“1. On an Epidemic of Scarlatina, with Statistical Table and Remarks. By W. Legge, Esq.

“2. Two Cases of Excision of the Eye. By William Liddon, M.B.

“3. Case of Remarkable Birth. By W. M. Kelly, M.D.

“4. Case of Induction of Premature Labour by Barnes's Dilators. By W. M. Kelly, M.D.

“5. On the Effect of Iodine in retarding the Growth of the Fœtus, and its application in cases of Deformed Pelvis. By Hugh Norris, L.R.C.P.Ed.

“6. On Tincture of Digitalis in Delirium Tremens. By S. Farrant, Esq.

“7. On the Value of Perchloride of Iron in Obstetrics; with Cases. By Hugh Norris, L.R.C.P.Ed.

“8. Case of Phlegmasia Dolens in a Boy, aged eleven. By H. J. Alford, M.B.

“These meetings were not so numerously attended as the interesting, instructive character and practical tendency of their proceedings should have caused them to be. Gentlemen who have not heretofore been present, are (if these meetings are continued) urged to come for the future, and, as they may have opportunity, contribute papers or cases.

“III. The Treasurer's Report shows that there are some arrears of subscriptions due to the Parent Association, which he would be much obliged if members present would pay up. There is a balance, in the Treasurer's hand, of £4:0:10 in favour of the Branch.

“IV. Communications from the Medical Provident Society, with reference to the election of a Director of that Society by this Branch, will be laid before you.

“V. Your Council desire to draw the attention of the Branch to the incessant efforts which have been made by Mr. E. Griffin to improve the condition of the Poor-law medical officers, and to bring about a reform of the Poor Law.

“This Branch may contribute its moral and pecuniary aid towards these objects; and resolutions on this subject will be submitted.

“VI. The recent appointment of Dr. Edward Smith as an Inspector of Poor Law, is a circumstance which this Branch may particularly take pleasure in noticing, as, at the annual meeting in 1863, the introduction of a medical element into the Poor-law Board was fully discussed, and a resolution on the subject passed and sent to the Parent Association.

“VII. Your Council would again impress upon

individual members of the Branch that its efficiency and importance depends on themselves; and that each member should help towards keeping up the numbers on the roll; and, by attendance and communications at the meetings, assist in rendering them agreeable, pleasant, and useful."

Treasurer's Report. The Treasurer's balance-sheet, audited by Mr. Gillett and Mr. Randolph, was read and passed.

Intermediate Autumn and Spring Meetings. It was proposed by Mr. RANDOLPH, seconded by Mr. ALFORD, and resolved unanimously—

"That two evening meetings of the Branch be held during the ensuing year (instead of three quarterly meetings); the first to be held on the 4th Oct. next, and the second on the 28th March, 1866, at five o'clock, at which hour dinner shall be served for those gentlemen who desire to dine together, after which papers and cases may be communicated."

Medical Provident Society. Letters were read from the Chairman and the Secretary of the Medical Provident Society, relative to the election of a Director. As it appeared that no member of this Branch was a member of the Provident Society, and thereby qualified for the office, the meeting was not then in a position to elect a Director.

Poor Law. It was proposed by Dr. KELLY, seconded by Mr. FRANKED, and resolved unanimously—

"That this Branch expresses its warm approval of the efforts made by Mr. R. Griffin towards effecting a reform of the Poor Law and improving the condition of the Poor-law medical officers; and that a contribution of £2 out of the funds of this Branch be sent to Mr. Griffin, to assist in defraying the expenses he has incurred."

A letter was read from Dr. Mead of Newmarket, dated July 1st, 1865, together with a copy of resolutions (on the subject of Poor-law Reform) passed recently at the annual meeting of the Cambridge and Huntingdon Branch. The feeling of the meeting, after a long discussion, went, to a great extent, in cordial approval of the spirit of those resolutions.

Next Annual Meeting: President-elect. It was proposed by Dr. KINGLAKE, seconded by Mr. ALFORD, and resolved unanimously—

"That the next annual meeting be held at Ilminster; and that G. R. Burt, Esq., be President-elect."

Council of the Branch. It was resolved—"That Messrs. H. Alford, G. Kidgell, and W. L. Winterbotham, be elected to fill the vacancies in the Council"; which, for the ensuing year, will then consist of Messrs. W. E. Gillett, W. Liddon, H. W. Randolph, and the before-named gentlemen.

Secretary and Treasurer. It was proposed by Mr. ALFORD, seconded by Mr. FRANKED, and resolved unanimously—

"That Dr. Kelly be re-elected as Honorary Secretary and Treasurer."

Votes of Thanks to the Council for their services during the past year, and to the Secretary and Treasurer, were unanimously passed.

President's Address. An able and suggestive address was read by the President, and will be published in the JOURNAL.

It was proposed by Dr. KINGLAKE, seconded by Mr. RANDOLPH, and carried by acclamation—

"That the best thanks of the meeting be given to the President for his address; and that he be requested to send it to the JOURNAL for publication."

Dinner. Fifteen members and visitors then dined together, under the presidency of Mr. Norris.

MIDLAND BRANCH: ANNUAL MEETING.

THE annual meeting of this Branch was held at the Town Library, Leicester, on Wednesday, June 28th; under the presidency of JOHN BARCLAY, M.D. There were also present:—W. C. Irwin, M.D., C. H. Marriott, M.D., G. Pearce, M.D., G. Shaw, M.D., J. Sloane, M.D., T. W. Benfield, Esq., C. Bowmar, Esq., A. Cooper, Esq., H. Lankester, Esq., and J. Orrock, Esq. (Leicester); W. Ogle, M.D., J. W. Baker, Esq., W. G. Copestake, Esq., and A. H. Dolman, Esq. (Derby); W. F. Franks, Esq. (Billesdon); J. V. Solomon, Esq. (Birmingham); R. H. Thomas, Esq. (Ibstock); W. Webb, M.D. (Wirksworth); etc.

President's Address. The President delivered an address, which is published at p. 31. Considerable discussion followed the reading of Dr. Barclay's address; Dr. Shaw and Mr. Marriott expressing their dissent from his views regarding fever.

Papers. The following papers were then read.

1. Cases of Near Sight treated by Intraocular Myotomy. By J. Vose Solomon, Esq. Mr. Solomon's communication was one of great interest, as suggesting a means of relief for myopic persons. He stated, in reply to questions, that he had performed the operation with partial success, even in adult life, and that he had only once lost an eye through the refractoriness of a little patient, who tore off the bandages.

2. Notes on a Case of Hydatids of the Liver. By Wm. Webb, M.D.

3. Some Observations on the Temperature of the Body in Disease. By Wm. Ogle, M.D.

4. On Embolism. By W. G. Copestake, Esq.

5. Record of Cases of Median Lithotomy. By C. H. Marriott, Esq.;

Mr. White of Nottingham and Dr. Morris of Spalding, who had promised papers, telegraphed that they were prevented from starting from home.

The usual votes of thanks were passed to the authors, with the request that the papers might be published in the JOURNAL.

New Members. Dr. Holland of Matlock, and Messrs. Brown of Uppingham and Orrock of Leicester, were elected members of the Branch.

Messrs. Fry of Kibworth, and Curgenvin of Derby, were elected members of the Branch, and proposed as members of the Association.

Medical Provident Society. Thomas Paget, Esq., of Leicester, and William Ogle, M.D., of Derby, were elected members of the Directorate of the Medical Provident Society.

Representatives in the General Council. The following gentlemen were elected by the Branch as members of the General Council:—J. W. Baker, Esq., Derby; J. Barclay, M.D., Leicester; H. Goode, M.B., Derby; C. H. Marriott, M.D., Leicester; E. Morris, M.D., Spalding; G. E. Stanger, Esq., Nottingham; T. Sympton, Esq., Lincoln; and J. White, Esq., Nottingham.

Secretaries. The four Secretaries—Dr. Mitchinson for Lincoln, Mr. Dolman for Derby, Mr. White for Nottingham, and Dr. Sloane for Leicester—were re-elected unanimously.

Dinner. After the meeting, the members and their friends dined together at the "Bell", where an excellent dinner was provided, and a most sociable evening was spent.

DEATH FROM ALLEGED FRIGHT. A drunken fellow at Manchester is said to have died of fright, believing he had caught hydrophobia from a dog, which had bitten him.

Special Correspondence.

EDINBURGH.

[FROM OUR OWN CORRESPONDENT.]

THE annals of secret poisoning have rarely revealed crimes so horrible and monstrous as those for which Edward William Pritchard stood arraigned before the High Court of Justiciary but a few days since. Rarely has the poisoner so deliberately and so gradually accomplished his dreadful task; and still more rarely has he succeeded in hiding his guilty intentions to the extent to which this wicked man succeeded in doing. Terrible and appalling from their very nature, a cause of special regret to a noble profession which has been sullied by so base a man as Edward William Pritchard, the crimes for which he has been sentenced to a well-deserved and ignominious death must, from the scientific as well as the general interest which is connected with them, take a place with those of Castaing, Palmer, Bocarmé, Dove, and La Pommerais, amongst the *causes célèbres* of the nineteenth century.

Before entering upon a consideration of those points in the recent trial which are of medical and medico-legal interest, it may not be uninteresting to allude to the circumstances which preceded and which led to the arrest of Dr. Pritchard on March 20th.

The antecedents of Dr. Pritchard are tolerably well known. Having become a member of the College of Surgeons of England in 1846, he entered the Royal Navy as an assistant-surgeon. Whilst in the service, he became acquainted with the unfortunate lady whom he married. Having resolved to enter into private practice, he left the navy, and settled at Filey in Yorkshire. Thence, after a period of a few years, he removed to Glasgow. During the six years which have elapsed from the time of his settling in Glasgow, he appears to have been tolerably successful as a general practitioner; and, although not a few of his medical brethren had good grounds for treating Dr. Pritchard with coldness and distrust, he was generally considered a man of respectability. His conduct, however, during the period of his residence in Glasgow, was not irreproachable. Of very mediocre professional abilities, he had made himself well known to many by his habits of exaggeration and boasting, and had on two occasions attracted the attention of the police authorities of Glasgow, who had been called upon to investigate two most serious criminal charges, in each of which he was the person implicated. So secretly are the preliminary steps of all judicial investigations carried out in Scotland, that, as the Crown authorities did not deem it expedient to proceed against Dr. Pritchard on the two charges alluded to, his professional position received no injury.

During many years of married life, Dr. Pritchard seems to have conducted himself in such a way as to lead his friends and relatives to suppose that the best

understanding existed between his wife and himself. She had during that time borne him a family of five children, of whom the eldest is now a girl of fourteen, the youngest a boy of five. Mrs. Pritchard appears to have enjoyed good health until the beginning of the month of November 1864, when she began to suffer from sickness and vomiting, which, with short intervals, continued until the time of her death on March 18th, 1865. During this illness, she was under the medical care of her husband, who, however, on several occasions consulted Dr. Paterson and Dr. Gairdner. The opinion of these gentlemen will be afterwards fully commented upon.

Some weeks before Mrs. Pritchard's death, her mother, Mrs. Taylor, who lived in Edinburgh, went to Glasgow for the purpose of nursing her. This old lady, who had always enjoyed good health, suffered after her arrival in Glasgow, on one or two occasions, from vomiting and purging—from symptoms, in fact, resembling those of Mrs. Pritchard. She was, however, in comparatively good health until February 25th, when she was suddenly taken ill, and died in less than four hours. She was, before her death, seen by Dr. Paterson, who found her dying, as he thought, from the effects of a narcotic poison.

The body of Mrs. Taylor was, immediately after her death, conveyed to Edinburgh, and buried in the Grange Cemetery. Dr. Paterson, on being applied to by the registrar, refused to grant a certificate of death, alleging that Dr. Pritchard, who had attended the case, ought to be applied to. Thereupon, Dr. Pritchard certified that the primary disease had been paralysis; that its duration had been twelve hours; and that the secondary disease was apoplexy.

After an interval of three weeks, Mrs. Pritchard died, exhausted by the vomiting and purging. Her body was taken to Edinburgh by Dr. Pritchard, there to be buried beside that of her mother. The police, probably struck by the fact of Mrs. Pritchard's death having so rapidly succeeded that of her mother, instituted inquiries. The difficulties which had occurred in the registration of Mrs. Taylor's death, the facts connected with Pritchard's past history, with which they were acquainted, were well qualified to arouse suspicion. During Dr. Pritchard's absence in Edinburgh on March 20th, a warrant for his apprehension was issued; and, on his return to Glasgow in the evening, he was accordingly taken into custody, and moved to the police-office. At the same time a warrant was sent to Edinburgh, ordering an examination of the body of Mrs. Pritchard to be made previous to interment. The examination of the body was made on March 21st, by Professor MacLagan and Dr. Littlejohn; and the opinion these gentlemen arrived at may be learned from the last sentences of their report.

"We have to report that this body presented no appearances of recent morbid action, beyond a certain amount of irritation of the alimentary canal, and nothing at all capable of accounting for death. We have, therefore, secured the alimentary canal and its contents, the heart and some of the blood, the liver, the spleen, the left kidney, and the urine, in

order that these may be submitted to chemical analysis."

Dr. MacLagan subsequently performed a chemical analysis of the portions of the body which had been removed for that purpose: it resulted in the detection of very large quantities of antimony in all the viscera. From his experiments, he was led to a series of conclusions, of which the following are the most important.

"1. That Mrs. Pritchard had taken a large quantity of antimony, in the form of tartar emetic.

"2. That, having regard to the absence in her case of any morbid appearances sufficient to account for death, and to the presence in it of a large quantity of a substance known to be capable of destroying life, her death must be ascribed to the action of antimony.

"3. That it is most unlikely that this poison was taken in a single large dose. Had this been the case, I should have expected to have found some more decided evidence of irritant action in the mouth, throat, or alimentary canal.

"4. That, from the extent to which the whole organs and fluids of the body were impregnated with it, it must have been taken in repeated doses, the aggregate of which must have amounted to a large quantity.

"5. That, from the large amount found in the liver, from its ready detection in the blood, and from its being found passing so copiously out of the body by the bile and urine, it is probable that some of the poison had been taken at no greater interval than a period of a few days previous to death."

An order was then issued for the examination of the body of Mrs. Taylor, which had been buried on February 25th. The examination took place on March 28th. The result was, that Dr. MacLagan and Dr. Littlejohn, who conducted the examination, were unable to discover in the body of Mrs. Taylor any morbid appearances capable of accounting for death. On subjecting the contents of the stomach and intestines, the liver, heart, spleen, kidney, stomach, coats of the rectum, the uterus, the brain, and the blood, to chemical analysis, antimony was discovered in all of them.

So intimately were the two cases of Mrs. Taylor and Mrs. Pritchard connected together, that they were both included in one indictment, which charged the prisoner, first, with administering to Jane Cowan or Taylor, "in tapioca and in porter or beer, and in a medicine called Battley's solution, or in some articles or article of food or drink to the prosecutor unknown, or in some other manner to the prosecutor unknown, tartarised antimony and aconite and opium, or one or more of them, or some other poison or poisons to the prosecutor unknown;" secondly, in administering to Mary Jane Taylor or Pritchard, "in egg-flip, and in cheese, and in porter or beer, etc., . . . tartarised antimony and aconite, or one or other of them, or," etc.

As the death of Mrs. Taylor occurred first, the facts connected with it are first to be considered. This lady joined Dr. Pritchard's household rather more than a fortnight before her death, which took place early on the morning of the 25th of February. After her arrival, she appears, on the whole, to have

enjoyed good health. On one occasion, she suffered from severe sickness and vomiting, which came on an hour and a half after she had eaten some tapioca which had been prepared for Mrs. Pritchard. (A paper bag was subsequently found in the kitchen pantry, containing tapioca mixed with tartar emetic.)

On the day of her death, Mrs. Taylor seems to have been troubled to a certain extent with diarrhoea; but to have been otherwise well. A very reliable witness, Mary Patterson, stated that she had seen Mrs. Taylor at seven o'clock in the evening of February 24th—a few hours before her death—and she appeared merely to be a little tired and out of temper. Between the hours of half-past ten and eleven on that evening, Dr. James Paterson was summoned to Dr. Pritchard's house. On arriving there, Dr. Pritchard informed him that his mother-in-law and his wife, who had lately suffered from gastric fever, having partaken of some bitter beer at supper, had been taken suddenly ill. On being taken to a bedroom upstairs, Dr. Paterson found the two poor women lying on the same bed. "On examining the face, it was rather pale; but the expression was calm and placid. The eyelids were partially closed; the lips were rather livid; and the breathing was slow and laborious. Her skin was cool, and covered with a clammy perspiration. The pulse was almost imperceptible; and she seemed to me to be perfectly unconscious. On my opening up the eyelids, I found both pupils very much contracted. From these symptoms, and judging from her general appearance, my conviction was, that she was under the influence of opium or some other powerful narcotic; and I at once pronounced my opinion that she was dying." Dr. Paterson ordered a strong turpentine enema, and mustard poultices to the calves of the legs. Although convinced that his patient was under the influence of opium or some other narcotic, which she could only, from the history of the case, have taken a short time before he saw her, he did not think it advisable, either by the use of emetics or by the stomach-pump, to empty the stomach. In his further evidence, Dr. Paterson stated that, after the enema had been administered, Mrs. Taylor became conscious for a short time.

After Mrs. Taylor's death, the woman who had the charge of dressing the body found a bottle in her pocket, about two-thirds full. This bottle, it was proved, was the one in which Mrs. Taylor usually kept Battley's solution, in which she had been in the habit of indulging for many years. A few days before her death, she had had this bottle (an eight-ounce one) filled. This bottle was sent by the authorities to Professor Penny of the Andersonian University for analysis. That gentleman made the remarkable discovery that it contained, besides genuine Battley's solution, both tartar emetic and tincture of aconite. The fluid in the bottle, when applied to the tongue, caused the most characteristic tingling. Rabbits, under whose skin it was injected, died with the most characteristic symptoms of aconite poisoning; the symptoms induced in these animals

with the fluid found in the bottle, exactly resembling those produced by Battley's solution, to which from five to seven per cent. of Fleming's tincture of aconite has been added. The fact of the discovery of aconite and antimony in this fluid, when taken in connection with the fact that the prisoner had shortly before purchased enormous quantities both of Fleming's tincture of aconite and of tartar emetic, was of the greatest importance in proving his guilt. Evidence was afterwards led, which showed that Mrs. Taylor had for many years been in the habit of using large quantities of Battley's solution. Had she then killed herself by taking an overdose of her favourite drug? or had she succumbed to the effects of aconite, to the combined effects of aconite and opium, or to the combined effects of aconite, opium, and antimony? Dr. MacLagan and Dr. Littlejohn expressed the opinion that the symptoms from which the old lady had died, had probably been produced by such a combination of drugs. Antimony in considerable amount had been found in all the organs of her body; in the contents of her stomach alone, it had been discovered to the extent of a fourth of a grain; and it could scarcely be doubted, that the depressing action of this remedy might cause a comparatively small dose of opium to prove highly dangerous. Again, was it not highly probably that the aconite present in the Battley's solution had, to a certain extent, contributed towards the production of death? Supposing this old lady had taken one hundred drops of the Battley's solution at a dose (by no means a larger quantity than a person long addicted to its use could take with impunity), the quantity of Fleming's tincture of aconite which she probably took might be estimated at about seven drops—a much larger quantity certainly than most physicians would think justifiable in any case; and certainly large enough to induce serious symptoms in an old woman who was already under the depressing influence of tartar emetic. On the other hand, the symptoms which Dr. Paterson observed when he was called to see Mrs. Taylor, were essentially the symptoms of opium-poisoning. The rapidity of the death and the extreme depression of the pulse, are the only features in the case which point to the aconite and antimony found in the Battley's solution having contributed materially in inducing death. Had Mrs. Taylor died of serous apoplexy? was another question which suggested itself in connection with her case, and which was unanimously answered in the negative by the medical witnesses to whom it was put. The total absence of any *post mortem* appearance, as well as the symptoms observed during life, negatived this supposition. After being in a state of complete insensibility, Dr. Paterson states that the patient regained consciousness, although only for a brief time.

Before mentioning the special points of interest in connection with the death of Mrs. Pritchard, it may be mentioned that, after receiving Dr. MacLagan's report of the chemical analysis of the viscera of Mrs. Taylor and Mrs. Pritchard, the Crown authorities requested Dr. Penny, of the Andersonian

University, Glasgow, to institute a second and independent analysis. The conclusions to which this gentleman came, were substantially the same as those of Dr. MacLagan. In addition, however, to discovering antimony, Dr. Penny detected a small quantity of an insoluble preparation of mercury in the contents of the intestines of Mrs. Pritchard, and some mercury deposited in most of the viscera. The presence of this mercury was afterwards accounted for by the fact that, some days before the death of the unfortunate lady, Dr. Paterson had prescribed for her powders containing grey powder and calomel.

The illness of Mrs. Pritchard was a long and painful one. From the time when it first commenced, to the time of her death, it appeared to present very much the same characters. The servants in the house describe her illness to have been characterised chiefly by the following symptoms—vomiting, purging, heat in the mouth, thirst, and *cramps in the stomach and hands*. These symptoms presented a remarkable intermittency; for she would be very bad for two days, and very well a third; and, amongst the facts brought out, was the remarkable and striking one that, on the occasion of Mrs. Pritchard going to Edinburgh, to spend some time in her father's house, the sickness and vomiting, which had already existed for a long time, ceased.

A special interest seems to attach to one of the symptoms which has been alluded to; viz., to the cramps in the hands. It has been noticed by authors, that severe cramps of the extremities are very liable to occur in the course of antimonial poisoning; their situation has not, however, been very accurately described; and I am not aware that in any case the peculiar contraction of the hand which was noticed in the case of Mrs. Pritchard was found to exist. These were described very much in the same language by both medical and non-medical witnesses. Thus, Catherine Latimer said that when the cramps came on, "the fingers of her hand were straight out, and the thumb twisted underneath." Dr. Gairdner, who was called to see Mrs. Pritchard on the night between the 8th and 9th of February, professes to have been very much puzzled by the peculiar association of symptoms, and to have been peculiarly struck by the condition of her hands. "She held her hands outside the bed-clothes above her head; and I saw that the wrists were turned in, and the thumbs somewhat inverted towards the wrists—a very peculiar state of the hands." The unfortunate lady was, at the time when Dr. Gairdner saw her, in a highly excited and hysterical condition. He could not account for the cause of the vomiting, and ordered her a simple diet; insisting particularly that no stimulants should be administered. The occurrence of cramp in the hand in the case of Mrs. Pritchard, is rendered doubly interesting from the evidence of Mr. Connell, a medical student, who boarded with Dr. Pritchard. This young gentleman suffered, in November and in February, from intense sickness and vomiting. These were often accompanied by cramp in the hands.

Dr. James Paterson, who has already been mentioned in connection with the death of Mrs. Taylor, first saw Mrs. Pritchard on the evening of Mrs. Taylor's death. Whilst attending to Mrs. Taylor, he professes to have been very much struck by the appearance of Mrs. Pritchard; she seemed weak and exhausted; her voice was weak and peculiar; and, in fact, very much resembled that of a person verging into the collapsed stage of cholera. Dr. Paterson stated, in the witness-box, that he could not banish from his mind the idea, or rather the conviction, that her symptoms betokened that she was under the depressing influence of antimony. How he arrived, without any careful examination, apparently without a single interrogation, to this extraordinary conclusion, Dr. Paterson does not state. Although labouring under this conviction, he did not return to the house; he did nothing to prevent this poor woman from being poisoned; and he admitted, when cross-examined, that he at the time believed her to be poisoned.

On March 2nd, Dr. Paterson saw Mrs. Pritchard again, at the request of her husband. He found her suffering from the same symptoms which have been mentioned. His belief that she was being poisoned with antimony remained unshaken; yet he did nothing to attempt to check the crime which he believed was being perpetrated. He did not warn the poor woman of the danger of her position; he did not communicate his suspicions to Dr. Pritchard, or to any member of the household; nor did he think himself called upon to return to his poor patient, to verify the accuracy of the opinion which he had formed. Dr. Paterson had been called in by Dr. Pritchard in consultation; and he did not, he states, think himself justified in visiting his poor patient: the etiquette of the profession prevented him. When summoned on March 17th to see Mrs. Pritchard, he found her dying.

Amongst the most painful points connected with this deplorable case, the conduct of Dr. James Paterson must assuredly be placed; and it is not remarkable that it should have attracted the severest censures. If Dr. James Paterson laboured under the conviction that Mrs. Pritchard was being poisoned, his first duty was to attempt to save his patient, although doing so might apparently cause a slight breach of professional etiquette. But Dr. Paterson has not stated how he arrived at the opinion that Mrs. Pritchard was being poisoned with antimony. If he laboured under this conviction, why not obtain a few ounces of the urine of the unfortunate patient, and cause it to be analysed? The discovery of antimony in it would have certainly warranted his taking more active steps than he actually did take.

The fact that Mrs. Pritchard died of antimonial poisoning was so obvious that no attempt was made to dispute it. The question, as to whether the symptoms from which Mrs. Pritchard suffered could be mistaken for those of gastric fever, was asked, and was answered by all the medical witnesses in the negative.

The foregoing are the chief points of great medical interest which occurred in the trial. So complete are the reports which have been published in all the newspapers of the country, that, even if space permitted, it would be an useless task to give an abstract of the non-medical portions of the evidence.

Medical News.

UNIVERSITY OF OXFORD. Degree of M.D. conferred at a Congregation holden on June 22nd.
Morgan, John Edward, University College

APOTHECARIES' HALL. On July 6th, 1865, the following Licentiates were admitted:—

Bradley, John, Liverpool
Bridgman, Isaac Thomas, Camberwell
Bruscombe, Charles Arthur, Carmarthen
Davies, Thomas Henry Whitehouse, Chalford, Gloucestershire
Hackney, John, Royal Free Hospital
Harkeek, Paul Quick, Pen Treve, Truro, Cornwall
Hatherly, Henry Reinald, Derbyshire General Infirmary
Jones, Robert Arthur, Carnarvon
Roberts, Edward Coldridge, Exeter
Thomas, Jabez, Swansea
Wells, James, Nailsworth, Gloucestershire
Wills, Charles James, Park Crescent, Stockwell

At the same Court, the following passed the first examination:—

Bainbridge, George, Leeds School of Medicine
Holderness, William Broom, St. George's Hospital
Hopkins, Frederick, General Hospital, Birmingham
Williams, John, Guy's Hospital

APPOINTMENTS.

HEXLEY, Thomas H., Esq., F.R.S., appointed Fullerian Professor of Physiology of the Royal Institution.

PAFREY, J., M.D., elected Physician-Accoucheur to the Farringdon General Dispensary and Lying-In Charity.

ARMY.

HENRY, Assistant-Surgeon R., Royal Artillery, to be Staff-Assistant-Surgeon, vice J. Burke.

IVY, Staff-Surgeon W. F. T., having completed twenty years' full-pay service, to be Staff-Surgeon-Major.

MACHETH, Staff-Assistant-Surgeon H. M., to be Assistant-Surgeon Royal Artillery, vice B. D. Burn, M.D.

MULOCK, Assistant-Surgeon J. J., 1st Dragoons, to be Staff-Surgeon, vice W. F. Daniell, M.D.

SEWARD, Staff-Assistant-Surgeon T., M.D., to be Assistant-Surgeon 59th Foot, vice J. Warren.

WARREN, Assistant-Surgeon J., 59th Foot, to be Assistant-Surgeon 1st Dragoons, vice J. J. Mulock.

ROYAL NAVY.

BERNARD, Robert, B.A., M.D., Staff-Surgeon, to be Deputy-Inspector of Hospitals and Fleets, and appointed to Hong Kong Hospital.

BURTON, Matthew, Esq., Staff-Surgeon, to the *Edgar*.

MARTYN, Patrick, M.D., Surgeon, to the *Winchester*.

RICKARD, Henry, Esq., Assistant-Surgeon, to the *Wellesley*, for temporary service in Chatham Yard.

SLOGGETT, William H., Esq., Surgeon (additional), to the *President*.

DEATHS.

ANDERSON. On June 29th, at Guildford, aged 58, Maria Anne, widow of George Anderson, Esq., Surgeon, of Farnham.

DAY. On July 1st, at Hertford Street, Mayfair, aged 6 weeks, Ellen E., only child of the late Edwin E. Day, M.D.

PHILLIPS. On June 15th, at Tezporo, Assam, aged 19, James Tudor, fourth son of John Phillips, Esq., Surgeon, Newcastle Emlin.

POWER. On July 1st, at 3, Grosvenor Terrace, Belgrave Road, George Ernest, infant son of Henry Power, Esq., Surgeon.

THE ORDER OF THE BATH. The Queen has been pleased to give orders for the appointment as Ordinary Members of the Military Division of the Third Class, or Companions of the Most Honourable Order of the Bath, of Thomas G. Logan, Esq., M.D., Inspector-General of Hospitals; Surgeon-Major John Carte, M.B., 14th Regiment; and Staff-Surgeon Anthony D. Home, V.C.

CONVALESCENT HOSPITAL. The first stone of a convalescent hospital was laid on the 4th instant at Clewer by the Bishop of Oxford.

CHARING CROSS HOSPITAL. The funds of this institution have been augmented by an addition of £50, under the will of the late Mr. Farrance.

DEATH OF A SURGEON FROM OPIUM. Mr. Barrett, a surgeon of Lees, lately lost his life through taking too large a dose of opium to relieve neuralgia.

AN IMPROVEMENT. The East London Union Guardians have determined to give their medical officers £100 *per annum* in addition to their salaries, for the purchase of quinine, cod-liver oil, and other expensive drugs.

Mr. MITCHELL HENRY has, we regret to say, been rejected for Woodstock. It was a bold thing to face the full force of the House of Marlborough in its own small borough of Woodstock.

THE MOORFIELDS OPHTHALMIC HOSPITAL. Professor Donders will be present at the ophthalmoscopic demonstration at Moorfields on Friday evening, July 21st. The surgical staff invite the presence of any medical men who may incline to attend. The demonstration commences at 7-30.

ROYAL COLLEGE OF SURGEONS. This day (Saturday) will be the last for the Primary or Anatomical and Physiological Examinations, and Saturday next for the Pass or Surgical, after which the vacations will commence. The *List of Members* is about to undergo a great change, by conversion into an annual calendar.

Mr. ROBERT DEBENHAM surrendered on Wednesday to take his trial at the Central Criminal Court for killing with a pistol a man who had entered his garden at night, and whom Mr. Debenham supposed to be a thief. The jury returned a verdict of "Not Guilty." They considered that Mr. Debenham had intended only to frighten the man, and that he had exercised sufficient caution before discharging the pistol.

ROYAL COLLEGE OF SURGEONS. At a meeting of the Council on Thursday afternoon, Mr. Wormald was elected president of the college, in the vacancy occasioned by the expiration of the term of office of Mr. Hodgson; and Messrs. E. Partridge, F.R.S., and John Hilton, F.R.S., were elected vice-presidents of the college for the ensuing year. Mr. Kiernan, who during the past year has filled the office of vice-president, had, in consequence of the state of his health, declined to be again put in nomination for that office. At this meeting, Messrs. Quain, Turner, and Paget, the recently elected members of the Council, were sworn in and took their seats.

THE PENSION LIST. Grants of date June 19th, 1865, have been made to the following by the government:—To Mrs. Anne Leech (widow of the late Mr. John Leech), in consideration of the merit of her late husband as an artist, £100. To Dr. David Nicol, in consideration of his long and zealous exertions for the moral and literary improvement of the community in which he lives, and of the fact of his being suddenly incapacitated by disease from the professional practice which was his only source of income, £100. To Mrs. Elizabeth Reid (widow of Dr. Boswell Reid), in consideration of the efforts of her late husband to promote the knowledge of chemistry and the practical science of ventilation, and of the narrow circumstances in which she is left, £100. To Mr. Richard Spruce, on account of his contributions to botanical and geographical knowledge, the result of travels in South America; and of his services in introducing cinchona (quinine) seeds into India, in 1860, £50.

OPERATION DAYS AT THE HOSPITALS.

MONDAY.....	Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.
TUESDAY....	Guy's, 1½ P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.
WEDNESDAY..	St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.
THURSDAY....	St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopaedic, 2 P.M.—Royal London Ophthalmic, 11 A.M.
FRIDAY.....	Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.
SATURDAY....	St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.—Royal Free, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

REGISTRATION OF DISEASE.

MONTHLY RETURN of new cases of disease coming under treatment at Pauper and Public Institutions. (A.) Manchester and Salford (Sanitary Association). (B.) Preston (R. C. Brown, Esq.). (C.) St. Marylebone, London (Dr. Whitmore).

Diseases.	5 weeks ending April 1st, 1865.		
	A.	B.	C.
Small-Pox	76	2	17
Chicken-Pox	6	1	7
Measles	26	4	50
Scarlatina	25	41	39
Diphtheria	—	1	39
Whooping-Cough	31	2	110
Croup	3	1	4
Diarrhoea	133	32	328
Dysentery	8	9	1
Erysipelas	26	7	33
Insanity	56	4	20
Bronchitis and Catarrh	114	272	1739
Pleurisy and Pneumonia	102	35	63
Cancer	—	—	7
Accidents and other diseases	5159	646	4863
Totals	6836	1057	7282

TO CORRESPONDENTS.

* * All letters and communications for the JOURNAL, to be addressed to the EDITOR, 37, Great Queen St., Lincoln's Inn Fields, W.C.

COMMUNICATIONS.—To prevent a not uncommon misconception, we beg to inform our correspondents that, as a rule, all communications which are not returned to their authors, are retained for publication.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

THE COLLEGE OF SURGEONS.—There was a meeting of the Council of the College of Surgeons on Thursday last, we believe; and there will be another on the second Thursday in August—the last meeting before the vacation.

ROYAL COLLEGE OF SURGEONS.—To those visitors who lost hats, coats, sticks, and umbrellas, at the recent *conversazione*, it may be interesting to know that a great number of articles are waiting for their owners.

THE BRITISH MEDICAL JOURNAL.—SIR: As the annual meeting of the Association will shortly take place, and the position and utility of the JOURNAL will probably be then discussed, with especial reference to the unsatisfactory proposal of Mr. Carter, it may not be altogether useless for me to state that I joined the Association chiefly in consequence of the admirable character of the JOURNAL; and that, should the style of that publication be in any way altered, I feel confident that a considerable number of members would withdraw from the Association. There can be no doubt that a weekly journal is essentially necessary for the prosperity of the Association; and, under the present management, the existing JOURNAL has given almost universal satisfaction.

I take this means of making my opinion known, because I shall be unavoidably prevented from attending the approaching annual meeting.

I am, etc.,

FORTIS EST VERITAS.

THE JOURNAL.—SIR: I have just been reading with much interest the report of the annual meeting of the South Midland Branch of the British Medical Association, and should be exceedingly sorry that our valuable JOURNAL should be discontinued. I fully unite with Mr. Watkins and Mr. Terry, that the JOURNAL has been and continues to be of great benefit to the Association, not only by the valuable information it diffuses, but by the lively and increasing interest it creates, not only amongst its members, but in the profession at large. If given up, I do think the Association would dwindle. I value it exceedingly; but, at the same time, am of opinion that its value would be greatly enhanced by communications from the physicians and surgeons of provincial hospitals, as well as the more extensive medical reports of the metropolitan hospitals. Wishing it an increasingly extended circulation,

I am, etc., GEORGE KITCHING, M.D.

Enfield, June 17th, 1865.

THE ANNUAL MEETING.—The discussion of the motions of Mr. Carter and of Dr. Davey, and of other such like business of the Association, will come on, at the annual meeting, either on Tuesday evening or on Wednesday morning; but most probably on Wednesday morning.

THE REPORT OF COUNCIL.—SIR: By your impression of the 1st instant, I see that "the Report to be presented at the Annual Meeting was approved of" by the Committee of Council. It seems to me that if this Report, together with the Financial Statement, could be printed in the JOURNAL one week before, instead of being read at our Annual Meeting, it would save much valuable time, and members would be better able to discuss it. Last year, a full hour was taken up in reading and discussing a slight misdescription of the scope of the "Union Officers' Superannuation Bill," which had passed into law.

I am, etc.,

SEPTIMUS GIBSON, A.B. and M.B. Cantab.

13, Finsbury Square, July 8th, 1865.

DEODORANTS.—SIR: As the medical profession are not yet generally acquainted with the valuable properties of Dr. Bird's deodorants, I beg leave to furnish the following particulars. The deodorants are used in two forms—powder or liquid.

The powder should be used in all cases, where it is not necessary to examine the evacuation, in the proportion of two tablespoonfuls stirred into a pint of water, and the mixture poured into the bed-pan, commode, or other utensil, prior to its being used. This will prevent all unpleasant odour.

The liquid should be used, when it is desirable to inspect the evacuations, in the proportion of two tablespoonfuls and one pint of water.

These deodorants will not only remove all unpleasant odours, but will arrest the progress of contagious diseases. The liquid is also serviceable in cases of fevers (especially those of an infectious character), for abatement (general) twice a day, in the proportion of one tablespoonful and one quart of water.

July 1865.

P.S.—I enclose my card.

I am, etc.,

M.D.

COMMUNICATIONS have been received from:—FORTIS EST VERITAS; J. H. H.; Dr. W. M. KELLY; Mr. P. H. FRERE; Mr. P. BELCHER; Mr. W. HENDRY; Dr. JOHN BARCLAY; Mr. D. KENT JONES; Dr. ARTHUR RANSOME; Dr. J. H. JACKSON; Mr. HUGH NORRIS; Mr. J. JAMES; Mr. HUTCHINSON; Mr. T. M. STONE; A RETIRED SURGEON-MAJOR; and Mr. A. M. CURBIN.

SUBSCRIPTIONS.

THE following Laws of the Association will be strictly enforced:—

15. The subscription to the Association shall be One Guinea annually; and each member on paying his subscription shall be entitled to receive the publications of the Association of the current year. The subscriptions shall date from the 1st of January in each year, and shall be considered as due unless notice of withdrawal be given in writing to the Secretary on or before the 1st of December previous. If any member's subscription remain unpaid twelve months after it shall have become due, the publications of the Society shall be withheld from such member until his arrears be paid.

16. The name of no member shall remain on the books of the Association, whose arrears extend over three years; but the omission of the name from the list of members shall not be deemed, either in honour or equity, to relieve any member from his liability for the subscriptions due for the period during which he has availed himself of the privileges of membership.

T. WATKIN WILLIAMS, General Secretary.

Birmingham, July 1865.

ADVERTISEMENTS.

ESTABLISHED 1848.

Mr. J. Baxter Langley, M.R.C.S.

Eng (late of King's College, London), PROFESSIONAL AGENCY, 50, Lincoln's Inn Fields, W.C.

Death Vacancy at the West-

End.—MR. LANGLEY is authorised by the representatives of a medical man just deceased to negotiate with a suitable gentleman for the succession to the Practice. Income of late holder from £1200 to £1600. Excellent house, in an admirable situation. To an immediate purchaser, liberal conditions would be conceded. Address "T. 666," Mr. Langley, as above.

On the Coast.—For Transfer, a

high class non-dispensing Practice. Midwifery fees chiefly from £3:3 to £5:5. Income £750, capable of immediate increase. Terms moderate, to secure a prompt arrangement, as family circumstances compel the vendor to leave. Complete introduction given.—Address "S. 1073," Mr. Langley, as above.

London, S.W.—For transfer, a

well established General Practice amongst the upper classes. Cash receipts about £450 per annum. Appointments £36. No midwifery under £2:2. Rent of house, £65. Satisfactory reasons for leaving. Terms based upon a year's purchase.—Address "T. 665," Mr. Langley, as above.

Non-Dispensing Practice in a

fashionable Suburb of a good Town near the sea, for transfer. Patients are chiefly resident merchants; the work exceedingly light, no clubs, nor low class practice. Midwifery fees £2:2 and upwards. The vendor is retiring from practice altogether. Pleasant house, rent £36. Cash receipts £400 a year.—Address "T., 663," Mr. Langley, as above.

Locum Tenens can be despatched

by an early train, after receipt of letter or telegram, stating terms, duties, and qualifications required.—Fee, 10s. 6d.—Address Mr. Langley, as above.

CARRIAGES AT LEAMINGTON.

Members of the Medical Association are invited to inspect the

"LIGHT MEDICAL BROUGHAM,"

THE

"LIGHT MEDICAL PHAETON," the "LIGHT MEDICAL GIG."

H. MULLINER and CO. have had the pleasure to design and build and supply a great number of Carriages, which have been highly approved by Medical Gentlemen.

N.B. A large Stock of both New and Excellent Second-hand Carriages always on view at the Manufactory, CHAPEL STREET, LEAMINGTON, and the "extraordinary Machinery" used in this establishment will be open to Visitors.

CHARTER OF THE BRITISH MEDICAL ASSOCIATION.

[By direction of the Committee of Council, we lay before the members of the Association for their consideration the Report of the Subcommittee appointed by the Committee of Council, in regard to the proposed Royal Charter of the Association, together with a Draft of the Petition and of the Charter.]

REPORT OF THE CHARTER SUBCOMMITTEE.

Committee—Dr. STEWART, Dr. RICHARDSON, Dr. WESTALL.

THE Subcommittee, acting under the direction of the Committee of Council, have met four times, and have held consultations with Mr. Robert Upton, of the firm of Uptons, Johnson, and Upton, on every point connected with the Charter. The result of these meetings has led to the framing, by Mr. Upton, of a draft Charter and Petition to the Crown, both of which are herewith submitted.

The Subcommittee have to remark, that the Charter is drawn up in the simplest possible terms. It provides for making the acts of the Association formal in point of law; it enumerates the officers of the Society, the formation of the Council and Executive Committee; and it provides that the Society be named THE ROYAL MEDICAL ASSOCIATION OF GREAT BRITAIN; but it leaves all further details to the Bye-laws, which Bye-laws may, at any time, be revised by the Association, and which virtually will represent the Laws of the Association actually in force.

While the basis of the Association is thus sustained, there is one technical change which it is perhaps advisable to provide for in the Charter, and which the Committee of Council would do well to

consider. It is, that the representation of the Association from the Branches should be to the Council only; that the Committee should be *de facto* the elect of the Council itself, should receive its powers purely from the Council, be responsible to it, and act for it *pro tempore*, as directed from meeting to meeting of the Council.

The Subcommittee, in placing this Report before the Committee of Council, bring to a close the duties with which they have up to this time been entrusted. It remains now for the Committee of Council—

1. To consider whether the terms of the Charter are such as they think will be acceptable to the Association.
2. To report their decision to the General Meeting.
3. To determine whether the proceedings of the Subcommittee, including the draft Charter and Petition, should be published in the JOURNAL previously to the General Meeting at Leamington.

A. P. STEWART.

B. W. RICHARDSON.

PETITION TO THE QUEEN IN COUNCIL FOR A CHARTER OF INCORPORATION.

To the Queen's Most Excellent Majesty in Council.

THE Humble Petition of Sir CHARLES HASTINGS, Knight, Doctor of Medicine in the University of Edinburgh, and Doctor of Civil Law in the University of Oxford, the President of the Council and Treasurer of The British Medical Association, on behalf of himself, and of the President, President-elect, Vice-Presidents, Members of the Council, and other Members of the said Association;

SHEWETH—

That your Petitioner is the President of the Council of the British Medical Association.

That the Association was founded in the year 1832, under the name of "The Provincial Medical and Surgical Association"; and that the objects of the Association were the promotion of Medical Science and the maintenance of the honour and interests of the Medical Profession.

That the means by which the Association endeavoured to carry out these objects were, the holding of annual meetings of the Members in the principal towns of the United Kingdom; the appointment of special Committees of the Members for the purpose

of scientific investigation and inquiries connected with the social and general welfare of the Medical Profession; the publication of an annual volume of Transactions; the publication of a Journal, as the official and scientific organ of the Association; and the establishment of a Benevolent Fund for the assistance of distressed members of the Profession generally and their families. That a Medical Provident Society has also been formed under the auspices of the Association.

That, in the year 1856, the Association consisted of many Medical Practitioners resident in the Metropolis, as well as of Practitioners resident in the country districts; and at the annual General Meeting of the Association held in that year, it was resolved, that the title of the Association should be changed from "The Provincial Medical and Surgical Association" to "The British Medical Association"; and that the Association has since been called and known by the latter name.

That a very important feature in the organisation of the Association is the formation of District Branches, consisting of the Members residing in such districts. These Branches are now spread over the greater part of England and Wales; and, although

in general subordinate to the Parent Association, have their individual organisation and mode of action.

That the British Medical Association consists, at the present time, of nearly 2500 Members, including a large proportion of the Physicians and Surgeons of the various Public Hospitals and Infirmarys.

That the stability of the Association would be secured, and the important objects of its institution would be more efficiently promoted, by the Incorporation of its Members under the sanction of a Royal Charter.

Your Petitioner, therefore, on behalf of himself, as the President of the Council of the Association, and of the President, President-elect, Vice-Presidents of the Association, and of the Members of the Council, and the other Members of the said Association, most humbly prays that Your Majesty will be graciously pleased to grant to the Members of the British Medical Association your Royal Charter of Incorporation, with such other powers as to Your Majesty may seem meet.

And your Petitioner will ever pray, etc.

DRAFT CHARTER OF INCORPORATION.

VICTORIA, by the Grace of God, of the United Kingdom of Great Britain and Ireland Queen Defender of the Faith.

To all to whom these present shall come greeting.

Whereas, Sir Charles Hastings, of the City of Worcester, Knight, Doctor of Medicine, hath, by his Petition to us in Council, stated that he is the President of the Council of the British Medical Association. That the Association was founded in the year 1832, under the name of "The Provincial Medical and Surgical Association"; and the objects of the Association were, the promotion of Medical Science and the maintenance of the honour and interests of the Medical Profession. That the means by which the Association endeavoured to carry out these objects were, the holding of annual meetings of the Members in the principal towns of the United Kingdom; the appointment of special Committees of the Members for the purpose of scientific investigations and inquiries connected with the social and general welfare of the Medical Profession; the publication of an annual volume of Transactions; the publication of a Journal as the official and scientific organ of the Association; and the establishment of a Benevolent Fund for the assistance of distressed Members of the Profession generally and their families. That, in the year 1856, the Association consisted of many Medical Practitioners resident in the Metropolis, as well as of Practitioners resident in the country districts; and at the annual General Meeting of the Association held in that year, it was resolved that the title of the Association should be changed from "The Provincial Medical and Surgical Association" to "The British Medical Association"; and that the Association has since been called and known by the latter name. That a very important feature in the organisation of the Association is the formation of District Branches, consisting of the Members residing in such districts. That these Branches are now spread over the greater part of England and Wales; and, although in general subordinate to the Parent Association, have their individual organisation and mode of action. That the British Medical Association consists, at the present time, of nearly 2500 Members, including a large proportion of the Physicians and Surgeons of the various Public Hospitals and Infirmarys. That the stability of the Association would be secured, and the important objects of its institution would be more efficiently promoted, by the Incorporation of its Members under the sanction of a Royal Charter. And the said Sir Charles Hastings, on behalf of himself as the Pre-

sident of the Council of the Association, and of the President, Vice-Presidents, the Members of the Council, and the other Members of the said Association, hath prayed that We would be graciously pleased to grant to the Members of the British Medical Association our Royal Charter incorporating the said Association. Now, therefore, know ye, that We, of our special grace, certain knowledge, and mere motion, do, by these presents, for Us, our heirs and successors, grant and ordain as follows; that is to say—

1. *Incorporation of Association.* The said Sir Charles Hastings, and all and every other of the persons who are now Members of the said Association, and also all and every of the persons who shall or may, as hereinafter provided, become or be Members of the said Association hereby incorporated, so long as such Members shall continue to be Members of the said Association, shall be and are hereby constituted one body politic and corporate, by the name of "The Royal Medical Association of Great Britain". And the Members for the time being of the said Association shall by that name have perpetual succession, and shall and may by the said name sue and be sued, plead and be impleaded, in all our Courts, whether of law or equity; and have a Common Seal, with power to change and make new the same as shall be thought fit.

2. *Objects and Purposes of Association.* The objects and purposes of the Association shall be the promotion of Medical Science and the maintenance of the honour and interests of the Medical Profession.

3. All the present Members of the Association, including Honorary and Corresponding Members, and all persons hereafter to be elected Members, shall be Members of the Association, and shall continue to be such so long as they respectively shall, in all things, conform to the provisions of this our Charter, and of the Laws, Bye-laws, and Regulations, to be from time to time made in conformity with this our Charter; and (except as to Honorary and Corresponding Members) so long as they respectively shall duly and punctually pay the subscriptions and other sums of money to become due and payable by them respectively under or by virtue of the said Laws, Bye-laws, and Regulations, for the time being of the Association, which are, or ought to be, by them respectively paid, observed, and performed; but subject, nevertheless, to such right of expulsion as hereinafter provided.

4. *The Members thereof.* Any qualified medical

Practitioner, who shall be recommended as eligible by any three Members, may be admitted a Member by the Executive Committee of the Council, or by the Council of any District Branch. Honorary Members may be elected by the general body at any Annual Meeting, on the recommendation of the Council; and gentlemen residing in the Colonies or in Foreign Countries, may be elected at any such meeting Corresponding Members on the like recommendation. An honorary or a Corresponding Member shall not be entitled to any further privilege than that of attendance at the Meetings of the Association, and to the receipt of a copy of every memoir or communication of his printed by the Association. The qualification for Membership shall be prescribed by the Bye-laws for the time being of the Association.

5. *Officers of the Association.* The Officers of the Association shall be a President, President-elect, Vice-Presidents, President of the Council, a Treasurer, and a Secretary.

6. The President, President-elect, and Vice-Presidents, shall be elected yearly at the annual General Meeting of the Association; and the qualification for the said respective offices, and the duties thereof, shall be prescribed by the said Bye-laws.

7. *The President of the Council.* The first President of the Council shall be the said Sir Charles Hastings, who shall continue in office for his life; and, in the event of his death or resignation, the President of the Council shall be from time to time elected by the Council. The qualification and tenure of office of all future Presidents shall be prescribed by the said Bye-laws.

8. *The Treasurer.* The first Treasurer of the Association shall be the said Sir Charles Hastings, who shall continue in office for his life. In the event of his death or resignation, the Treasurer shall be from time to time elected by the General Meeting; the duties and tenure of office of the future Treasurers shall be prescribed by the said Bye-laws.

9. *The Secretary.* The Secretary of the Association shall be from time to time elected at the Annual or a Special General Meeting; his duties and tenure of office shall be prescribed by the said Bye-laws.

10. *The Council.* There shall be a Council of the Association; and such Council shall consist of the President of the Association, the President-elect, the President of the Council, the Treasurer, the Secretary of the Association, and the Honorary Secretary of each district Branch within the United Kingdom having ten members and upwards, and also of the Members elected by the district Branches, as hereinafter provided. The Members so elected shall continue in office for one year, or until their successors are elected. The place and times of holding the Meetings of the Council, and the duties thereof, shall be prescribed by the said Bye-laws.

11. *The Executive Committee.* There shall be an Executive Committee of the Council; which shall consist of the President of the Association, the President-elect, the President of the Council, the Secretary of the Association, and of twenty Members of the Council, to be appointed by the Council, or of such other number of Members of the Council as shall from time to time be prescribed by the said Bye-laws. The Executive Committee shall have the general management

of the affairs of the Association, and all the powers and authorities of the Council in the interval between the General Meetings, except when the Council are sitting. Five Members of the Committee shall form a quorum; and all Meetings of the Committee shall be presided over by the President of the Council, or in his absence by a Chairman appointed by the Meeting. The Committee shall meet at such place and times as shall be prescribed by the said Bye-laws or by the Council.

12. *Annual Meetings.* There shall be an Annual General Meeting of the Association; which shall be held at such time and place, and be summoned in such manner, as shall be prescribed by the said Bye-laws. At every such Meeting, the Council shall present a Report, detailing the general state, proceedings, and pecuniary condition of the Association; and such general and scientific business shall be transacted, and in such order as the Council may determine. The order of business shall be regulated, and announced as far as possible, at the commencement of the Meeting.

13. *Special Meetings.* The Council or Executive Committee may at any time convene a Special General Meeting of the Members of the Association to be held at such time and place as they may see fit, and shall convene such a Meeting upon such a requisition as shall be prescribed by the said Bye-laws. The notice calling any Special Meeting shall state the objects for which it is called, and no other business shall be transacted thereat.

14. *District Branches.* Any number of Members of the Association may form themselves into a District Branch; and each such Branch may appoint a President, Treasurer, Secretary, and such other Officers as it may think proper, and may make rules for its own government; but no such Rules shall be valid until approved of by the Council of the Association or the Executive Committee. Every Branch, whose Rules have been approved of by the Council or Executive Committee, having not less than Twenty Members, may elect one of its Members to form one of the Council of the Association; and if the Branch consist of more than Twenty Members, then they may elect an additional Member as one of the Council for every additional Twenty Members. Every Branch shall appoint an Honorary Secretary; and if the Branch, being within the United Kingdom, shall consist of Ten Members or upwards, and the Rules thereof shall have been approved of by the Council or Executive Committee, such Honorary Secretary shall be an *ex officio* Member of the Council.

15. *Vacancies how to be Filled up.* Any vacancy which shall occur among any of the Officers of the Association, shall be filled up in such manner as shall be prescribed by the said Bye-laws; but every person so appointed shall retire from office at the same time as the person in whose place he shall be so appointed would have retired under the said Bye-laws.

16. *Chairman of Meetings, and Voting thereat.* At all General and other Meetings of the Association, the President thereof, or, in case of his absence, any of the Vice-Presidents, the President-elect, the President of Council, or, in case of their absence, any Member of the Executive Committee, and, in the absence of all such persons, then some Member of Association, to be chosen at the Meeting, shall

preside. At all such Meetings, every Member, except an Honorary or Corresponding Member, shall be entitled to one vote, and no more; and no business shall be transacted at any such Meeting, unless Nine Members be present, or such other larger number as may from time to time be prescribed by the said Bye-laws. Provided always, that no Member shall be entitled to vote at any General or other Meeting of the Association, unless he shall have paid all Subscriptions and Sums (if any) due or payable by him to the Association. And provided always, that the Chairman presiding at all such Meetings shall, in addition to his vote as a Member of the said Association, have a casting vote in case of an equality of votes.

17. *Subscription to Association.* The Subscription to the Association shall be One Guinea annually, or such other sum as shall be fixed by the said Bye-laws. The Subscription shall date from the 1st day of January in each year; and shall be considered as due unless notice of withdrawal be given in writing to the Secretary on or before the 25th of December previous.

18. *Expulsion of Members.* The Council or the Executive Committee shall have power to expel any Member for such cause, by such proceedings, and with such notice to the Member, and by such a majority, as shall be respectively prescribed by the said Bye-laws; but the resolution for any such expulsion may be rescinded by any General Meeting of the Association.

19. *Medical Provident Society.* If the Society which has been formed by the Association, and is now established, under the name of the Medical Provident Society, shall, at any General Meeting thereof specially called for the purpose, resolve to continue its operation under the Association, the Executive Committee of the Association may from time to time make such Rules and Regulations for the government of the said Society as the said Committee shall deem expedient, but so that no part of the funds or assets of the Association shall be in any manner applied to the purposes of the said Society.

20. *Bye-laws.* The Members of the Association shall, at a General Meeting to be specially summoned for that purpose, to be held within Twelve Calendar Months from the granting of this our Charter, or at some Adjourned Meeting or Meetings thereof, make such Bye-laws, Rules, and Regulations, as to them, or the major part of them, shall seem proper for the regulation and good government of the Association and of the Members and affairs thereof, and for the editing, printing, publishing, and selling of such Publications, serial or otherwise, as may be thought proper for promoting the objects of the Association, and for the fixing and determining all matters and things, provision for which is herein directed or authorised to be made. Provided always that, until the making of such Bye-laws, Rules, and Regulations, and notwithstanding the Incorporation of the said Members of the Association, the Rules, Bye-laws, and Regulations of the Association now in force, so far as the same are not inconsistent with the provisions of this

our Charter, shall continue in force, and, so far as the same may be applicable, apply to the said Association. Provided always, that the Bye-laws, Rules, and Regulations of the Association, so to be made as hereinbefore mentioned, shall not at any time be altered or repealed, or any new ones be added thereto, except at an Annual or Special Meeting, and by such a majority, and with such previous notice of such alteration or new Bye-law, as shall be prescribed by the said Bye-laws.

21. *Power to Hold Lands.* And we do hereby, for Us and our heirs and successors, further give and grant unto the said Association full and lawful power and authority to hold, possess, and enjoy, for the use and benefit of the said Association, any lands, tenements, rents, or hereditaments whatsoever, so as that such lands, tenements, rents, or hereditaments, shall not at any time exceed in value the clear yearly value of £2000 above all reprises, according to the value thereof when respectively acquired by the said Association.

22. *Power to Convey Lands to Association.* And we do hereby, for Us and our heirs and successors, further give and grant unto every subject or subjects whatsoever of Us, our heirs and successors, whether Incorporated or not Incorporated, special licence, power, faculty, and authority, to give, grant, sell, alien, assign, dispose of, devise, or bequeath unto the said Association, for the use and benefit of the said Association, any lands, tenements, rents, or hereditaments whatsoever, so as that the same do not at any time exceed in the whole the clear yearly value of £2000 above all reprises, according to the value thereof respectively when acquired by the said Association.

23. *Power to Invest Funds upon Mortgage.* And we do hereby, for Us, our heirs, and successors, further give and grant that it shall be lawful for the said Association, from time to time, to lend and invest their Funds, consisting of money, upon the security of any lands, tenements, rents, or hereditaments, either by way of mortgage, lien, or otherwise, and to take and hold any lands, tenements, rents, or hereditaments, granted, released, assigned, or conveyed to the said Association, by way of mortgage or for securing the payment of any principal or interest of money, or for securing or indemnifying the said Association in any manner against any payment, loss, or damage whatsoever. And that the said Association shall not occasion or incur any forfeiture or penalty whatsoever, by taking and holding such lands, tenements, rents, or hereditaments, or accepting of any grant, release, assignment, or conveyance thereof, for any such purpose as aforesaid.

24. And we do hereby, for us, our heirs, and successors, grant and declare that these our Letters Patent, or the enrolment thereof, shall be in all things valid and effectual in the Law, according to the true intent and meaning of the same, and shall be taken and construed in the most favourable view for the said Corporation, as well in our Courts of Law as elsewhere, notwithstanding any non-recital, mis-recital, uncertainty, or imperfection in these our Letters Patent. In witness, etc.

Transactions of Branches.

WEST SOMERSET BRANCH.

PRESIDENT'S ADDRESS.

By HUGH NORRIS, Esq., South Petherton.

[Read July 4th, 1865.]

GENTLEMEN,—In assuming my present position, the first duty that devolves on me is the gratifying one of thanking you most cordially for the honour (as great as I feel it to be undeserved) that you have conferred by electing me your President for the ensuing year. I trust I may not bring reproach upon your choice, although I feel keenly how utterly inadequate will be my powers to the performance of the task I have accepted at your hands. Whilst striving to do my best, I may be allowed to express a hope that no comparison will be instituted (where no comparison can possibly hold good) between the humble individual addressing you and the accomplished physician who has but even now retired from the office on which, through your courtesy and kindness, I am about to enter.

When, year after year, an address is delivered under similar circumstances to the same audience, there must ever be a difficulty, either in presenting something new, or else in so arranging old subjects as to cause them to appear in a new light; and as, obviously, this difficulty grows with each succeeding year, I trust I may be pardoned if it should so happen that I fall short of your desires or expectations on the present occasion. But, whilst it will be my endeavour to avoid prolixity on the one hand, I hope that, on the other, we may not separate without some subject being started, or some remarks elicited, which may afford matter for reflection or observation during the forthcoming year.

It is with pleasure I would advert to the generally thriving condition of our Branch of the British Medical Association, under the fostering influence of Dr. Kelly and the Council, who are in reality the true working bees in our hive, whosoever may be our president, or wheresoever the mass of our members may be located. It is also, I think, a matter of great self-gratulation, that if we too frequently read and hear of divisions amongst ourselves as a profession, such evil influences apparently do not, in the West, affect us so strongly, if at all, as in other districts; and I fully believe that, if any measure can tend to foster an *esprit de corps*, and throw discredit on those *opprobria magna* which occasionally present themselves within our ranks, it is the establishment and support of associations like the present. Here, in addition to the professional advantages to be derived, we learn to know, and, I hope, also to respect each other; to learn that he who might possibly be our *paper foe* is not so much of an enemy after all, but in reality so like our proper selves, that it is difficult to say hard things to him, or to think hard things of him, even if we wished it. Hence I would gladly see our ranks increased, and our quarterly gatherings more numerously attended; especially the latter, for I can personally testify to the pleasure as well as the profit derivable from our meetings, where, the experience of the elder practitioner being brought into contact with the energy of the younger, the result is, that together they probably arrive more nearly at a correct conclusion than would either by himself, trusting to his own unuttered cogitations.

To avoid the risk of too great discursiveness in my observations, I would wish to notice that, in what I have to say, I intend to confine myself to matters connected with

- i. The Parent Association;
- ii. The West Somerset Branch;
- iii. The Medical Profession generally.

Although a great deal may be said on either subject, as I have already stated that prolixity is not my hobby, I will confine myself to a very cursory and at the same time practical review of the few matters I may feel justified in bringing before your notice.

1. In alluding, then, first of all, to the general Association, I would, after remarking with satisfaction on its thriving condition, its increasing numbers, and its growing influence, advert to two subjects especially connected with it.

1. I would congratulate the members on the establishment of that great desideratum, a Medical Provident Society in connexion with our body. I believe it to be a measure fraught with incalculable good. There was at one time a movement made to give it a special separate existence, wholly independent of any other institution or corporation; but I think you will agree with me, that its promoters acted wisely in connecting the infant society with so important a body as our Association has of later years become.

2. The second point to which I would allude in connexion with our parent is the proposition, in certain quarters, that our weekly JOURNAL should be discontinued, and that an annual or trimonthly publication of *Transactions* should be substituted; and I should feel pleased if the members present would, before we separate, give the subject their calm consideration, make known their sentiments thereon, and decide whether or not it be desirable to submit a resolution embodying such sentiments to the forthcoming general meeting of the Association. For my own part, I am free to confess that the idea finds no favour in my eyes; for I conceive that we are far too widely spread, have far too great a diversity of interests, occupying as we do the length and breadth of the land, for our opinions, our wants, and I may add our influence, to be represented in a high and dry quarterly or annual publication. Moreover, and especially during the present editorship of Dr. Markham, I am quite sure our JOURNAL has increased, and is still increasing, in power, in intelligence, and in information. The only desideratum, I believe, is that mentioned by Mr. Watkins of Towcester at a recent meeting of the South Midland Branch—viz., that the physicians and surgeons of provincial hospitals should be more frequent contributors to its columns.

ii. I am now brought to the second class of subjects for consideration before the meeting—matters connected with our own—the West Somerset Branch. Dr. Kelly, our excellent and indefatigable Secretary, has just told us all about the financial and statistical condition in which we find ourselves. But, before touching on other matters, I may state with much regret, that we this year have to mourn the loss by death of an old and esteemed member of our Branch: I allude to Mr. Hill of Churchinford. And perhaps I may be permitted to suggest that some expression of sympathy and condolence from this meeting would be acceptable to the bereaved members of his family. To change the subject—to revert to the more peculiar objects of our meeting—I would remark that, as regards ourselves, we are, I believe, so far a thriving body financially as to bring our condition within Mr. Micawber's definition of success. We keep out of debt, and we have always a small balance in hand. If our numbers do not greatly increase, neither do they suffer much diminution. Our mem-

bers are scattered, and there is somewhat of difficulty (owing chiefly, I take it, to want of railway convenience) in keeping up a good attendance at our quarterly meetings; but I am bound to say, that what we want in numbers we can usually make amends for in importance and interest as regards the subjects brought before the members present. Still, I fancy, if the advantages were more widely appreciated, the number of attending members would increase, and, in the same ratio, the advantages themselves would become greater.

Your late President, in his admirable address last year, reminded us that great good might arise if we would take the trouble to remark on the peculiarities and types of epidemics and endemics prevailing in our several districts. The past year has been fruitful in epidemics—mainly, I think, as a result of the very dry summer of 1864, and the comparatively small amount of rainfall in the autumn and winter, whereby our sewers were not “flushed”, and every drain in consequence was giving forth its miasm; which condition I must, for my part, believe to be at least a predisposing cause of disease, whatever may be considered by those who teach us that there exists no reason to infer that a corrupted atmosphere necessarily impairs vitality, or tends to produce fevers and other blood-diseases.

In the west of Somerset we have, since our last annual meeting, seen small-pox and scarlatina raging in many quarters. These, with acute rheumatism during and since the winter, have been the most frequent ailments affecting our districts, at least within my own experience; and they are all maladies of so grave a character, so perilous in their own nature, and so disastrous in their sequelæ, that I would seriously solicit some expression amongst our members of their views regarding the proper treatment, prophylactic as well as remedial, of these diseases, either now, or perhaps on some more suitable occasion. In fact, I could hardly suggest a more important trio of practical subjects for discussion than the treatment of these diseases, their concomitants, and their effects.

Another matter to which, as a practical man, I would desire to draw your attention, is the question of “village”, or rather “cottage” hospitals, in our rural districts. I have been informed by a gentleman who has studied the subject, and who has been instrumental in establishing and conducting one of these institutions, that in general they answer admirably. There is usually but little difficulty in obtaining funds; the advantage is highly appreciated by the class for whose benefit the charity is intended; and, under judicious management, the whole thing is generally found to work well. I believe it would be wise to ventilate the matter at our Branch meetings; and I cannot help thinking that much good might result from the establishment of such houses in remote localities.

III. Since I promised not to detain you long, I will now enter on a few matters connected more especially with the profession at large.

Perhaps, on the whole, we must admit that although we are, as a body politic, in somewhat of a transition state, yet, as regards our usefulness, we are progressing. Surgery is daily becoming more conservative, more simple, and more scientific, because more in accordance with what we know of Nature's laws.

The practice of medicine is growing less dogmatic, and, if still somewhat empirical, is more observant of those conditions which are only to be studied on true physiological principles. As a result, we find that, however the opinions of our best and most honoured physicians may vary as to first principles

—as to causes of disease, and as to the minute pathological changes consequent thereon—their treatment does not often widely differ; and I believe most of us will admit that never was science more successful in battling with disease than at the present time.

The position of such of our brethren as have selected the public service for their career is not so satisfactory as could be wished; and perhaps you may think some agitation for the carrying out of the “medical warrants” legitimate, and even desirable. If so, some expression of your sentiments may be fairly asked for.

As will ever be the case, there have been divisions of opinion in our ranks; but, as long as they are expressed with temper and gentlemanlike feeling, whilst truth may be elicited, no evil consequences need be apprehended. Still it may not be quite out of place to recall that, in the number of our JOURNAL for the 17th of June last, there is a proposal by one who subscribes himself “An Old Member” (which proposal evidently finds favour with the editor), to establish Branch Ethical Societies. The suggestion appears, *prima facie*, to be a good one, and I would commend it to your consideration; although, as regards this point, I must say I could wish it were not altogether Utopian to imagine a state of society which would render such a measure superfluous. We must, I dare say, view things as they are, not as they ought to be; still I cannot help believing that, could they be universally found, a little courtesy, a little forbearance, a modicum of self-respect, combined with a *mens conscia recti*, and a thorough acting up to the golden rule of “Do as you would be done by”, would have a far better influence on our profession, and, indeed, on the community at large, than all the decisions of all the ethical societies in the world.

I fear I may have detained you beyond the time you would willingly accord; and yet, inasmuch as I may not again have an opportunity of declaring my sentiments thus publicly, in the presence of so many of my professional brethren, I will not apologise for the length, but rather for the poverty, of my observations. In thus bringing them to a close, and before lapsing once more into silence, I may, I trust, be permitted to express a hope that this our Branch anniversary may be passed in the hearty reciprocation of every good and kindly feeling amongst the members present; and that it may be succeeded by many others, even to a period when the tongue that now speaks and the ears that now listen are numbered with the things that have passed and gone for ever!

NORTH WALES BRANCH.

A CASE OF DOUBLE UTERUS.

By ROBERT JONES, Esq., Carnarvon.

[Read July 4th, 1865.]

A YOUNG lady, 17 years of age, had suffered for three or four years from a dull aching pain in the back and hips; it was much increased during the catamenial periods, which were irregular, and the discharge scanty. She was otherwise in fair health, but of delicate appearance. Her mother had died of tubercular disease of the lungs soon after her birth. The patient had been attended by several eminent physicians in London and elsewhere, as well as by myself, within the last four years; and by all her complaint was considered neuralgic, and treated with tonics and anodynes; horse-exercise having been also generally recommended. A few weeks ago, she was seen by Mr. Roberts, surgeon, of Portmadoc, who, observing her to be in great pain of a bearing-down

kind, examined *per vaginam*, and discovered a tumour, which he supposed to be the cause of her suffering.

On May 11th, I saw her in consultation with Mr. Roberts; and, on examination, felt a tense elastic tumour occupying the greater part of the vagina, to within an inch of the vulva. It could be traced anteriorly, and on each side, to its reflection from the vagina; posteriorly, the finger could not reach its limits, but an elastic tube passed upwards for about six inches. It was not painful on pressure. The os uteri could not be felt. There was a distinct fullness in the right side, between the umbilicus and the hip; but little or no pain on pressure.

We were both convinced that the contents of the tumour were fluid, and that probably it was retained menstrual discharge; and on our next visit, on the 13th, we passed an exploring trocar, when a drop of dark fluid escaped through the cannula. Mr. Roberts then divided the tense membrane with a scalpel, giving exit to at least a pint of dark thick fluid, of the consistence of treacle, having no smell. The incision caused no pain. Immediately the os uteri was felt, large, open, and turgid. The discharge continued to flow for several days afterwards; and the patient was perfectly comfortable, and free from pain. She slept well, and took a sufficient quantity of plain food. No amount of pressure caused pain, though we observed that the fullness remained on the right side.

On May 19th, up to which time all was well, the patient began to vomit almost everything she swallowed, and also a large quantity of greenish fluid; and at the same time the discharge from the vagina, which had become very scanty, had an offensive odour. The pulse was quick; but there was no pain, heat of surface, thirst, or shivering. Ice, saline medicines, oxalate of cerium, etc., had no effect in allaying the irritability of the stomach, which continued more or less until death, which took place at 7 A.M. on the 31st.

AUTOPSY, thirty hours after death. The body was very little emaciated. The abdomen was discoloured and swollen. The great omentum was highly injected, and firmly adherent to the intestines, and the latter to each other. The peritoneum lining the abdominal parietes was natural in colour, excepting that covering the diaphragm, which was injected; in the pelvis, it was very red. The abdomen contained a considerable quantity of dark offensive fluid. The pelvis was filled with dark fluid, containing large floating masses of pus. In the right hypochondriac region there appeared a large dark mass, hard and tuberculated, firmly attached to the cæcum and to the surrounding parts. On separating these attachments, the pelvic viscera were removed entire. The bladder was perfectly healthy, and contained a small quantity of urine. On slitting up the vagina, which was much distended, the uterus was fully exposed. It was large, and presented two distinct openings. The left opening led into a cavity of the natural size of the uterus, its cervix having a well marked arbor vite, and at its upper part a depression showing the opening of the Fallopian tube, into which a bristle could be passed; the ovary on that side was natural. The right opening led to a cervix enormously distended and elongated, being fully two inches in length, and as much in breadth—thick, rugous, and black on its inner surface; at its upper end, the internal opening led into another uterine cavity, much enlarged, but of natural form and colour, having at its upper end an opening into its Fallopian tube, large enough to admit a good sized probe, which passed easily to the fimbriated end of the tube. The right broad ligament and ovary formed the mass alluded to, which was a large sac lined internally by

shining membrane, and which had burst, and discharged its contents into the pelvic cavity. Around the right opening, the remains of the tense membrane, which had been divided during life, were seen. All the other organs, abdominal and thoracic, were perfectly healthy.

SOUTH-EASTERN BRANCH.

AN INQUIRY INTO THE PRACTICAL VALUE OF THE THERMOMETER IN THE DIAGNOSIS AND PROGNOSIS OF ACUTE DISEASES.

By JOHN SOUTHEY WARTER, M.D.

[Read June 22, 1865.]

THE subject which I purpose to bring before your consideration, is an inquiry into the practical value of clinical observations on temperature, as an additional aid to other symptoms, in the diagnosis and prognosis of acute diseases. The ordinary temperature of the body in health, as ascertained by a delicate thermometer placed in the axilla, is about 96.7 degrees Fahrenheit, or a degree perhaps more or less of that number. But, in a patient suffering from any acute febrile disease, the temperature of the body rises, it is said, in proportion to the amount of fever present. Hence, other things being equal, if we read off a patient's temperature, we estimate the amount of fever under which he is labouring. Nay, more, in one of our most recent works, Dr. Aitken's *Practice of Physic*, we find him stating: "That in a case in which a disproportion or incongruity exists between the increase of temperature and the pulse or other febrile phenomena, it is the accurate measurement of the temperature which is most of all to be relied on."

Wishing to prove the value of this instrument in actual practice, I have for some months, at St. Bartholomew's Hospital, been making regular thermometrical observations; my plan of taking them being this. The patient's temperature was taken only once a day, and at this time his other symptoms were noted; and, as it is impossible always to see a patient at exactly the same time, day after day, I allowed a latitude of two hours in making my observations; as, for instance, taking a patient's temperature at ten one day, and some time before twelve in the next. Many observers—indeed, almost all I know of—have taken the temperatures twice a day at least, and always at the same hour—as, say, nine in the morning and seven at night. But it seemed to me that these observations, though very valuable in some respects, are not possible to be carried out in actual practice, and I therefore adopted the plan of which I have before spoken.

In making my observations, I propose to speak first of Prognosis; and the first disease which I shall quote in illustration of this is *Typhus Fever*.

In one case of this disease which ended fatally, I found the patient, about the twelfth day of her attack, with a pulse of 156, and very feeble, with the physical signs of bronchitis in both lungs anteriorly, and her respirations at 56. With these symptoms, the temperature of the patient was found to be 104° Fahrenheit. On the strength of the general symptoms, one could but foretell the fatal termination of the case; which happened in four days after the note was taken. But what can be said to have been learned from the temperature in this case? As far as prognosis goes, absolutely nothing; for it is not uncommon for the temperature to rise to 104° in typhus fever—aye, and above it—and the patient be going on not unfavourably the whole time. I have records of cases which progressed very favourably, and had no bad general symptoms calling for great anxiety, in which,

acting on Dr. Aitken's estimate of the value of the thermometer, I have distressed myself unnecessarily, because the temperature stood high (as 104.2°), when, if I had only been satisfied with a pulse of between 120 and 130, and the general state of the patient, I should have been under no alarm.

In *Typhoid Fever* I have come to the same conclusion, as regards the uselessness of the thermometer as a prognostic agent; for I have seen patients die off in that disease, the general symptoms marking plainly the fatal future; when the thermometer marked no higher a temperature than 100, and was even gradually sinking, which is considered favourable.

At this point I may as well state, that the general range of temperature in different diseases varies. Thus, if drawn in curved lines, in one disease the temperature may only describe a gentle rise and fall; while, in another, it may rise to a great height and then fall abruptly. It is not the absolute height of temperature reached that is of evil omen; but the relative height for each disease. Thus, in typhus fever, in the second week, 103° to 104° is not uncommon; but, in rheumatic fever, if the temperature rose to that height, it would be (I suppose) of very evil significance. [I have passed round tables of the temperature of different diseases, as ascertained by a German investigator; but I must state that in all these the temperatures seem to be marked higher than our English thermometers rise to. Taking off, however, two degrees all through, the tables give a fairly accurate estimate of the temperature in different diseases, if the German professor's tables are correct. The largest diagram is an attempt to reduce the above tables to the temperatures marked by our English thermometers; the average of the morning and evening temperatures being taken as the one daily one. It is not perfect; but is probably near enough for most practical purposes.]

In *Acute Rheumatism*, I have not found high temperatures and intensity of symptoms to agree at all; nor did a high temperature, as registered by the thermometer, foretell truthfully any increase of disease in *future*. In one case of this disease complicated with endocarditis, in which pericarditis came on insidiously, the stethoscope first detected the existence of that complication before either the pulse or temperature had begun to rise. On the next day, I found they had both risen synchronously, so that the pulse taken in this case alone would have given all the information needful.

In the cases of *Erysipelas* which I have observed, the temperature rises and falls in the most extraordinary manner; but the pulse and general symptoms form by much the most certain signs of the advance and decrease of the disease. On some days on which the temperature is nearly normal, I find the patient feeling worse; while, on others in which a sudden fall of temperature is observed (which Dr. Aitken calls "a collapse during defervescence"), and recommends to be treated by cordials, etc.), the general symptoms of the patients are decidedly improved. On the whole, in this disease, I have found the patients' temperature of little or no practical value, apart from other symptoms.

The next case of which I purpose to speak, was one of *Pyæmia*; and in this, as in most of the others spoken of, the pulse and failing strength of the patient formed the best data for prognosis. The temperature here did not seem to coincide at all, with either the rigors, pulse, or the number of joints, etc., affected. In fact, one day, with only the right knee rather painful and no fresh rigor, the temperature reached the highest point observed throughout the disease with one single exception; while the pulse had not increased in frequency, from the days imme-

diately preceding the rise of temperature alluded to. On another day in the progress of the same case, I found the patient with a pulse of 184, very small and compressible; yet with this the rise of the thermometer was almost *nil*, only marking one or two degrees above the normal temperature.

I have not time—and, indeed, it would be almost impossible without diagrams—to go more fully into the question of prognosis; but, from the whole of the cases observed, I have deduced the following general conclusions as the result of my observations.

1. That, in ordinary cases, the pulse and temperature rising together synchronously, the use of the thermometer is in such circumstances superfluous, and therefore objectionable, as taking up time.

2. That, when the pulse and general symptoms on one hand indicate danger, the temperature on the other hand not raising alarm from being either very high or very low, the pulse and general symptoms are by far the most trustworthy in forming a correct prognosis.

3. That, in cases in which the general symptoms are perplexing, one counterbalancing the other, a very high temperature registered by the thermometer throws one more weight in the scale for forming an unfavourable opinion, and *vice versa*.

4. That, if the pulse and general symptoms of a patient are favourable, the thermometer, in spite of this, marking a high temperature, the former symptoms are to be chiefly relied on in forming a prognosis, though the latter should make us still more careful in searching for any fresh complication that may have arisen.

5. That, should the general symptoms be improved, and the thermometer also be going down, the latter observation confirms conclusively the other favourable symptoms.

I now pass on to the question of the value of the thermometer in diagnosis; and here I must state that in doubtful cases I consider its use of great value; indeed, I am inclined to endorse Dr. Aitken's words on this head from the book formerly referred to: "The regularity of the typical thermometrical variations in the course of febrile affections is so constant and so much to be depended on, that the differential diagnosis of such diseases as ephemeral, intermittent, typhus, and scarlet fever, small-pox, measles, acute rheumatism, erysipelas, pneumonia, pyæmia, may be established by observation of the temperature." I cannot illustrate this part of my subject in a more striking manner, than by narrating several cases in which I have actually decided the diagnosis by the use of the clinical thermometer.

CASE 1. Miss E. L., aged 27, had been warded with a severe attack of typhus fever; but had become convalescent, and was up and about the ward. One day, when passing by her bed, I found that she had again been obliged to lay up, and was looking ill and feverish. She had a furred tongue and quick pulse, and complained of headache, giddiness, and general discomfort. Here was an unpleasant state of affairs, for it looked like a fresh attack of fever; but having my thermometer with me, I took her temperature as a casting vote, and found that it had scarcely risen above the normal standard. This satisfied me that she could not have much real fever about her, and I ventured to form a prognosis accordingly—a correct one happily, as the result proved; for she was up and about the ward again the next day. In this case, the febrile symptoms seemed to have been brought on by some quinine, which she had just begun to take; at least I know of no better explanation for their occurrence.

I may here state a fact which surprised me a good deal when I first noticed it, but which is nevertheless true, that heat of skin, as tested by the hand, does not agree with rise in temperature, as tested by the thermometer. Thus, in two cases, one of scarlet fever and the other of erysipelas, in which I first observed it, the skin of the scarlet fever patient felt burning to the touch, while the skin of the erysipelas one did not seem particularly hot; yet the actual temperature, as registered by the thermometer, was in the latter patient the highest of the two. Perhaps, this may depend partly on the hand taking dryness and moisture into consideration, as well as actual temperature.

CASE II. Miss M. S., aged 17, was admitted into the hospital as an in-patient. This patient gave a history of having had a rigor; and she complained of slight sore-throat and headache. The physician who saw her after her admission did not then give a decided diagnosis; but said that he thought it was a case of scarlet fever; and this opinion was also the one formed by some other persons who then saw the patient. A short time afterwards, I also saw the case, and confess, at first sight, it looked like one of scarlet fever; but, as all the symptoms did not correspond, I proceeded to take the patient's temperature, and found it very nearly normal, though her skin to the hand felt considerably hotter. Now, as this was the second or third day of her disease, her temperature ought to have been, according to the tables, 103° or 104° , if she had scarlet fever; I therefore gave it as my opinion, on the strength of her low temperature, that she had not that disease, and the result in this case, as in the latter, fully justified my diagnosis. The case must have been one of simple tonsillitis.

CASE III. Mrs. S. C., aged 40, was admitted into the hospital on April 18th. This patient, when seen on the day of her admission, had the dusky countenance and the dull heavy look of typhus; so much so, that her physician in his first visit, in passing rapidly over the case, gave it as his opinion that it would probably turn out to be one of fever. On applying the thermometer, however, to the patient, I found her temperature low instead of high; thereby proving that she could not be suffering from an acute febrile attack. [I may state, that she had had quite time enough to rally from the cold and discomfort of the admission-room, the only fallacy as regards temperature that could have existed in this instance.] The case turned out afterwards to be one of morbus cordis, with some low pulmonary complication.

CASE IV. Miss E. C., aged 22, had been an in-patient in the hospital with gastric ulcer, but was getting convalescent. One day, when going in the ward, I found that she had again taken to her bed; and on going to inquire in what way she was worse, I was taken aback by her aspect, which was that of a patient suffering from typhus fever. She complained of having had a rigor; and she had the typical face of typhus, in addition to a furred tongue and quickened pulse. Here, thought I, there could be no mistake; but I proceeded to apply the thermometer, and found it only rose to a trifle above the normal. This convinced me at once that I had made an error in diagnosis; for I knew that no typhus patient in the early stage ever had a temperature so low. Had it not been for the thermometer, I should certainly have gone away with the impression that she was suffering from typhus; for I have never seen a patient suffering from that disease with a more typical fever aspect. I presume, from the injected eyes, etc., in this case, and from no acute fever supervening, that it must have been one of ordinary catarrh.

CASE V. The next case I have to speak of was that

of a boy admitted into the hospital, about whom there was a doubt in diagnosis as to whether he suffered from measles or typhus. A friend of mine, who is working at the thermometer, took his temperature on the ninth day, and found that the thermometer rose to 103° . From this fact alone, he argued (and I believe quite correctly, as there was no complication) that the disease must be typhus; for had it been measles, the temperature would, by that time, have fallen to very nearly the normal one of health.

CASE VI. The next case which I shall quote, was that of a young woman, aged 17, who was admitted into the hospital, complaining of headache, and being in a complete state of opisthotonos. The question that of course arose was, whether the case was really one of inflammatory character, or one of hysteria. The pulse was rapid, and the tongue dry and brown; but, though these symptoms pointed to a febrile condition, I heard a very acute observer inquiring of her doctor, whether the disease was not one of opisthotonos hystericus? Although, I must confess, I considered the disease genuine, and not one of hysteria, I wished to confirm my diagnosis by thermometry; so I took her temperature, and found it as high as 103° . This satisfied me as to the nature of the case; for I know not how a hysterical girl, lying quietly in bed, could get her temperature to rise so many degrees above the normal, without some severe actual disease being then in existence. It may be interesting to state that the patient afterwards died; and, on examination, the case turned out to be one of cerebro-spinal meningitis, as had been supposed. It will be found recorded at length in the *Medical Times and Gazette* for May 6th, 1865.

CASE VII. Miss E. K., aged 36, nurse in one of the medical wards of the hospital. The patient had a rigor on March 7th, and was warded on the 9th. She complained of headache, pain in limbs and chest, and of great sickness and pain in her back. On the fourth, fifth, and sixth days of her illness, some suspicious papules appeared; some of these afterwards becoming vesicular; and the question was raised, was the disease small-pox? Not knowing the decision at which her physicians had arrived, I took her temperature on the morning of the seventh day, and found it to be 102.4° . This at once to my mind settled the disease to be continued fever, which it afterwards turned out to be; as, if it had been small-pox, by that time the temperature would have been below 100° , a difference of at least more than 2° .

Since writing the above, I have met with two other cases in which the thermometer was of use in diagnosis.

In one, the patient came into the hospital suffering from fever, but of what kind was uncertain. On the seventh day, a rash commenced to appear; and her physician said the case looked like one of typhoid fever from its general appearance. Her clerk, however, who had regularly taken her temperatures, on looking them over the same evening, made a note to this effect: "Judging from the thermometer, the temperatures point more to typhus than enteric fever." On the next day, the rash was fully developed; and the case turned out to be one of regular typhus.

The next and last case I have to speak of, was that of a child, aged 4, admitted into hospital on May 31st. He had generally been healthy; but on that morning woke up screaming, and then his mother noticed that his eyes were fixed, and that he was insensible. When admitted, his left eyelid was slightly more dropped than the right; his pupils were equal, though both dilated; and his eyes had at first a double divergent squint, and then a double convergent one. His pulse was quick and feeble, but

regular; his heart's action was excited, but there was no murmur. His physician pronounced the cause of his seizure probably eccentric, and said that it might be a "masked fever." On this, I took his temperature, and found it to be only 95.8°. This satisfied me that fever, at any rate, could not be present; and, at one o'clock the same day, the boy came to his senses, and has been well ever since. The only abnormal condition afterwards discovered, was that the liver and spleen could be felt enlarged.

And now, not to be tedious, the conclusion that I have arrived at, respecting the value of the clinical thermometer as a diagnostic agent, may be shortly summed up in few words.

6. That, in cases of doubtful diagnosis, the clinical thermometer is of great value; as it indicates at once the existence of fever, and in many cases actually the variety of fever under which the patient labours.

Finally, I wish to state, that I shall be most happy to alter my opinion on any conclusion here given, if it can only be clearly demonstrated in actual cases, that the thermometer used in this manner is of more value as a prognostic agent than I have now given it credit for.

The cases which I have noted have, of course, been but as a few compared with the observations of others. Still it should be remembered, that every single observation is a fresh test of the actual value of the thermometer in prognosis; and that, therefore, each case furnishes for our instruction, not one fact, but many.

But now, gentlemen, I feel that to prolong this subject would be but to trespass too much upon your time; and I have only to thank you all for the kind attention which you have paid to my remarks. I regret that they have not been more worthy of your consideration; but still I feel that they are the result of much patient study; and I can only conclude in saying, that my object in bringing them before you, is to add one more mite, small though it may be, to the more clear elucidation of the endless mysteries of disease.

CAMBRIDGE AND HUNTINGDON BRANCH.

PRESIDENT'S ADDRESS.

By J. MURIEL, Esq., F.R.C.S., Ely.

[Read at Ely, June 27th, 1865.]

GENTLEMEN,—Let me first express my thanks for the undeserved honour which has been conferred upon me by placing me here, and next entreat your forbearance with my shortcomings.

The great success of the annual meeting of our Association in Cambridge last year has made me diffident in accepting the distinction which this Branch has conferred upon such an humble individual. We all remember the great interest which attached to that meeting; the importance of its proceedings; the generous hospitality extended to the members on that occasion, by public bodies as well as by private individuals, particularly at Caius and Downing Colleges; the kind and friendly feeling shown by the clergy towards the sister profession, by many joining at the festive board in Caius College—our respected worthy bishop, the dean, and several other clergy, showing a good understanding between the two professions. Humanity is interested that it should be so, for the medical and clerical professions necessarily come into frequent contact; and not only that they should be joined, but cemented, and should mutually agree and cooperate in their several and sacred duties.

Excuse my introducing a short episode here. No avocation in life is so full of anxieties as the practice

of medicine. This arises from the fact that it concerns nothing less than the lives of our fellow-creatures—a consideration which, though it adds to the dignity and importance of the pursuit, by reason of its high responsibilities, fills the mind with cares, from the very greatness of them. These cares, however, have their attendant advantages, since they constitute a very important element in the formation of the medical character, giving to it that peculiar strength which depends upon habitual calmness and meditation. To feel the full force of the responsibility which attaches to him, and yet, from a firm reliance in the truth of great principles, to be able to act under it with cheerfulness and steadiness of purpose; to be keenly alive to the sufferings of others, without being himself subdued by the exhibition of them; to have a rational confidence in the resources of his art, whilst at the same time he is mindful that he can never employ them to any result but as the instrument of a higher power,—seem to be the great moral qualifications of the medical practitioner. The venerable Hufeland says: "Remember what thou art, and what thou shalt be. Thou hast been appointed by God a priest of the holy flame of life, a curator and dispenser of His highest gifts, health and life, and of the hidden powers which He has laid up in Nature for the welfare of man: a high and holy vocation! Exercise it aright, not for thy own profit, not for thy own praise, but for the glory of God, and for the benefit of thy neighbour. Hereafter thou must render an account of thy mission."

Without entering into the ethical part of the question, further than to acknowledge the advantage that results to the profession from the opportunities afforded to its members of keeping their friendships in repair at these annual gatherings, I would at once state, that I consider the special aim of a district Branch should be,

1. To recognise and delineate the diseases that appear to be indigenous or peculiar to the neighbourhood;

2. To note the modifications that disease in general assumes from the influence of the local climate.

In regard to the first of these subjects of inquiry, I think I have observed that most of the diseases here assume more or less an intermittent character, tending to lower nervous powers, to relax the energies, and to blunt the sense of life. If these be the effects on the inhabitants of a district in their ordinary state of health, may it not be inferred that a like enervating character will be implanted on diseased states of the body, requiring a corresponding modification of the treatment directed to them? The confirmation or rejection of this inference comes within the range of what I take to be the proper functions of this Branch. But it has yet other work before it in the same direction. It should determine how far this climate is favourable to the existence of the whole class of nervous diseases: whether neuralgic affections, for instance, do not find here a more congenial *habitat* than would be afforded them in a climate of a different character; if so, to what element or circumstances, constituting the local climate, these effects are to be ascribed.

In regard to the occupation of the great bulk of the people in this district, looking to that as a possible element concerned in imparting a character to disease, we find that they are engaged mainly in agricultural labour. This employment, looked at *per se*, must be considered as exercising a favourable influence on the health; but the good so attained brings in its train the evils of low wages, confined dwellings, and a diet in which animal food forms a very inconsiderable ingredient, principally consisting of bread, seam, and potatoes.

Rheumatism is a disease which attains considerable prevalence in this neighbourhood. For this, I am disposed to regard the diluted condition of the oxygen, as it exists in our humid atmosphere, as one great cause; not producing the changes in the blood necessary to eliminate from the system the lactic acid, which is in excess, and on which rheumatism is thought to depend.

Ague is another disease which has not altogether lost its hold in this district; the low lands around us still furnish us with cases. When I first commenced practice here, in 1820, it was the common complaint, and to a very great extent. Thus it went on for about ten years, and by degrees vanished altogether; and for twenty years hardly a case came before me. During the last ten years, it has been gradually showing itself again. It was supposed, in the first instance, to have arisen from the bad drainage of the fens. The drainage now is almost too perfect; the fen-lands requiring a certain degree of moisture to favour vegetation. This leaves the ditches in a stagnant state, favouring the decomposition of vegetable matter, which throws out an unhealthy miasma, considerably affecting the human constitution.

In the year 1826, this neighbourhood was visited with a most severe epidemic—"bilious remittent fever". It became very general: few, very few, escaped. Having at that time, with my father, the charge of most of the villages in this union, we were obliged to carry a large supply of medicine with us, as we went to the different villages, which was quickly called for. This lasted about two months. The mortality was very slight, if any.

The next visitation was in 1832, when the cholera broke out. It was supposed to have been brought into the city by a gardener, upon his return from Newcastle, where it was raging at the time. This man died, and many more were soon attacked. The mortality was great, but not quite so severe as in some of the towns which the disease visited. Since then we have had occasionally slight visitations, but nothing to require observation. Now and then, a case or two of variola, diphtheria, rubella, and scarlatina, have occurred. In the latter end of last year, scarlatina became very prevalent for a few weeks. It was not confined to this locality, being prevalent throughout the kingdom.

The improved sanitary state of this city since we have been under the management of a Board of Health has been very great, so much so as to place us high in the statistics of the general healthiness of the kingdom.

This very cursory glance at the diseases that may be said to find here a congenial soil for their development would fail of its object without adverting to the maladies that seem to be here also conspicuous by their absence. Calculous affections are very scarce, or, I might almost say, unknown. This is a district comparatively free from the usual epidemics that pervade the country generally; and, if we do occasionally have a visitation, it is so slight as not to occasion any alarm, and is quickly removed. This last autumn, we had a rather severe outbreak of scarlatina, accompanied with more severity than usual. It is true that we shared this pestilence with other parts of England; but it is seldom that an epidemic visitation of this kind has fallen on our neighbourhood with such virulence as on the occasion in question. It is a question, whether the drought and heat of the previous summer may not have caused the severe type of scarlatina. Rubella is very general at this time.

I think I have now touched upon the principal diseases incidental to this neighbourhood. The type of disease has much altered of late years. Forty

years since, Armstrong's theory of fever had its sway. He supposed that it arose from a morbid state of the blood, for which he advised the abstraction of blood to a fearful extent, till all the morbid fluid was extracted (this I could never fall in with, though I have used my lancet freely, particularly in pneumonia); and the antiphlogistic treatment was pursued for some time. Of late years, the Brownian doctrine has again been revived. To overcome the excitement of febrile action, the stimulating treatment has been adopted. I understand, in London, at this time, all attacks of fever are treated with ammonia and cinchona and wine. I was a pupil under the late Dr. Curry, a noted man of his day, particularly in hepatic attacks and fever. I have been so fully satisfied, from the experience and success I have met with in my practice, of his system and treatment of such diseases, that I continue to follow the principles he laid down; viz., clear out the *prima via*, put all the secretions in good order, before you attempt to build up the fabric; for, until such is done, all your efforts will be in vain. I am fearful that fashion has its sway in medical practice. I have always endeavoured to regulate my practice by the results of my long and great experience, which has been highly satisfactory, and the results most gratifying, in the various branches of my professional career.

I cannot conclude better than by assuring my friends of the sincere pleasure it gives me to see them assembled here. Ely has only one point of attraction—the magnificent cathedral—which we can lionise after having heard the discussions of our medical brethren, and fortified our bodies against fresh fatigues by luncheon; and we can afterwards finish the day with a convivial dinner.

BEQUEST. Mr. Hind of Budleigh Salterton has bequeathed £5,000 and the residue of his property, amounting to £5,000 more, to the Medical Benevolent Fund and College.

DEATH OF PROFESSOR FERGUSON, OF BELFAST. We regret to announce the death of John Creery Ferguson, Esq., A.M., M.B. T.C.D., Hon. Fellow of the King's and Queen's College of Physicians in Ireland, Professor of Medicine in Queen's College Belfast, since 1849; Physician to the Belfast General Hospital for the last twelve years, and formerly Professor of Medicine in the School of Physic, and Physician in Ordinary to Sir Patrick Dun's and Simpson's Hospitals, Dublin. The deceased had been ill for some time, and his death took place at his residence in Howard Street on Saturday evening. Professor Ferguson occupied a very high place in his profession, and probably no one enjoyed (and deservedly so) a higher repute in medical circles in the north of Ireland. The learned gentleman was appointed a professor in the Belfast Queen's College on the foundation of that institution, and the success of the establishment as a medical school is in great part owing to his great abilities and unwearied industry. He was a great favourite amongst the students, who had in him an earnest friend in whom they could always confide, and his death will be sincerely lamented by them, as well as by his colleagues of the professoriate, and of the medical profession in town. Dr. Ferguson's literary acquirements were very considerable. He was an excellent public reader, and, notwithstanding the numerous calls of a public nature upon his attention, he not unfrequently found time to give readings from Shakespeare, Dickens, etc., to the literary institutions of the town. His death, therefore, leaves a blank which will be felt for a long time amongst nearly all classes of the community. (*Northern Whig*.)

Progress of Medical Science.

SURGERY.

HYPODERMIC INJECTION OF CALOMEL IN SYPHILIS. Dr. Scarenzio of Pavia has published the results of his treatment of constitutional syphilis by means of the subcutaneous injection of calomel suspended in a convenient vehicle (such as glycerine, mucilage, or water). He employed calomel in the persuasion that it could, in absorption, become changed into bichloride of mercury; and the reason for not using the last named salt at once was, that he feared it would produce gangrenous inflammation. The injection used consisted of twenty *centigrammes* (about three grains) of sublimed calomel, mixed with a *gramme* and a half or two *grammes* (from 23 to 30 grains) of liquid. It was used like other hypodermic injections. Dr. Scarenzio at first chose the inner side of the thigh as the part for making the injection; but afterwards the inner aspect of the arm, as this does not oblige the patient to remain long in bed. In eight cases of ulcer, nodes, pains in the bones, blennorrhœa, tubercle, necrosis, etc., the treatment failed once only; the case being one which obstinately resisted all mercurial treatment. The cure was rapid and permanent, and not accompanied nor followed by any accidents. There is, however, always an abscess at the point of puncture, which, however, on being opened, heals rapidly. The pus contains no trace of mercury. Dr. Scarenzio believes that the abscesses are due to the transformation of the calomel into bichloride of mercury. The good effects of the injection do not appear for a week or two; but when improvement once sets in, recovery proceeds rapidly. In one case, there was rather obstinate salivation. (*Presse Médicale*; and *Bulletin Génér. de Théor.*, April 30th, 1865.)

SACCULED ANEURISM: LIGATION OF THE COMMON CAROTID: DEATH FROM HÆMORRHAGE. A young man aged 27, returned from the American army on March 14th, 1865, and immediately sickened with congestive fever. On the 22nd, eight days afterwards, tumours appeared under each ear, and on the 28th were opened, and discharged pus freely. Simultaneously with these, abscesses appeared in other parts of the body, which were opened, discharged pus, and gave no further trouble. On April 5th, the tumour under the left ear began to increase, harden, and stopped discharging. On April 8th, pulsation was discovered in the tumour, which increased and became very distinct on the 10th. On the 13th, the tumour was of about the size of a hen's egg, situated over and posteriorly to the angle of the jaw. Dr. Scriven, of Long Branch, New Jersey, upon examination, found the skin to be very tense. Two surgeons were called to consider the propriety of performing the operation of tying the common carotid artery. They opposed it for the time. On the 14th, at eleven o'clock, the case was consulted on, but as the patient was believed to be too much prostrated to undergo the operation, it was decided not to perform it. At half-past twelve a.m. the tumour burst in two places, the loss of blood being about one pint. On the 15th, Dr. Scriven decided, with the consent of the patient, to operate; and between one and two p.m. performed the operation. The loss of blood did not exceed half a teacupful. Ten hours after the operation, the tumour (fed by a recurrent circulation from the communicating arteries in the skull) began to bleed furiously, and the hæmorrhage was not arrested till about a quart

of blood had been lost. This prostrated the patient; but by a free use of stimulants he rallied. On the 16th, he was very weak; but, with stimulants and his excellent appetite, he gained strength rapidly. In the night he rested well. On the 18th, Dr. Scriven laid open the tumour. It was filled with coagulum; and the sac being removed, the artery could be seen very distinctly. The patient remained about the same until the night of the 21st, when, at one a.m., the external carotid leading to the tumour began to bleed freely; and there being no one present but the family, the hæmorrhage was not stopped until it had bled about one quart. The sac was so near the maxillary branch of the external carotid, that the coagulum formed being short, the pressure of blood passing to this maxillary branch was so great as to expel it. It was with the utmost difficulty that life could be kept in him at the time; but he was even yet brought through. On the 23rd, he was very feeble; and his appetite, which until the 21st had been excellent, and had been the principal means of keeping him alive, failed to a certain degree. At half-past eight p.m. the artery began to bleed, but the hæmorrhage was arrested before it had reached more than four ounces. He had already lost so much by hæmorrhage that but a small additional loss of blood endangered his life; he became very much agitated, and for two hours hung upon the brink of death. During that night and the following day and night, he was very feeble, and at times fainty. His pulse was very weak, and respiration short and hurried. On the morning of the 25th, he had a fainting spell about ten a.m., and it lasted until eleven a.m. From eleven a.m. to four p.m. he lay in a state of coma, and died from exhaustion. This was a case of true aneurism, the internal coat of the artery being ruptured by the action of inflammation resulting from the abscess. (*Philadelphia Medical Reporter*.)

SYMPATHETIC OPHTHALMIA. In an essay on Sympathetic Ophthalmia, Mr. G. Lawson gives the following as his general conclusions. 1. It is an inflammation of one eye, originating solely from an irritation in the other. 2. The most frequent cause of sympathetic ophthalmia is a wound of one eye, and that those wounds which involve the ciliary region are specially liable to produce it. It also frequently arises from the irritation communicated to the sound eye from a lost eye, or from the shrunken stump of a lost eye, which has become subject from some cause or other to recurrent attacks of inflammation. 3. One of the great peculiarities of sympathetic inflammation is its tendency to the rapid effusion of lymph into all the tissues of the eye which it invades, capable of speedy organisation. 4. The disease once started is very difficult to arrest; it is recurrent in its nature, and even if the first attack be arrested, a recurrence is almost certain to take place. 5. The removal of the injured eye affords the best chance of arresting the disease; and if this operation is resorted to in its very early stage, there is a good prospect of its doing so. 6. If the symptoms of sympathetic ophthalmia are fully developed, the removal of the injured eye (the source of the irritation) may fail to arrest the disease, though it will afford a chance which should not be neglected. 7. In no instance have I seen sympathetic ophthalmia originate in an eye after the other had been removed on account of an injury. I have frequently seen it continue its course after the removal of the injured eye, but in each case sympathetic symptoms were manifested before the eye was removed. Hence the importance of diagnosing in what cases of injury sympathetic ophthalmia is likely to follow, and the necessity of at once excising such injured eyes which are prone to produce it, and

especially if they are already lost for all visual purposes. 8. In the treatment of sympathetic ophthalmia, any operation whilst the eye is inflamed is positively prejudicial; but when all the activity of the disease has subsided, much may often be done by some operative procedure to regain for the patient some of the sight he has lost, and often also at the same time to prevent a recurrence of the attacks. 9. In the early stage of the disease the tension of the globe is often increased to +T 1 or 2; but in the later stage the eye becomes soft from atrophy of the vitreous, causing a diminution in its consistence and bulk, and this state is often followed by detachment of the retina.

Reviews and Notices.

THE FOOD OF THE PEOPLE. A Letter to H. Fenwick, Esq., M.P. With a Postscript on the Diet of Old Age. By JOSEPH BROWN, M.D. Pp. 61. London: 1865.

THIS sensible letter is written to call attention to the fact stated by Dr. BROWN, that the people of this country are underfed. He confirms this view by reference to his own experience in practice, and to Dr. E. Smith's report. He also points out the physical and moral evils which result from underfeeding, studies the causes of the deficiency, and suggests the remedy. We should have been glad if our author had entered more fully into the question of how far defective food is to be ascribed to indulgence in drinking. Under this head, it is impossible not to recur to the very striking fact that, in the cotton-working districts, the health of the people positively improved under a reduction of wages. Also, we should like to have seen answered the assertion so generally accredited amongst social science people, that increase of wages (at least amongst operative classes) is something akin to drunkenness and debauchery.

TENSION OF THE EYEBALL, GLAUCOMA, ETC.: Some Account of the Operations practised in the Nineteenth Century for their Relief. By JAMES VOSE SOLOMON, F.R.C.S., Surgeon to the Birmingham and Midland Eye Hospital; etc. Pp. 80. London: 1865.

THE greater part of this book has already appeared in the pages of the *BRITISH MEDICAL JOURNAL*. Its basis is a paper read by the author before the Midland Medical Society in 1863. Mr. SOLOMON, an ophthalmic surgeon of no mean skill, has done well in publishing the results of his experience for the benefit of his professional brethren; and surgeons interested in the subject of which the work treats, will find in it a good amount of useful information.

THE STUDENT'S BOOK OF CUTANEOUS MEDICINE AND DISEASES OF THE SKIN. By ERASMUS WILSON, F.R.S. London: 1865.

SOME time ago we noticed the appearance of the first part of the work; and we then expressed a favourable opinion as to its utility. The book is now completed by Mr. WILSON. The name of so distinguished a dermatologist is in itself a great recommendation; and we can assure our readers that they

will not be disappointed in the expectations which they may form of the merits of the book. It is thoroughly practical in the best sense; and—no small advantage—is very portable, containing only 517 pages in the two parts.

SURGICAL EXPERIENCES: THE SUBSTANCE OF CLINICAL LECTURES. By SAMUEL SOLLY, F.R.S., Senior Surgeon to St. Thomas's Hospital; etc. Pp. 656. London: 1865.

THIS volume consists of clinical lectures delivered by Mr. SOLLY to his pupils during nearly a quarter of a century. The lectures are fifty-four in number, and the subjects are: Diseases of the Spine; Injuries of the Head and of the Spinal Cord; Blood-letting; Amaurosis; Inflammation of the Dura Mater; Concussion of the Brain; Delirium Tremens; Epilepsy; Paralysis; Scriveners' Palsy; Diseases and Injuries of Joints and Bone; Amputations; Excision of the Maxilla Superior; Hernia; Intestinal Obstruction; Ruptured Bladder; Stricture; Lithotomy; Purulent Absorption; Absorbent Inflammation; Gunshot-wounds; and Aneurisms.

Among the many points of interest in the volume, we must notice, in the first place, Mr. Solly's expression of opinion (December 1864) on the utility of blood-letting.

"I feel bound," he says, "to put on record my opinion after more than thirty years' hospital experience on this subject. I fear that, as a profession, we are too much losing sight of blood-letting as a remedial agent. I am sure that Nature often warns us of our neglect by instituting severe hæmorrhage; and that many a valuable life has been saved by Nature's own conservative hand." (Pp. 137-8.)

He then relates how, in 1825, he fell from a horse while hunting, the accident being followed by symptoms of inflammation of the left pleura and of the left side of the abdomen. He was confined to bed for a week; and during that time lost seventy ounces of blood by the lancet and leeches. He recovered sufficiently to return to his hospital studies in about a month; but did not quite lose the pain in the side for six weeks or two months. "I never felt the slightest ill effects from the blood-letting, but great relief in every respect. I shall always think that my life was saved by it."

"Nevertheless, it is certainly too true that blood-letting in those days was carried to an absurd and even criminal extent. I remember when I was dresser to Mr. Travers, in 1824, bleeding forty patients in one week. Many of these were bled by order of the physician, the bleeding orders being sent to the surgery after their visits. Many were bled because it was the custom at spring and fall. Many were bled by order of the surgeon; and many bled on the judgment of the dresser for the week, who in those days enjoyed all the duties and responsibilities of house-surgeon and assistant-surgeon, there being no such officers at St. Thomas's in these days." (Pp. 138-9.)

He then relates several instances in illustration of the good effect of loss of blood. One was a case of apoplexy in a lady aged 70; and, in commenting on it, Mr. Solly expresses a belief, that local blood-letting is more effective than venesection from the arm. In another instance, he was called to a gentleman, aged 78, who had lost two or three pints of blood by

epistaxis, with the evident result of relieving him from cerebral congestion and other threatening symptoms. In another case, a gentleman, aged 87, whom Mr. Solly attended for catarrh of the bladder and enlarged prostate, and who occasionally had "passive hæmorrhage from the bladder." This patient had suffered from bronchitis and pneumonia the year before Mr. Solly saw him; and there was still some consolidation of the lower part of the right lung. On one occasion, he lost a pint of blood by hæmorrhage from the bladder.

"It commenced about 8 P.M.; and, as it was not arrested till 3 A.M., he got no sleep till that hour. Instead of pulling him down, it relieved his breathing so much, that he was fresher and better after it than he had been for some time. I found him reading the *Times* after breakfast, as if his night had been undisturbed and he had not lost a drop of blood. The bleeding also relieved the chronic inflammation of the mucous membrane of the bladder. Each hæmorrhage (and it occurred on three occasions) was attended with great relief to his bladder and chest. On the last occasion of the hæmorrhage, Dr. Hermann Weber, who was in attendance with me on account of the condition of the lungs, was very much struck with the marked benefit from the blood-letting." (Pp. 142-3.)

Another case is related, in which neuralgic pain in the head and dizziness in a "sister" of the hospital was markedly relieved by profuse bleeding from the nose; and this occurred on several occasions. Having thus expressed his opinion of the value of judicious blood-letting, Mr. Solly ends with a word of caution.

"I am most anxious that it should not be supposed that I do not also believe that many a life has been sacrificed to the lancet. Almost all blood-letting, to be useful, should be local; that is, abstracted from the spot nearest to the inflamed organ, either by leeches or by the cupping-glasses. The exception to this rule, and it is a very decided one, is in the case of penetrating wounds of the thorax, in which the lungs are wounded. In such a case, if there is much dyspnoea, I always bleed from the arm, and with the greatest benefit." (Pp. 144-5.)

Mr. Solly, in his preface, rightly considers that no duty is more plainly laid on a hospital surgeon, by virtue of his office, than that of laying before his professional brethren the result of his experience, whether that result have consisted in success or in failure. This the author has done in the simple form of the narrative of facts with comments thereon; and there can be but few surgeons who will not find in this volume much practical information on various subjects.

THE ENDOSCOPE AS AN AID IN THE DIAGNOSIS AND TREATMENT OF DISEASE. By FRANCIS R. CRUISE, M.D. Dublin: 1865.

WE are glad to see that Dr. CRUISE has reprinted and enlarged his essay on endoscopy, which appeared in the *Dublin Quarterly Review*. We have already noticed Dr. Cruise's labours in the new field of research which he has entered upon with so much energy and success. No doubt, his example will bring many other followers to prosecute this inquiry into disease by the aid of endoscopy; and we may, therefore, fairly anticipate that our powers of diagnosis will soon be greatly enlarged by this means of inquiry.

British Medical Journal.

SATURDAY, JULY 22ND, 1865.

A MEDICAL DEFENCE FUND.

THE question of a medical defence fund has been again brought under the notice of the profession; and a serious proposal made for establishing one. We have already argued this question; and have shown what seem to us, unanswerable reasons against the proposal. Difficulties surround it on every side. In the first place, the very existence of such a fund will assuredly encourage pettifogging lawyers to bring actions against medical men "on spec". Then, in the second place, the very fact of a medical man being defended by such a fund will naturally operate to his disadvantage in the eyes of the jury and of the public. Sergeant Bigwig will not fail to make the most of it; and denounce in clap-trap the oppression suffered by his poor injured client, through the combined influence of a wealthy profession brought to bear against him.

Moreover, it must be confessed, that the use of this defence fund, in any given case, would be a sort of prejudging of the case by the profession. For some one must decide whether the case is one in which the fund may, or in which it may not, be properly employed. Surely, cases occur in which medical men are properly brought to account, in a court of justice, for improper deeds done by them; and no one will pretend that, in such cases, a defence fund is applicable. And hence it follows, that the Defence Fund Association must itself decide beforehand the merits of the case—must anticipate justice—in order to permit, or not, the use of its funds.

Besides, as we know, cases occur in which great difference of opinion exists between medical men themselves as to the merits of a particular case. Who is to decide when doctors disagree as to the employment of the fund in such case?

We might also ask, Is it practicable to raise as large a sum as would be requisite to meet all cases which may occur? A fund of this kind, to be of any use, must be counted by the thousands, not by the hundreds. Let any one call to mind the expenses of some of the trials against medical men which have occurred during the last few years, and they will quickly appreciate how large the fund must be if it is to be of any service at all.

A quiet review of the whole question will satisfy all reasonable people, that the proper way to deal with cases of this kind is as they have hitherto been dealt with. Let each case stand on its own merits before the profession; and, we will venture to say, the profession will not fail to aid and comfort their

brother who has been unjustly persecuted. The profession has hitherto never failed to be generous in this matter; why should we fear of its being otherwise in the future? When have our medical brethren failed to come forward and assist any professional brother, in the case supposed, who was worthy of their assistance?

These arguments, at all events, should be upset or explained away, before men can wisely commit themselves to the carrying out of a medical defence fund. We urge these considerations upon our brethren more particularly, because, if we are not mistaken, the present proposal issues from the office of a man of law.

THE PRITCHARD MURDER.

DR. PATERSON gives, in a letter to the *Glasgow Herald*, the following unsatisfactory explanation of his manner of dealing with the Pritchard murder case.

Determined, if possible, to save Mrs. Pritchard's life, he refused (he says) to certify the cause of Mrs. Taylor's death; and addressed the following letter to the Registrar, upon which, he contends, that official ought to have at once acted. "6, Windsor Place, March 4, 1865.—Dear Sir,—I am surprised that I am called on to certify the cause of death in this case. I only saw the person for a few minutes a very short period before her death. She seemed to be under some narcotic; but Dr. Pritchard, who was present from the first moment of the illness until death occurred, and which happened in his own house, may certify the cause. The death was certainly sudden, unexpected, and to me mysterious. I am, dear sir, yours faithfully, JAMES PATERSON, M.D. To Mr. James Struthers, Registrar." To have denounced Dr. Pritchard at that stage would, Dr. Paterson says, have been ruin to him; for Pritchard could have brought forward three medical men, all Edinburgh graduates, not one of whom suspected that Mrs. Pritchard was being poisoned by antimony. Even if he had not written the above letter, the Registrar ought to have known that no medical man would have refused to sign the death-certificate of any member of a medical brother's family whom he had seen on the death-bed, unless he suspected foul play. He fully expected the Registrar would act on his letter; and had he done so, Mrs. Pritchard's life would have been saved. His first visit to Mrs. Pritchard was on the day of her mother's funeral. The next day he consulted in confidence with one or two of his professional friends; and they all came to the conclusion that Mrs. Taylor had been poisoned by opium, and that Mrs. Pritchard was being dosed with antimony. He would mention, he says, the names of these gentlemen, "were it not that the public might fix upon them as the source from which proceeded the anonymous letter sent to the authorities, and which led to the apprehension of Pritchard." They all thought that the refusal of the certificate and the sending of the letter would lead to a judicial investigation; and when Pritchard called subsequently at his house at an unreasonable hour, he (Dr. Paterson) quite believed that Pritchard had been scared from his purpose, and that Mrs. Pritchard would be safe.

To these remarks, Mr. Struthers, the Registrar, naturally objects. He says that Dr. Paterson may

reasonably enough attempt to justify himself; but that he has no right to try to throw the responsibility on him (the Registrar).

"The letter which Dr. Paterson wrote to me refers in very plain terms to Dr. Pritchard for the necessary certificate; and having received this properly filled up, I had certainly no reason whatever to doubt its being correct; especially as the cause of death as stated was perfectly in accordance with his note, and might be looked upon as naturally sudden and unexpected. Had Dr. Paterson not referred me to another medical man as being attendant on the deceased—and if a certificate had not been forthcoming—then my duty would have been to report the case to the proper authorities, who would have instituted a *post mortem* examination; but as the case has happened as above stated, and as his letter was not calculated to arouse any suspicion in itself without a personal explanation, it was surely Dr. Paterson's duty to make inquiry immediately as to the nature of the certificate granted; and not to hold over until the day after the apprehension of Dr. Pritchard, and then coolly state to me in my office that the certificate was a 'parcel of lies.'"

There is, we fear, no doubt that Dr. Paterson has made, in some way or other, a great mistake in this matter. And, unfortunately, his error has been made a source of unjust reflection on the whole profession. *The Times*, for example—the constant, we might say the watchful, enemy of the profession—has taken up the position that Mrs. Pritchard was sacrificed to etiquette; and has, in fact, drawn from this incident the moral, that the medical profession are constantly in the habit of sacrificing their patients at the shrine of this their favourite household goddess, etiquette. Our own opinion is, that Dr. Paterson is really not so much to blame, in reference to Mrs. Pritchard, as he himself would make out. The difficulty of believing, and of diagnosing, such a horrible act of criminality as the one in question, especially as being committed by a brother medical man, must of necessity be very great. To accuse such a man of such a crime, we should all of us require the most condemnatory evidence and proof. It is, therefore, reasonable to conjecture, that Dr. Paterson had not originally that full and firm conviction of the foul play which he afterwards assumed to have had. Dr. Paterson may have deceived himself in this. It is stated, that it was mainly through Dr. Paterson that Dr. Pritchard was brought to justice. And we may fairly conjecture, that Dr. Paterson might, at a later period of the inquiry, under the influence of perhaps some personal vanity, have assumed to himself a quicker and more sure insight into the original act of poisoning than he actually possessed.

This surely is a reasonable construction of the case, and the one which we should prefer to adopt. For, if Dr. Paterson had originally all that firm conviction of the poisoning, we cannot satisfactorily explain why he did not take some positive steps to arrest the evil and hidden hand which was adminis-

tering death to the unconscious victim. In such a case, a medical man, if he felt hesitation, could readily have called in others to share with him the responsibility of expressing his suspicions.

THE *Gazette Médicale de Lyon* tells us that a new periodical, *Le Tambour*, has hit upon a good idea for "bringing grist to the mill". The remarks of that journal some of our readers may think not inappropriate at the present moment for our own consideration at home.

"We propose," its prospectus says, "to publish a list of distinguished men of science; and we shall commence with medical men. This publication will be carefully done, so as not to have the appearance of advertising; but will *naturally* make prominent the names of all those inscribed on our list—a fact which may be of great future advantage to them. Every medical man who subscribes for one year before the 1st of June will be inscribed on the list. Medical men who have published works will please to signalise the same to us."

Hereupon the *Gazette Médicale* remarks: "This is neither more nor less than what is practised every day, at the expense of weak vanity and provincial credulity. But why do they always begin with the doctors? Why should they give us the benefit of the first sound of their trumpeting? The answer to this is suggestive of motives to be sought for in our own consciences."

THE Manchester Medico-Ethical Association requested, some time ago, through our columns, to be supplied with any available data for the formation of a tariff of fees. We have now before us the result of their labours; and, on the whole, we think it highly creditable to their discrimination and judgment. We observe that they have adopted the rental as an indirect but easily attainable test of the income of patients, thus following the example of the British legislature in many instances. The plan, guarded as it is by explanatory reservations, is probably as good as any other that could be adopted. The Association has had the good sense to found its tariff on advice alone, to mark its sense "that medical men should in all cases base their title to remuneration only upon the value of their time and skill." They trust that the time may some day arrive when the dispensing of drugs can be allocated to those who make it their sole trade. A decided distinction is made between the fees of the general practitioner and consultant, which may check the practice—so frequent in the provinces, and so hurtful to all concerned—of the latter poaching on the domain of the former, by charging small fees. We trust the tariff may be an assistance to our Manchester brethren,

enabling them to obtain a due reward for their labours, and to avoid ruinous competition with one another. The following are extracts from the tariff

of the Association. The numbers refer to parts of a series of explanatory notes to each item.

"Tariff of Medical Fees for Manchester and its Suburbs."

- "CLASS I. When the house rental is from £10 to £25 per annum.
CLASS II. When the house rental is from £25 to £50 per annum.
CLASS III. When the house rental is from £50 to £100 per annum.
CLASS IV. When the house rental is £100 upwards per annum.

A.—GENERAL PRACTITIONERS.

	Class I.	Class II.
1. Ordinary Visit	2s. 6d. to 3s. 6d. ..	3s. 6d. to 5s.
2. Special Visit	A Visit and a-Half.	
3. Night Visit	Double an Ordinary Visit.	
4. Mileage beyond Two Miles from Home ..	1s. 6d. ..	2s.
5. Detention per Hour ..	2s. 6d. to 3s. 6d. ..	3s. 6d. to 5s.
6. Advice at Practitioner's House	2s. 6d. to 3s. 6d. ..	3s. 6d. to 5s.
7. Letters of Advice	2s. 6d. to 3s. 6d. ..	3s. 6d. to 5s.
8. Consultations	See Explanatory Tariff.	
9. Attendance on Servants	2s. 6d. ..	2s. 6d. to 3s. 6d.
10. Two or more Patients in One House	See Explanatory Tariff.	
11. Midwifery	21s. ..	21s. to 65s.
12. Abortions	See Explanatory Tariff.	
13. Vaccination	See Explanatory Tariff.	
14. Certificates of Health, etc.	See Explanatory Tariff.	

	Class III.	Class IV.
1. Ordinary Visit	5s. to 7s. 6d. ..	7s. 6d. to 10s. 6d.
2. Special Visit	A Visit and a-Half.	
3. Night Visit	Double an Ordinary Visit.	
4. Mileage beyond Two Miles from Home ..	2s. 6d. ..	3s.
5. Detention per Hour ..	5s. to 7s. 6d. ..	7s. 6d. to 10s. 6d.
6. Advice at Practitioner's House	5s. to 7s. 6d. ..	7s. 6d. to 10s. 6d.
7. Letters of Advice	5s. to 7s. 6d. ..	7s. 6d. to 10s. 6d.
8. Consultations	See Explanatory Tariff.	
9. Attendance on Servants	3s. 6d. to 5s. ..	5s. to 7s. 6d.
10. Two or more Patients in One House	See Explanatory Tariff.	
11. Midwifery	42s. to 105s. ..	105s. and upwards.
12. Abortions	See Explanatory Tariff.	
13. Vaccination	See Explanatory Tariff.	
14. Certificates of Health, etc.	See Explanatory Tariff.	

B.—CONSULTANTS.

	Class I.	Class II.
1. Advice on Visit alone ..	21s. ..	21s.
2. Advice or Visit with another Practitioner ..	21s. ..	21s. to 42s.
3. Mileage beyond Two Miles from Home ..	10s. 6d. ..	10s. 6d.
	Class III.	Class IV.
1. Advice or Visit alone ..	21s. ..	21s.
2. Advice or Visit with another Practitioner ..	21s. to 42s. ..	21s. to 42s.
3. Mileage beyond Two Miles from Home ..	10s. 6d. ..	10s. 6d.

"2. *Special Visit.* This is a visit of which notification is not given before 10 A.M., when the practitioner has commenced his daily round; such visits almost always involve increased trouble or expense; also whenever immediate attendance is requested. The latter circumstance often embarrasses the practitioner, and entitles him to an increased fee.

"8. *Consultations.* When the ordinary attendant has to meet another medical man in consultation, he is fully entitled, from loss and disarrangement of time, to double his ordinary fee. If such consultations are very frequent, this may be occasionally remitted at his discretion. When a general practitioner is himself called in consultation, he is entitled to the consultant's minimum fee of 21s.; but this may be relaxed at the desire of the practitioner previously in attendance. Midwifery consultations among Class I of patients should be charged according to arrange-

ment between the patient and practitioners. Among the other classes, the second practitioner is entitled to the same fee as the first, independently of the length of time he is detained.

"10. *Two or more Patients in one House.* When these are members of one family, and paid for by one person, half a visit is chargeable for each beyond the first. When this is not the case, the full charge should be made for each.

"11. *Midwifery.* From use and wont, the fee for Class 1 is generally understood to cover the after visits, when these are few, and all goes well; also, with those towards the bottom of this class, it may be reduced to 15s., if paid within a month. In the other classes, the after visits are not included, unless previously arranged otherwise. When operations, such as the use of forceps, turning, etc., are required, the practitioner is entitled to an additional half-fee. The tariff affords considerable latitude in the midwifery fee, owing to the very great diversity of charges hitherto usual with different practitioners."

It is hardly necessary for us to note the fact that this year again the Medical Council have met, discussed, and, in a positive sense, done nothing. "As you were" is still with that body the order of the day. We all remember the eagerness with which this year, even during Easter week, the Medical Council were collected in London from their practice and lectures and quiet homes in England, Scotland, and Ireland, for the purpose mainly of getting an early grip upon the parliamentary session. This year we were in full expectation that out of this Council-energy a new Medical Bill would have been presented to the profession. But no. The Home Secretary most courteously received the Council's deputation, and as courteously regretted "that the Bill could not be introduced during the present session of Parliament." We observe that, at the dinner of the Fellows of the College of Surgeons, Mr. De la Garde, in introducing the toast "The Medical Council", thought it necessary to say a word of apology for them. The profession, he thought, had expected too much from the Council; and this was one of the greatest difficulties with which they had to contend. They had a very arduous task to perform, and had taken care not to commit themselves to any particular course of action. In the meantime, Mr. De la Garde added, the profession were themselves working out many of the difficulties which met them in their relations to the public. Did Mr. De la Garde mean by this to insinuate a suspicion as to the utility of the Council? Dr. Burrows, in returning thanks, accepted these apologies. He said that conflicting interests in the Council rendered conjoint action very difficult. Individual councillors looked too much after the interests of the particular corporations which they represented, and too little towards the general good of the profession. They were, however, he was happy to say, gradually settling down into something like an harmonious whole, and therefore a compact and effective body. We

WEEK.

conclude in this that, when they have settled down, something may be looked for at their hands. The Dr. Burrows agreed with Mr. De la Garde, expected more from the Council than the Council could effect. What we should have liked to have heard from Dr. Burrows was, a few words telling of the good things the Council will possibly one day effect for the profession. Of this we did not catch a word. Is Mr. De la Garde's remark not correct, that the profession are working out for themselves some of these difficult problems, which the Medical Council is powerless to touch?

THE following important case was decided last week before Mr. Baron Pigott.

"Mr. J. Q. Rumball, a medical practitioner at Harpenden, was indicted for taking charge of a lunatic to board and lodge without having a licence or certificate. By the advice of his counsel, he pleaded 'Guilty', but protested that he had received the patient under a certificate of delirium tremens. Mr. Baron Pigott, after taking time to consult his learned colleague in the commission, said that it was necessary to inflict a sentence, because it was of great importance it should be understood that the salutary provisions of the statute in this respect could not be disregarded with impunity. However, as it appeared that the defendant had no intention to violate the law, and had supposed that, as the patient was only suffering under an attack of delirium tremens, it was not a case of lunacy within the Act, and as, moreover, it was represented that the defendant was not in circumstances to pay a large fine, he should only impose a fine of £20."

THE Royal College of Physicians has received, from Earl de Grey, an answer to the letter lately addressed by the College to him as Secretary of War in reference to the condition of the army surgeons. The noble lord begs the College to inform him in what particular the terms of the Warrant of 1858 have not been carried out. This question is a proof either of remarkable simplicity or remarkable ignorance on the part of the head of the War Department. There is not a clerk in the Army Medical Department who could not have given him the answer he asks for.

It is always agreeable to us to hear of the appreciation of our brethren by foreigners, and especially so when a member of our Association reaps the reward of his labours. It is, therefore, with especial pleasure, that we have heard of Mr. Spencer Wells having been sent for to Zurich to perform ovariectomy upon a Swiss lady; and that we are able to make known that, four days after the operation, the patient had not had one unfavourable symptom, although the tumour removed was a very large one and surrounded by much ascitic fluid. Mr. Wells also performed the hazardous experiment of doing ovariectomy, in the large Hospital of St. John at Brussels. The case excited great interest among the Belgian surgeons, who attended in large numbers. The

patient went on very well for two days; conclude Dr. Buttura relates to the Academy of Sciences sank on the fourth day, from peritonitis. ¹ (through M. Bernard), a case of diabetes cured by something explains this by the existence of chronic peritonitis the application of a seton to the neck. A mason, 38 before the operation; but the Belgian doctors say that, if the patient had been in the country, she was very wasted and feeble, his thirst was extreme, and his urine abundant. The different usual methods would have recovered, and attribute the result to the of cure were tried in vain; and at the end of eight hospital atmosphere. months trial of them, a large seton was put in his neck. When suppuration was established, the sugar in the urine gradually diminished. At the end of six months, not a trace of sugar could be found. The man returned to his work; and now for a year has remained perfectly well.

A St. Petersburg doctor possesses an infallible cure for cholera. He has long been awaiting an occasion for exhibiting its efficacy; and he now finds it in the outbreak at Alexandria. In the cause of humanity, he applied to the French embassy at St. Petersburg; but there could get no satisfactory response. At the English embassy, however, he was more successful. Mr. Lumley transmits his promise of cure to Lord Russell at head-quarters; and Lord Russell sends it on to the College of Physicians. Dr. Ponowski has a curious theory of cholera; but to this we need not allude. His cure consists in the administration of a powerful snuff. If the patient's Schneiderian membrane respond, and eight or ten sneezes can be got out of him, he is safe and saved; but if the snuff (which is powdered hellebore) produce no effect, the patient must die. No sneeze, no cure. It is this remedy which the philanthropic doctor earnestly hopes Lord Russell will send on at once to Alexandria, and of which Lord Russell transmits notice to the College. We recommend the notion to some of our Yankee cousins, who have already done a great business in hellebore and veratria.

VIRCHOW, in his *Essay on Trichinae*, says, that the most careful cooking is required to destroy the trichinae in fresh meat; that salt has a very destructive effect on the parasites; and that ten days of salting will effectually destroy them. Hams, sausages, etc., should not be eaten fresh; but should be kept a long time before being used.

The Institute of France, on the recommendation of the Academy of Sciences, has given its biennial prize of 20,000 francs (instituted by the Emperor) to M. Wurtz, Professor of Chemistry.

Dr. Pavy's experiments on the liver have been frequently and carefully repeated by Dr. Ritter, under Meissner's directions, and his conclusions found perfectly correct; viz., that sugar is never formed in the liver of a living healthy animal. Dr. Ritter's experiments are detailed in Henle's *Zeitschrift*, 1865. He experimented on a large number of rabbits, dogs, cats, etc. The question—What are the conditions which cause the so rapid conversion of the amyloid substance of the liver into sugar, when the organ is in an abnormal state?—may, he says, be answered by another: What are the conditions which prevent the passage of the amyloid substance into sugar in the healthy liver?

Professor Hebra (*Wiener Medizin Wochenschrift*) rejects the ordinarily accepted definition of rupia. He holds that rupia never appears except as a syphilitic disease of the skin; that there is no such disease as non-syphilitic rupia; and that all those forms of disease which have been brought under this head are in reality synonymous with ecthyma, phlyzacia, etc. Vesicular cutaneous eruptions produced by syphilis offer peculiar characters. The vesicles do not, as in pemphigus non-syphiliticus, contain a transparent and very slightly coagulable fluid; but, on the contrary, a highly coagulable fluid, which dries up into thin crusts. Then, again, under these crusts, the disease still goes on producing fresh exudation, which is deposited partly on the under surface of the crusts, elevating and making them thicker; and partly on the epidermis around and under the crusts, and so as to form a circular vesicular wall around them. It is this last formation—the vesicular wall producing a more or less conical shaped crust—which forms the peculiar characteristic of rupia.

Dr. Scholz, in the *Wiener Medizin. Wochenschrift*, gives a summary of cases of hernia which have occurred in the Wiedner Hospital from 1844 to 1863. Altogether, there were 422 cases, not including those cases of rupture which were admitted for other diseases. Of these, 220, or 52 per cent., were males; and 202, or 47 per cent., females. Of inguinal hernia, there were 268, of 63 per cent.; of crural, 142, or 33 per cent.; or umbilical, 11, or 2.60 per cent.; of the foramen ovale, 1, or 0.24 per cent. Of these, as regards sex, there were of inguinal hernia 215 in males, and 53 in females; of crural, 4 in males, and 138 in females; of umbilical, 1 in male, and 10 in females; of the foramen ovale, 1 in female. As regards position, 247, or 58 per cent., occurred on the right side; and 156, or 37 per cent., on the left side; and in 19, or 4.5 per cent., in the mesial line, or on both sides. Inguinal hernia occurred, in males, in 132 on the right side, and in 75 on the left side; and in women, in 31 on the right, and 22 on the left side. Crural hernia occurred in 2 men on the right, and in 2 men on the left side; in 81 women on the right, and in 57 on the left side.

Association Intelligence.

BRITISH MEDICAL ASSOCIATION: ANNUAL MEETING.

THE Thirty-third Annual Meeting of the British Medical Association will be held at Leamington, on Tuesday, Wednesday, Thursday, and Friday, the 1st, 2nd, 3rd, and 4th days of August next.

President—G. E. PAGET, M.D. Cantab.

President-elect—S. J. JEAFFRESON, M.D. Cantab.

All Meetings will be held in the College Buildings, Binswood Terrace; except where otherwise mentioned.

TUESDAY, August 1st.

12 NOON. Meeting of Directors of Medical Provident Society.

1.30 P.M. Meeting of Committee of Council.

3 „ Meeting of General Council.

8 „ First General Meeting of Members.

The retiring President (Dr. Paget) will resign his office.

The new President (Dr. Jeaffreson) will deliver an Address.

The Report of the Council will be read.

The Report of the Medical Provident Society will be presented.

Election of General Secretary.

Election of Chairman and Vice-Chairman of the Medical Provident Society.

WEDNESDAY, August 2nd.

8.30 A.M. Public Breakfast at the "Regent" Hotel. Tickets 2s. 6d. each.

10 A.M. Meeting of the Council.

11 „ Second General Meeting of Members.

Discussion on Report of Council, and other subjects connected with the Association.

Adjourn at One o'clock for Luncheon.

2 P.M. Third General Meeting of Members.

Presentation of Hastings Medal.

Address in Medicine by Professor STOKES, M.D., D.C.L.

Papers, etc., on Medical subjects.

Adjourn at 5 P.M.

8 P.M. Soirée at the Pump-Room.

THURSDAY, August 3rd.

9 A.M. Meeting of new Board of Directors of the Medical Provident Society.

10.30 A.M. Fourth General Meeting of Members.

Report of Medical Benevolent Fund will be presented.

Discussion on subjects in Scientific Medicine, selected by the Committee of Council; viz., 1. Are there any Antecedent Conditions influencing the Production of Cancer? [This discussion will be opened by CHARLES H. MOORE, Esq., Surgeon to the Middlesex Hospital.] 2. Is there any foundation for the Hypothesis of the Origination of Disease by Zymosis or Ferment? [This discussion will be opened by B. W. RICHARDSON, M.A., M.D.]

Adjourn at One o'clock for Luncheon.

2 P.M. Fifth General Meeting of Members.

Address in Surgery by Professor SYME.

Papers, etc., in Surgery and Midwifery.

Adjourn at 5 P.M.

5 P.M. Cold Collation in the Jephson Gardens, by invitation of the Town authorities, to be followed by a Fête.

8.30 P.M. *Conversazione* at the Pump-Room, by invitation of the President, Dr. Jeaffreson.

FRIDAY, August 4th.

10 A.M. Sixth General Meeting of Members.

Discussion on subjects relating to State Medicine and Public Health selected by the Committee of Council; viz., 1. What measures should be advocated by the Association for securing an improved position to the Medical Scientific Witness in Courts of Law? [This discussion will be opened by JOHN A. SYMONDS, M.D., F.R.S.E., of Clifton.] 2. Why are Sanitary Measures not always followed by a Reduction of Mortality? [This discussion will be opened by W. TINDAL ROBERTSON, M.D., of Nottingham.]

Adjourn at One o'clock for Luncheon.

2 P.M. Seventh General Meeting of Members.

Papers and Cases in Medicine, Surgery, and Midwifery, with discussion thereon.

6 P.M. Public Dinner at the "Regent" Hotel. Tickets One Guinea each. Gentlemen intending to be present at the Dinner, are requested to give notice to the Honorary Local Secretary, THOMAS EBBAGE, Esq., 6, York Terrace, Leamington.

Members are requested, immediately on their arrival, to enter their names and addresses in the Reception-Room at the College, when cards will be supplied which will secure admission to all the proceedings.

A Clerk will be in attendance at the Reception-Room, and will give information respecting Private Lodgings, Hotels, etc.

To facilitate Excursions in the neighbourhood, the Clerk in attendance will be prepared to receive the names of gentlemen wishing to make such Excursions, and to arrange for the same.

The principal Hotels are the "Regent", the "Clarendon", the "Bath", and the "Crown".

Members who wish for information previous to the Meeting, may communicate with THOMAS EBBAGE, Esq., the Honorary Local Secretary.

The public will be admitted, on application to the President, to attend the discussions on Scientific and State Medicine on the mornings of Thursday and Fridays.

Notices of Motion. Dr. PAGET will move to alter Law VIII, by inserting the words "President-elect" after the words "President for the year".

Dr. HENRY will move: "That a Committee of this Association be appointed to inquire into the present system of Poor-Law Medical Relief, and to ascertain whether any, and what, alterations are required therein in order to ensure the efficient treatment of the sick poor and the just remuneration of the Poor-law Medical Officers."

"That the Committee be desired to report the result of their labours to the next annual meeting of the British Medical Association; and that the report then presented contain, if practicable, a complete series of proposals, which may, after adoption by the Association, be urged by it on the Legislature and on the Poor-Law Board."

Dr. MEAD will move resolutions relative to Poor-Law Medical Relief. (See Report of Cambridge and Huntingdon Branch, July 8th, p. 23.)

Dr. RICHARDSON will move: "That a Committee be appointed by the Association, to be called 'the Parliamentary Committee', to promote the Election of Medical Representatives to the House of Commons, and, if possible, to raise a Fund to support such Elections."

"That a sum of Fifty Pounds be placed by the Association at the disposal of the Committee, to enable it to carry out the object proposed."

Dr. DAVEY will move:—"That, with the view of dividing the present responsibilities of the Editor of the JOURNAL, and with the view of improving the general tone and management of the said JOURNAL, it is hereby proposed that there be chosen annually from the Council two gentlemen, who shall constitute an Editorial Committee, to which Committee the 'paid Editor' shall refer for counsel and assistance in special cases of doubt or difficulty, and more particularly in all cases involving questions of a personal or social character."

The REV. Dr. BELL, M.D., will move as an amendment to the motion of Dr. Davey in relation to the JOURNAL:—"That it is inexpedient to disturb the existing arrangements with regard to the JOURNAL—(a) because Dr. Markham has proved himself quite equal to the responsibilities devolving upon him; (b) because the tone and management have gone on improving; and that general support and sympathy from the members of the Association, especially of those connected with the public medical and surgical institutions of the kingdom, are alone wanted to make the JOURNAL an organ suited to carry out the principles upon which the Association is founded."

Mr. ROBERT B. CARTER will move:—"1. That the continued publication of the BRITISH MEDICAL JOURNAL is unnecessary and inexpedient; and that it may with advantage be replaced by a journal that shall not absorb so large a proportion of the income of the Association, and that shall be directed with a view to increase knowledge, and to promote better legislation, on questions of public hygiene and of state medicine."

"2. That a Committee of five Members of the Association be appointed to consider the best way of giving practical effect to the foregoing resolution, and to report to the present Meeting."

Dr. A. RANSOME gives notice of motion:

"That a Committee be appointed to encourage the Registration of Disease, and to devise the best means of obtaining the evidence of members upon medical questions having a practical bearing."

Papers have been promised by—

FURNEAUX JORDAN, Esq. (Birmingham).

M. MACKENZIE, M.D. (London).

ALEXANDER FLEMING, M.D. (Birmingham).

J. VOSE SOLOMON, Esq. (Birmingham).

J. G. DAVEY, M.D. (Northwoods, Bristol).

T. P. TEALE, jun., Esq. (Leeds).

G. D. GIBB, M.D. (London): The First Attempt in

England to remove a Growth from the Larynx through Division of the Pomum Adami.

BALMANNO SQUIRE, Esq. (London).

B. W. RICHARDSON, M.D. (London).

THOMAS NUNNELEY, Esq. (Leeds).

In order to facilitate the business of the Meeting, it is particularly requested that all papers be sent to the General Secretary, on or before the 25th of July, if possible.

T. WATKIN WILLIAMS, General Secretary.

13, Newhall Street, Birmingham, July 6th, 1865.

THE ANNUAL MEETING: CONVERSAZIONE.

Dr. JEAFFERSON, President-elect, presents his compliments to the members of the Association who may meet at Leamington, and begs the honour of their company at a *Conversazione* at the Pump-Room, on Thursday, August 3rd, at 8.30 p.m.

YORKSHIRE BRANCH.

The Annual Meeting will be held in the Museum of the Yorkshire Philosophical Society, York, on Thursday, July 27th, at 2.30 p.m.

NORTH WALES BRANCH: ANNUAL MEETING.

THE sixteenth annual meeting of the North Wales Branch of the British Medical Association was held at the Royal Hotel, Rhyl, on Tuesday, 4th inst., at 12 o'clock noon, under the presidency of John R. HUGHES, M.D., Denbigh. Besides the President, there were also the following members present:—J. C. DAVIES, M.D. (Holywell); Edward T. HUGHES, M.D. (Mold); R. JONES, Esq. (Carnarvon); T. EVANS JONES, Esq. (Llanasa); T. EYTON JONES, Esq. (Wrexham); W. JONES, Esq. (Ruthin); D. KENT JONES, Esq. (Beaumaris); L. L. LODGE, Esq. (St. Asaph); Hamilton A. ROBERTS, Esq. (Brynmeurig, Bangor); O. ROBERTS, M.D. (St. Asaph); R. C. ROBERTS, Esq. (Ruabon); R. ROBERTS, Esq. (Portmadoc); A. E. TURNOUR, M.D. (Denbigh); R. THOMAS, Esq. (Menai Bridge); E. WILLIAMS, M.D. (Wrexham); G. H. WILLIAMS, M.D. (Rhyl); J. WILLIAMS, Esq. (Holywell); and W. WILLIAMS, M.D. (Mold).

Several letters were received from members regretting their inability, through professional engagements and domestic afflictions, to attend the meeting; amongst others from T. T. GRIFFITH, Esq., of Wrexham; G. TURNER JONES, Esq., of Denbigh; T. FRANCIS EDWARDS, Esq., of Denbigh; H. REES, Esq., of Llanberis; W. JONES, M.D., of Ruabon, etc.

In the absence of the retiring president, William WILLIAMS, M.D., of Mold, who was detained for a short time at Chester, Edward T. HUGHES, M.D., of Mold, was voted to the chair. He addressed a few words expressing the gratification and delight it always afforded him in meeting his fellow-associates, and concluded by introducing the president-elect, John R. HUGHES, M.D., of Denbigh.

President's Address. The President delivered an able address on Sanitary Laws, which will appear in the JOURNAL.

Vote of Thanks to the President. Dr. TURNOUR (Denbigh) moved, Mr. L. L. LODGE (St. Asaph) seconded, and it was unanimously accorded—

"That the best thanks of this meeting be tendered to the President for his excellent address, and that he be good enough to allow it to be printed in the JOURNAL."

Report of Council. Dr. WILLIAMS (Wrexham), for Mr. Kent Jones, Honorary Secretary, read the Report of Council.

"The Council of the North Wales Branch of the British Medical Association have much pleasure in meeting their fellow-associates upon this the sixteenth anniversary of their Society, and have to congratulate them upon its continued prosperity."

"By the desire of the Council of the British Medical Association, a special general meeting of this Branch was held at Denbigh on the 4th of October last, for the purpose of electing one director to the Board of Directors of the Medical Provident Society. At that meeting, Thomas Taylor Griffith, Esq., of Wrexham, was unanimously elected; and as the period for which he was appointed has now expired, your Council feel great pleasure in stating that he is eligible for re-election. No greater testimony to the utility of the British Medical Association could be adduced than to its originating and successfully establishing this excellent institution, which provides help in times of sickness and accident to its contributing members."

"The intermediate meeting of this Branch was held on the 24th of February last, at the residence of Dr. Roberts, St. Asaph, and was an eventful one. On that occasion our worthy associate, T. T. Griffith,

Esq., of Wrexham, initiated a movement of praiseworthy character, which aimed at raising the sum of £50 towards the Auxiliary Fund by this Branch in its aggregate body, to meet the generous challenge put forth by Mr. Carden of Worcester, who promised to subscribe £50 (in addition to his former donation) provided ten others would each contribute a like sum. Mr. Griffith's appeal was met by the sum of £23 : 18 : 0 being subscribed immediately, and circular letters were posted to absent members soliciting their co-operation and contributions. On the 19th ult., Mr. Griffith (who had kindly consented to act as treasurer) forwarded the handsome sum of £70 to Dr. Henry, Secretary of the Medical Provident Society, as a donation from the members of this Branch and friends to the Auxiliary Fund.

"Your Council call attention to the benefit in a strictly scientific point of view to the holding of intermediate meetings by this Branch. The last one was well attended, and subjects of great interest were brought forward and very profitably discussed; notice of which will be seen at page 230 of the BRITISH MEDICAL JOURNAL.

"Your Council desire to express their warmest acknowledgments—sentiments which they are sure will be cordially reciprocated by every member of the Branch—to Dr. Roberts for his hospitality on that occasion, and for the kind and courteous manner in which he received his fellow-associates.

"The approaching election of councillors at the College of Surgeons in London, seems to be a fitting occasion for the expression of the feelings and opinions of this Branch of the British Medical Association, as to the manner in which the voting is conducted. Whilst on receiving the Fellowship there is an understanding that it confers the privilege and right of voting for the admission of Fellows into the Council, this power is practically negated to the country Fellows by the necessity of their personal attendance at the College on the day of election, thus entailing on them the fatigue and inconveniences of often very long journeys, and sacrifice of money and much valuable time; so that the election is very much thrown into the hands of the Fellows resident in or near London. The readiness with which this unjust and anomalous state of things might be obviated by permitting the use of *voting papers* (as has been already adopted at Oxford), renders the withholding them a cause of deeper dissatisfaction, and is not more an injustice to the country Fellows than it is prejudicial to the interests of the College itself. The older members who might seek the Fellowship are deterred by the obstacles placed in the way of exercising their elective privileges. This Branch also wishes to record its high appreciation of the clear and talented manner in which this subject has been so fearlessly and perseveringly brought before the profession by the Editor of the BRITISH MEDICAL JOURNAL.

"In conclusion, your Council invite the members of this Branch to give more support and countenance to the proceedings of their Society by better and more regular attendance both at the intermediate and annual meetings; for by so doing they will not only stimulate the interchange of kindly feeling, but also give cohesion and influence to the Branch, representing, as it does, the whole profession of North Wales.

"The financial state of this Branch was detailed at length at the intermediate meeting held last February, and will be seen at page 230 of the JOURNAL. Since then subscriptions have been received up to this time, amounting to £2 : 16 : 6; so that there will be an available sum of £4 : 9 : 4 to meet the expenses of the current year."

Dr. HUGHES (Mold) moved, and it was seconded by

Dr. HARVEY WILLIAMS (Rhyll), and carried unanimously—

"That the Report of Council now read be received, adopted, and entered in the Minutes of the Branch."

Vote of Thanks to the Council of the Branch. Upon the motion of Dr. WILLIAMS (Wrexham), and seconded by Dr. HUGHES (Mold) an unanimous vote of thanks was passed to the Council of the Branch for the past year for their unremitting attention and valuable services.

President-elect for 1866, and Place of Annual Meeting for that Year. It was moved by Dr. ROBERTS (St. Asaph), seconded by Mr. LL. LODGE (St. Asaph), and carried unanimously—

"That Jesse Conway Davies, M.D. (Holywell), be the President-elect for 1866; and that the George Hotel, Menai Bridge, be the place of annual meeting for next year."

Branch Council for 1866. Dr. TURNOUR (Denbigh) moved, and it was seconded by Mr. EVANS JONES (Llanasa), and agreed to—

"That the following members constitute the Council of this Branch for next year, viz.: T. Taylor Griffith, Esq. (Wrexham); Edward T. Hughes, M.D. (Mold); R. Jones, Esq. (Carnarvon); Hamilton A. Roberts, Esq. (Brynmeurig, Bangor); R. Thomas, Esq. (Menai Bridge); and A. E. Turnour, M.D. (Denbigh)."

Representatives to the General Council. It was proposed by Mr. R. JONES (Carnarvon), and seconded by Mr. EYTON JONES (Wrexham), and carried unanimously—

"That Edward Williams, M.D. (Wrexham); and O. Roberts, M.D. (St. Asaph), be elected to represent this Branch in the General Council of the British Medical Association."

Election of Director of the Medical Provident Society. Upon the motion of Mr. R. JONES (Carnarvon), it was unanimously agreed—

"That Thomas Taylor Griffith, Esq. (Wrexham) be re-elected Director to represent this (the North Wales Branch), on the Board of Directors of the Medical Provident Society; and that the most cordial thanks of this meeting be tendered to him for his kind and valuable services during the past year."

Secretary and Treasurer. Mr. R. THOMAS (Menai Bridge) moved, Mr. R. ROBERTS (Portmadoc) seconded, and it was carried—

"That D. Kent Jones, Esq. (Beaumaris) be re-elected Secretary and Treasurer for next year."

Intermediate Meeting for 1866. Dr. TURNOUR (Denbigh) having invited the members of this Branch to his residence on the occasion of holding the next intermediate meeting, it was moved by Dr. WILLIAMS (Wrexham), and seconded by Mr. J. WILLIAMS (Holywell), and unanimously agreed to—

"That Dr. Turnour's kind invitation be accepted."

New Members. The following gentlemen were elected members of the Association and Branch; Robert Roberts, Esq. (Portmadoc), proposed by Mr. R. Jones (Carnarvon), and seconded by Mr. R. Thomas (Menai Bridge); and William Jones, Esq. (Ruthin), proposed by the President, and seconded by Mr. EYTON JONES (Wrexham).

Papers and Cases. The following communications were made:—

1. State Vaccination. By E. T. Hughes, M.D., Mold.

2. Fractures of the Pelvis. By Hamilton A. Roberts, Esq., Brynmeurig.

3. A case of Double Uterus, with extensive disease of one Ovary, with the Preparation exhibited. By R. Jones, Esq., Carnarvon.

4. Case of Gaseous Cyst of the Liver. By Hamilton A. Roberts, Esq., Brynmeurig.

Interesting discussion followed the reading of the above papers and cases, which will be forwarded for publication in the *BRITISH MEDICAL JOURNAL*.

Dinner. All the members, with guests, after the meeting terminated, partook of an excellent dinner and spent a pleasant evening.

BATH AND BRISTOL BRANCH: ANNUAL MEETING.

THE annual meeting of this Branch was held in the Philosophical Institution, Bristol, on Thursday, July 13th, 1865, at 4.45 P.M. The chair having been taken by R. W. FALCONER, M.D., President for the past year, the minutes of the last annual meeting were read by the Bath Secretary, Mr. Fowler, and confirmed.

Dr. Falconer then resigned the chair to F. BRITTAN, M.D., President for the ensuing year, who delivered an address, which will be sent to the *JOURNAL* for publication.

Mr. STONE proposed and Dr. COLTHURST seconded the following resolution, which was carried with acclamation:—

"That the thanks of the meeting be given to Dr. Brittan for his address, and that he be requested to allow it to be printed in the *BRITISH MEDICAL JOURNAL*."

Report of Council. The Bristol Secretary, Dr. MARSHALL, then read the following Report of Council:—

"The Council of the Bath and Bristol Branch of the British Medical Association has the satisfaction of reporting to the members the continued prosperity of the Branch, and the steady increase of its numbers and influence.

"A quarter of a century has elapsed since the union between the originally separate Branches of Bath and Bristol took place; and the harmony and cordiality which have uniformly existed, and the friendships which have thereby been formed and cemented, are matter of special gratification. The periodical meetings have fully realised the objects expressed by the Branch in its first annual report, viz., 'the communication of medical knowledge, interchange of opinions, and comparison of practical experience.'

"During the past year, six ordinary meetings have been held, in accordance with the resolution passed at the annual meeting of the Branch in 1863. The attendance at these meetings has been unusually large, averaging between forty and fifty on each occasion. Communications have been so numerous, that some have of necessity been postponed; but the following papers and cases have been read and discussed during the past session:—

"1. Death during the Inhalation of Chloroform. By C. Gaine, Esq.

"2. Notes on Cancer. By W. M. Clarke, Esq.

"3. Report of a Case of Perineal Section. By J. W. Teale, Esq.

"4. Clinical Facts bearing on Broca's views of the Organ of Articulate Speech. By E. L. Fox, M.D.

"5. Case of Hernia. By A. Prichard, Esq.

"6. Spasmodic Contraction of the Hand. By R. W. Falconer, M.D.

"7. Case of Comminuted Fracture of Orbital Plate of the Frontal Bone. By J. W. Teale, Esq.

"8. Enucleation of Eyes. By F. Mason, Esq.

"9. On Excision of the Wrist-Joint. By E. W. Coe, Esq.

"10. Case of Fungus Hæmatodes of the Eyeball. By F. Mason, Esq.

"11. Case of Rupture of the Uterus. By J. G. Swayne, M.D.

"12. Typhoid Fever in the Pig. By W. Budd, M.D.

"13. Notes on a Case of Umbilical Hernia. By R. W. Falconer, M.D.

"14. Encephaloid Cancer of the Neck. By C. S. Barter, Esq.

"15. Notes on a Case of Suicidal Mania. By J. G. Davey, M.D.

"16. Additional Note on Intestinal Fever in the Pig; and Epidemic Dysentery in the Pig. By W. Budd, M.D.

"17. Case of Necrosis of the Clavicle. By A. Prichard, Esq.

"18. Case of Rheumatic Fever, followed by Pericarditis and Mortification of the Lower Extremities. By W. Davis, Esq.

"19. On the Hypodermic Injection of Morphia. By H. W. Freeman, Esq.

"20. Case of Excision of the Superior Maxilla. By H. Marshall, M.D.

"A petition to the House of Commons on the question of the remuneration of the medical officers of the poor-law unions was brought forward by Dr. Colborne, of Chippenhams, and adopted by the Branch, and will be presented to the House next session. Your Council trust that it may be instrumental in obtaining an alteration of the poor-laws, which at present act most prejudicially upon the members of the medical profession.

"During the past year, the Branch has to regret the loss of three members by death—Mr. Pliamier, of Melksham; Mr. Lucas, of Long Ashton; and Mr. Macy, of Westown. There have been six resignations, owing to change of residence and other causes, but these losses have been more than compensated for by the accession of nineteen new members. The numerical strength of the Branch now amounts to 156 members; 61 belonging to the Bath district, and 95 to the Bristol district. Satisfactory as this increase is (being at the rate of nearly fifty per cent. in the Bristol district during the last four years), your Council would urge upon the existing members of the Branch the desirability of inducing those of our professional brethren who are not at present members to become so without delay. Union is strength; and the British Medical Association affords the only existing means in the medical profession of establishing an organised union.

"Your Council are also gratified to find that it is probable that the draft of a royal charter of incorporation, which has been drawn up under the superintendence of the Executive Committee of the Council of the Association, will be submitted to the members at its annual meeting at Leamington.

"The great addition to the number of members of the parent society during the last few years, shows that the profession generally is more fully alive to the advantages to be derived from membership.

"The improved character of the *JOURNAL* of the Association under the management of its present editor deserves a cordial acknowledgment; and your Council hope that the members of this Branch, and more especially those connected with the public medical institutions, will contribute still further towards enhancing its literary value, by making more liberal contributions.

"Your Council must make use of this opportunity to press the claims of the Medical Benevolent Fund upon your charitable consideration, with the belief that it only requires more intimate knowledge of its unostentatious assistance to the very many and frequently recurring cases of pecuniary distress among the members and families of our profession, to make appeal unnecessary.

"It may be noticed that during the past year a Provident Society has been established under the auspices, and in connection with, the British Medical Association, which is open to all duly registered members of the profession. The society is now in operation; and, it is trusted, will receive support from the profession generally.

"The scrutineers appointed by your Council to examine the ballot-papers, for filling up the vacancies in the Council, report the following to have been elected:—*Bath*—R. N. Stone, Esq.; W. Hutchins, Esq. (*Keynsham*); R. F. George, Esq.; C. Bleack, Esq. (*Warminster*). *Bristol*—J. A. Symonds, M.D.; S. Martyn, M.D.; W. Budd, M.D.; H. Marshall, M.D.; W. M. Clarke, Esq.

"In consequence of the resignation of Dr. Marshall, a new Secretary for the Bristol district must be elected. Your Council have to announce that Mr. Corbould, Mr. Steele, Dr. Atchley, and Dr. Williams, have offered themselves for election."

"The Financial Statement shows an increased expenditure, in consequence of the two additional meetings now held in the course of the session, viz. :—

"Income."

Balance from 1863	0	10	10
147 Subscriptions	18	7	6
Balance due to Secretaries	4	12	0
	<u>£23</u>	<u>10</u>	<u>4</u>

"Expenditure."

Postage and Receipt Stamps	4	19	11
Hire, etc., of Rooms	10	10	0
Printing	7	11	5
Sundries.....	0	9	0
	<u>£23</u>	<u>10</u>	<u>4"</u>

Resolutions. The following resolutions were proposed:—

1. Moved by Mr. KEDDLE, seconded by Mr. LANS-
DOWNE, and carried unanimously—

"That the Report of the Council now read be received and adopted."

2. Moved by Dr. TUNSTALL, seconded by Mr. STONE, and carried unanimously—

"That, the finances of the Branch not having been sufficient for the payment of the expense of six meetings during the year, the contributions to the Branch expenses be in future 3s. 6d., instead of 2s. 6d."

3. Moved by Dr. FALCONER, seconded by Dr. HERB-
PATH, and carried unanimously—

"That Mr. Bartrum be elected President-elect for this Branch."

4. Moved by Dr. BEDDOE, seconded by Mr. SWAYNE, and carried with acclamation—

"That the best thanks of the Branch be presented to Dr. Falconer, President, and to the Council of the past year, for their able conduct of the business of the Branch."

5. Moved by Dr. TUNSTALL, seconded by Mr. HUTCHINS, and carried unanimously—

"That the best thanks of the Branch be given to the Honorary Secretaries for their services during the past year; and that Mr. Fowler be re-elected Secretary for the Bath district for the ensuing year."

6. Moved by Mr. M. CLARKE, and seconded by Mr. ORMEROD—

"That Mr. Corbould be elected Secretary for the Bristol district for the ensuing year."

7. Moved by Dr. GREEN, and seconded by Mr. MORGAN—

"That Mr. Steele be elected Secretary for the Bristol district."

The President having asked a show of hands, to know which of these resolutions should be carried, a majority were found to be in favour of the latter; and Mr. Steele was accordingly declared elected Secretary for the Bristol district for the ensuing year.

8. Moved by Mr. ORMEROD, seconded by Mr. CHURCH, and carried unanimously—

"That the best thanks of this meeting be presented to the Committee of the Philosophical Institution, for their courtesy and kindness in giving the use of their lecture theatre for this meeting."

New Members. The following gentlemen were elected members of the Parent Association and of the Branch:—H. Cooper Reade, Esq., surgeon-major, Clifton; G. J. Willes, M.D., H.M.S. *Dædalus*, Bristol; S. Lloyd, Esq., Pill, near Bristol.

Representatives in the General Council. The following gentlemen were elected representatives of the Branch on the General Council of the Association:—W. Budd, M.D.; R. W. Falconer, M.D.; F. Brittan, M.D.; A. Prichard, Esq.; R. N. Stone, Esq.; J. G. Symonds, M.D.; W. J. Church, Esq.

Vote of Thanks to Dr. Marshall. Mr. MORGAN proposed, and Mr. HUTCHINS seconded, a special vote of thanks to Dr. Marshall, for the manner in which he had discharged the duties of Secretary, which was carried with acclamation.

Dr. MARSHALL, in acknowledging the vote, expressed the regret he felt at resigning the office he had held for the last four years, and thanked the members generally for the courtesy and kindness he had received from them. He was glad that his official connexion ceased at a time when the Branch was in so flourishing condition; the number of members in the Bristol district having increased by one-half during the period he had had the honour of holding office.

The proceedings terminated with a vote of thanks to the Chairman.

Dinner. The annual dinner was held at the Volunteer Club, at half-past six o'clock, F. Brittan, M.D., President, in the chair; when nearly fifty members and visitors were present, including the Mayor of Bristol, Dr. Symonds, Vice-President of the Association, Dr. Falconer, retiring President of the Branch, &c. The usual loyal and professional toasts were given and responded to.

MEMORIAL TO DR. JENNER. The memorial to Dr. Jenner is now being placed in the south-west window of the Cathedral, and it is expected that the fixing of the glass will be completed this (Saturday) evening. The general subject refers to the acts of healing by our Lord in the course of his ministry. In the glass fixed the subjects depicted are: Healing the man in the tomb, raising the widow's son, healing the issue of blood, the cure of the lepers, the raising of Lazarus, and the cure of the deaf. Three subjects are painted in each light. In the tracery are figures of angels, with crowns, and scrolls with "Alleluia." Much of the window is now obscured by the scaffolding, but, as far as we can judge, the glass appears to be fine and the drawing good. The stonework is of the latter part of the thirteenth century, and the new glass is as nearly in the style of that period as Messrs. Clayton and Bell can produce it. The glass appears to be remarkable for the variety of its tints and the richness of its whites, and promises to be among the best in the Cathedral. The Dean and Chapter have contributed £100 towards the cost; the remainder is provided by subscription chiefly by the Gloucestershire Medical Society, and Dr. Evans is a most liberal contributor. (*Gloucestershire Chronicle*.)

Correspondence.

THE MEDICAL PROVIDENT FUND.

LETTER FROM A. B. STEELE, ESQ.

SIR,—Although candour compels me to say that I have no sympathy with the attempt to establish a sick benefit club for medical men, I have no intention to enter here upon the merits of the question, but wish simply to direct the attention of the Association and of the promoters of the fund to what appears a very anomalous condition of things, calculated not only to cripple and embarrass the movements of the new society, but at the same time to place in a false position every associate who, like myself, may object to be compelled, *notens volens*, to share in the responsibility of an institution in which he not only has no personal interest, but to which he may have conscientious objections. I may be told that the Association has been committed to the scheme, and that the minority must abide by the acts of the majority; to which I at once defer. But I ask this question: Am I, as a member of the British Medical Association, bound to obey a code of laws which have not yet been laid before either the Association or the Branch to which I belong, and which, therefore, cannot yet have received the sanction of either of the only two executive bodies to which I am responsible? By the laws referred to, each "district" (which, I suppose, means each Branch) is called upon annually to elect Directors to manage a Society in which some, or many, or possibly all, the electors have no *bonâ fide* interest whatever. This surely is not just to those who support the Society; their interests ought in no way to be committed to those who have no real connexion with them. It is in direct opposition to the well established fact, that self-government, unfettered and truly representative, is the only safe principle upon which benefit societies can be conducted. No person, I think, should have a voice in the management of the Society unless he is beneficially interested therein; but, unless I have misread the laws referred to, no one can exercise the privileges of membership of either the Parent Association or the Branches without being called upon periodically to discharge the important duty of electing Directors of the Provident Fund.

I have heard it stated with much confidence, that the Provident Fund is perfectly safe, and in a most promising condition. Only two hundred members are required to insure a successful commencement, the names of Tidd Pratt and Finlaison being vouchers for its stability. If that be really the state of the case, there can be no necessity for this vague and dubious sort of connexion with the British Medical Association. Surely, out of two hundred members, it would be possible to elect an efficient Board of Directors without the interference of the members of the Association, many of whom may be indifferent to the scheme. A Directorate so constituted would be elected by and represent those only who are beneficially interested in the undertaking, and would constitute the form of government which experience has proved to be the soundest. It therefore seems to be worthy the consideration of those who wish well to the Provident Society, equally with those who are interested in the British Medical Association, whether this undefined and doubtful alliance should continue. If the Provident Fund is a part of the Association, oblige every associate to pay allegiance to it; but, if it be an independent self-supporting body, let it

assert its own position, stand upon its own ground, manage its own affairs, and we shall soon ascertain to what extent the want of such an institution is felt, and the measure of support it is likely to obtain. As we are told that numbers of contributing members have already joined, it is to be hoped that before our annual meeting the new Society will be in a condition to start on its "own hook", and thus relieve us from our difficulty. Perhaps those who believe in the scheme may hesitate to take counsel from one who scarcely conceals his want of sympathy; but I would, nevertheless, suggest to those of my professional brethren who intend to invest, or rather to sink, any portion of their hard-earned money in a common fund, that any interference in its management or distribution by those who are not beneficially interested will sooner or later become a source of discord and dissatisfaction. Honorary Directors or Directors elected by non-subscribers, with the best intentions in the world, will, I venture to predict, never interfere otherwise than injuriously in the financial concerns of a Society which, to be successful, ought to be self-governed and self-dependent.

I am, etc., A. B. STEELE.

Liverpool, June 22nd, 1865.

THE DIETETIC VALUE OF BEEF-TEA.

LETTER FROM JOHN SPURGIN, M.D.

SIR,—You ask, "What is the nutritive value of beef-tea?" and you follow up the question by advancing several considerations of much value in determining the effects of a largely extended error—of effects referable to waste and to ignorance at once. For myself, I have for many years dismissed beef-tea from nurseries and sick-rooms. In many instances, doubtless, the smile that issues out of a low estimate of an opinion has been the only result of its honest expression. I do not hesitate to say that by beef-tea I would keep a child sick for weeks, that without it would be well in a few days. To this expulsion of beef-tea I can attribute recoveries from indisposition unwarily maintained by the article, and also the charge of my entertaining a crotchet on this head. I heartily subscribe to your conclusion, "that the profession is labouring under some very grievous error in reference to the use of beef-tea and extract of flesh."

It gratifies me greatly to witness a leader of a journal questioning the course of general thought and action—its tendency, and its correctness. To go with the times is the last thing, or the lowest, for medical habit. The human will is prone to error; and the habits that come of such proneness it is for the medical profession to scan under every circumstance. What is so quickly taken up from the stomach into the blood as a thin solution of animal juices? These have no chance of being properly assimilated by the salivary menstria; they therefore establish fever, irritability, dryness, thirst, and other conditions puzzling to the corporeal economy to remove or to rectify. Frequently I have discovered the effects of strong beef-tea baffling the very efforts for improving my patient's health. The cook has made the beef-tea strong, as a meritorious procedure for strengthening the weak child, or master, or mistress. I consider your observations to be of immense value at this time, not only as pulling up the profession in its thoughtless, yea dogged course of erroneous practice, but as resisting the influences which act as currents, bringing above us, in public estimation, the swindling, the lying, and plausible

of our race, simply because we do not take heed sufficiently to our own ways, doctrines, and practices.

I am, etc., JOHN SPURGIN.

17, Great Cumberland Street, June 27th, 1865.

HAY-FEVER.

LETTER FROM JAMES BIRD, Esq.

SIR,—The unusual prevalence of "hay-fever" during the very hot weather of the month of June, especially in certain districts, coupled with the sudden, capricious, and seemingly inexplicable manner in which the attacks have come on, the individuals attacked, and the diverse locations in which they have resided, may make the case I am about to record an interesting addition to the very lucid and well-timed pamphlet on *Hay-Fever* by Dr. Abbotts Smith. He, to my mind, has done well in adhering to the popular name; the symptoms being, in the majority of instances, as clearly traceable to the emanations from hay, as ever ague or intermittent fever may be to the malaria of the marshes or fens, or typhus to that of the cesspools.

I attended, in the months of June 1845, 1846, and 1847, an old Cornish baronet, the late Sir W. C—, who upon each of these several occasions suffered severely for a week or fortnight from a sharp attack of hay-fever. He had repeatedly been invalided in a similar way in former years; and, as his attacks in each instance were invariably preceded by recent exposure to the vapour of newly made hay, or to the smell of a bean-field when the plants were in full bloom, he seemed thoroughly aware of the character of his indisposition, and, without a moment's hesitation, called it "hay-fever". The threefold annual return of his disorder under my own immediate observation, and the conviction that every attack was clearly traceable to a distinct individual influence, left no doubt whatever on his mind, or on my own mind either, that the slightest exposure in hot dry weather to the influence of the vapour of newly made hay, or to the aroma emanating from bean-plants in blossom, was in a few hours followed by a sudden and severe attack of sneezing, copious defuxion from the eyes and nose, and fever and all the other symptoms of an influenza cold.

The symptoms of the baronet alluded to, in each of the attacks for which I attended him, were as nearly alike as possible. He was upon each occasion in good health, and following his usual occupation or amusement up to the period of exposure and of indisposition. On one occasion, he went down to Pangbourne from London for a day's fishing. In the evening of the same day, having been in some meadows where haymaking was going on, he became suddenly oppressed and feverish, short-breathed, with sneezing, running at the nose, increased lacrymal secretion, pain over the frontal sinuses, considerable oedema of the eyelids, and swelling of the nose. There was not much cough, and but little expectoration; but the sneezing was almost incessant, twenty or thirty times in succession, lasting for an hour or more with very brief intervals, and leaving him, after a copious defuxion, with severe headache, considerable weakness, and otherwise feeling very unwell.

A second attack occurred after a drive through Willesden and on towards Harrow on a fine evening, after a very hot day, during the haymaking season, in the month of June. Having been quite well previously, he heedlessly took this drive, and was rewarded by an attack exactly similar to the one of the previous year.

The third that came under my notice in this gentleman's case followed, in the course of a few hours,

a visit to Lord's Cricket Ground, where he remained a couple of hours or so, enjoying, though without joining in, a match that was then going on. He was attacked in the evening with precisely similar symptoms to those of the preceding years; and he was unfit to attend to his ordinary avocations for a week or ten days, or as nearly as possible for the same time that he was invalided in the previous years. Haymaking, it may be remarked, was at this time in full operation in the fields on each side of the Finchley Road.

The treatment upon each occasion was as follows, and proved perfectly successful, though in neither instance did it do more than cure the individual attacks, the annual attacks recurring upon every fresh exposure to the morbid influence. The symptoms were evidently those of congestion, especially congestion of the mucous membrane lining the air-passages, fauces, bronchiae, etc.; and the appearance of the tongue and the state of the stomach and bowels indicated biliary derangement in a marked degree. The defuxion from the eyes and nose being insufficient, in the absence of diarrhoea, to relieve the febrile symptoms, or to clear the air-passages, a dose of calomel and extract of colocynth was ordered to be taken at bedtime; and the next day, quinine in two-grain doses three times a day for about a week, effectually removed every other symptom. Upon one or two occasions, the pills were required a second time, after an interval of a couple of days. I was induced to adopt this treatment, as the disorder was evidently induced by vaporised vegetable matter of an irritating character acting immediately upon a peculiarly sensitive membrane, in a person of a special idiosyncrasy. This vaporised vegetable matter, being more intensely irritating than the malaria that more slowly and insidiously induces ague, was yet similar in character, and produced an immediate effect upon the sensitive surface with which it first came into contact—namely, the moist membranes that cover the eyes, and that line the air-tubes. Thus impressed, I first administered a mercurial purge, and then trusted to quinine—happily, with excellent effect in this interesting case.

As attention has been so judiciously directed by Dr. Abbotts Smith to this very prevalent disorder, I have great pleasure in adding my own testimony to the general correctness of his detail of symptoms and mode of treatment. I think with Dr. Bostock, that rest of body and mind is a most necessary ingredient in effecting a cure; and I shall be glad to know that other members of the medical profession have witnessed as much benefit in treating hay-fever as I have done from the use of quinine and an occasional mercurial purgative, when required.

I am, etc., JAMES BIRD.

G. Seymour Street West, G. Connaught Square, July 1865.

MINERAL ACIDS IN FEVER.

LETTER FROM F. C. HOWARD, Esq.

SIR,—Pray allow me to state, that the cases of asthenic fever which I adduced in support of the use of mineral acids, in the *JOURNAL* of the 3rd June, were all *seriatim* reported by me to our Board of Guardians in my "Weekly Medical Return", and occurred in Linton in 1863-64, and in Castle Camps in 1864-65. Altogether 120 cases were treated with hydrochloric acid, and of these not one died.

Such testimony may seem to prove too much; but that of Dr. Chambers is far more important and conclusive. These are his words: "To their experience (that of Boerhaave, Van Swieten, and Sydenham), I can add my testimony; for I have employed the plan

above described (the acid) in every case of low fever since the summer of 1857. I have now, in October 1861, not lost one of those patients who has been thus treated for thirty-six hours"; and I have reason to know that in 1865 his opinion is unshaken.

This from a physician of St. Mary's Hospital, where opportunities of experience are abundant and superior, is a very different thing from the scanty evidence of the first twelve cases treated by him with mineral acids; the details of which he published in January 1858.

My cases were not selected; but included both typhus and the typhoid form of fever. To both the treatment seems equally appropriate, and during the period given, all my cases were indiscriminately treated with mineral acids. This fever was evidently, when uncontrolled, of a malignant character. I am justified in this opinion by the fact of seven adult cases having happened at Castle Camps which were not treated with acids, and of these five died. One J. Free was the father of a large family, all of whom had been raised by the acid treatment. I am also aware that many deaths have taken place in an adjacent village into which the disease spread.

I cannot but regret that Mr. Steele should deprecate this treatment of fever as unworthy of that which can alone establish its real value, a fair trial; which few have such opportunities, or are so well qualified to give it as himself. This, too, would seem to be the only testimony capable of convincing him, as it should be.

I am, etc.,

F. C. HOWARD.

Linton, June 15th, 1865.

THE INDIAN MEDICAL SERVICE.

SIR,—I send you the last order from the Bengal government, consequent on Sir C. Wood's dispatch of some unconvicted assistant-surgeons for the Indian army. I have only to say, or rather repeat what I stated some months since in letters in the JOURNAL, that those individuals are wholly at the mercy of the Secretary of State for India. There is no guarantee from parliament, as Sir C. Wood says he got them by advertising, as you would for a servant, and he can dispense with their services without any notice. But you know my opinion, and so long as we are negligent of our own interests, by despising our poor brethren at home, so long must we expect the authorities to despise those seeking army medical appointments. But, as I have said before, seek the Queen's service in preference to the Indian, which is not authorised.

I am, etc.,

A RETIRED SURGEON-MAJOR MADRAS ARMY.

General Orders of the Bengal Government.—Notification.

"THE MEDICAL SERVICE. With reference to G.G.O., No. 1060, dated 23rd of December, 1864, the following paras. of a military letter from the Right Hon. the Secretary of State for India, dated 15th April, are published for general information:—

"Para. 1. In anticipation of the receipt of the report called for from your government as to the future establishment of medical officers required for the separate and local Indian service, I have to acquaint you that measures have been taken for providing assistant-surgeons for the Indian service.

"2. Shortly after my despatch of the 7th November, 1864, had been forwarded to you, notices were inserted in the public papers that an examination for thirty appointments to Her Majesty's Indian medical service would be held in February 1865.

"3. The examination was held at Chelsea Hospital, under the direction of the army medical department.

"4. Twenty-seven candidates have been returned

as successful, and, with the exceptions hereafter named, they have joined the army medical school at Netley, for the purpose of undergoing a course of instruction in hygiene, military medicine, etc.

"5. The following arrangements have been made with regard to medical officers who may be appointed to the Indian service:—

"1. Passage allowance to India will be given on appointment.

"2. Pay at War Office rates, i.e., 10s. a day will be allowed from date of passing final examination at Netley.

"3. Indian allowances and time of service for pension will reckon from date of arrival in India. The period of residence at the army medical school will reckon as service for the full pay pension only.

"6. These gentlemen (Messrs. H. Cook, J. Cleghorn, R. Harvey, J. Bennett, J. T. Walsh, A. Barrie) being students at the army medical school, Netley, were permitted, with the sanction of the Secretary of State for War, to compete at the examination.

"7. As they have already undergone the course of instruction at the army medical school, they have not been required to proceed there with the other candidates on the 31st March; but have received instructions to proceed to India within two months from that date.

"8. They have been appointed as assistant-surgeons from the 31st March, 1865, and allotted as follows:—Bengal—James Cleghorn, M.D.; Robert Harvey, M.D.; John Bennett, M.D. Bombay—Henry Cook, M.D.; John Thompson Welsh, M.D.; Andrew Barrie, M.D. Their relative position on the list of assistant-surgeons, with that of the others who passed at the same examination and are now at Netley, will be communicated to you hereafter.

"9. In order that these six assistant-surgeons may not obtain an undue advantage over the other candidates now at Netley, by being allowed to proceed to India before them, they will not be allowed to reckon the period they have already passed at the army medical school as service for full pay pension. They will, however, draw Indian allowances, and reckon service for pension from the date of their arrival in India."

GRATUITOUS MEDICAL SERVICES.

SIR,—The unfortunately frequent occurrence in the present day of accidents, by which numbers of persons are seriously injured, and, as a matter of course, are taken to the nearest hospital, seems to call for some revision of the laws of these institutions. The sufferers are many of them able to pay; but, as the laws now exist, no charge can be made; and they consequently leave without remunerating either the institution or the surgeon; and, by the heavy expense which they cause the establishment, injure the original objects of the charity. I shall be glad to have the opinion of the profession on the following points.

In case of accidents, where the persons injured are taken to the hospital, would it not be well for the managers to have the power to make a charge for their board and lodging, as well as for the surgical attendance, where the persons are themselves able to pay, or where some other person or company may be liable? It will, of course, be necessary, in discussing this subject, to keep in view the well-being of the sufferers, the interests of the institution, as well as that of the medical officers, and the welfare of the profession in general.

I am, etc.,

W. M. B.

Medical News.

ROYAL COLLEGE OF PHYSICIANS OF LONDON. At a general meeting of the Fellows, held on Monday, July 17th, 1865, the following members of the College were duly admitted Fellows of the same:—

Dickinson, William Howship, M.D.Cantab., 11, Chesterfield Street, May Fair

Sankey, William Henry Octavius, M.D.Lond., Sandywell Park, Cheltenham

Washbourn, Thomas Buchanan, M.D.Lond., Gloucester

At the same meeting, the following gentlemen, having undergone the necessary examination, and satisfied the College of their proficiency in the science and practice of medicine, surgery, and midwifery, were duly admitted to practise physic as Licentiates of the College:—

Blagden, Robert, Stroud, Gloucestershire

Brewer, Alexander Hampton, Victoria, Monmouthshire

Brookman, Edward Forster, 9, Brunswick Gardens, Kensington

Compton, Thomas Armetriding, Christchurch, Hants

Edgelow, Thomas, Teignmouth

Fenn, Edward Liveing, King's College Hospital

Fernie, William Thomas, Great Malvern

Harvey, Walter Austice, South Petherton, Somerset

Hilliard, Henry Charles, Sheffield, Bedfordshire

Jones, David, M.D.Heidelberg, 15, Welbeck Street

Leigh, William, Chiswick

Lush, Wm. George Vawdrey, Wilton, Salisbury

Paddon, George, Hitchin, Herts

Pratt, William, M.D.Liege, Bervie, N.B.

Raven, Thomas Francis, 23, Great Percy Street

Richards, Frederick William, St. Bartholomew's Hospital

Tibbitts, Herbert, 12, Charter House Square

Turner, Ebenezer Fulham, Upper Clapton

Walker, Henry George, Hereford

Wood, Miles Astman, 1, Curzon Street, May Fair

Wood, Thomas Arthur, M.D.Edin., Peel, Isle of Man

The following gentlemen were reported by the examiners to have passed the *first part* of the Professional Examination for the Licence of the College:—

Archer, Herbert Ray, St. George's Hospital

Bainbridge, George, Leeds

Coombs, Rowland Hill, St. Bartholomew's Hospital

Cour, George Francis de la, King's College

Dore, John Bathurst, London Hospital

Gibbes, John Murray, St. George's Hospital

Groves, Joseph, King's College

Hayden, James Augustus, Charing Cross Hospital

Haynes, Frederick Harry, St. Bartholomew's Hospital

Heelas, Martin Luther, St. Bartholomew's Hospital

Hopgood, Philip Downing, St. Bartholomew's Hospital

Hopgood, Thomas Frederick, University College

Jackson, Frederick William, St. George's Hospital

Keen, William, St. George's Hospital

Little, Edward Moore, King's College

Massiah, Clarence Henry, Bristol

Murphy, Thomas Charles, University College

Perry, Michael, St. Bartholomew's Hospital

Power, Frederick Douglas, St. Bartholomew's Hospital

Prince, Frederick Tickell, St. Bartholomew's Hospital

Roya, Wm. Alexander Slater, St. Bartholomew's Hospital

Spratt, William, Guy's Hospital

Wilkinson, Hubert Henry, Sheffield

UNIVERSITY OF LONDON. Master in Surgery. Pass Examination.

Hooper, John Harward, St. Thomas's Hospital

Examination for Honours.

Hooper, John Harward (Gold Medal), St. Thomas's Hospital

APOTHECARIES' HALL. On July 13th, 1865, the following Licentiates were admitted:—

Ansell, William Henry, Islington

Begle, Adam Linton, Hay, South Wales

Duke, John Challen, Wick, near Arundel, Sussex

Hall, John, Nottingham

Hursley, John, Wardour Street, Oxford Street

Nunneley, Frederick Barham, University College Hospital

At the same Court, the following passed the *first* examination:—

Booth, James Webb, St. Thomas's Hospital

Coombs, Rowland Hill, St. Bartholomew's Hospital

Hopgood, Philip Downing, St. Bartholomew's Hospital

Jackson, Frederick William, St. George's Hospital
Leggatt, Alfred John, St. George's Hospital
Litta, Edward Moore, King's College Hospital
Parsons, Frederic William, King's College Hospital
Perry, Michael, St. Bartholomew's Hospital
Power, Frederick Douglas, St. Bartholomew's Hospital
Prince, Frederic T., St. Bartholomew's Hospital
Fughe, David Roberts, St. Thomas's Hospital

APPOINTMENTS.

PALFREY, James, M.D., elected Assistant Obstetric Physician to the London Hospital.

ARMY.

M'CULLY, Staff-Assistant-Surgeon J., M.D., to be Assistant-Surgeon 105th Foot, *vice* T. C. Morgan.

MORGAN, Assistant-Surgeon T. C., 105th Foot, to be Staff-Assistant-Surgeon, *vice* J. M'Cully, M.D.

ROYAL NAVY.

GABRIEL, John T., Esq., Surgeon, to the *Scorpion*.

GUNN, William, M.D., to be Deputy Inspector-General on the Retired List.

HIDE, John, Esq., Acting Assistant-Surgeon, to the *Liverpool*.

HILSTON, Duncan, M.D., Assistant-Surgeon (additional), to the *Excellent*.

INMAN, William J., Esq., Assistant-Surgeon, to the *Scorpion*.

JACKSON, George, Esq., Surgeon, to the *Figland*.

MILLER, Armit, Esq., Surgeon, to the *Brilliant*.

MULLAN, Andrew, Esq., Assistant-Surgeon, to the *Royal Adelaide*.

VOLUNTEERS. (A.V.=Artillery Volunteers; R.V.= Rifle Volunteers):—

PRIOR, C. E., Esq., to be Surgeon 1st Light Horse Huntingdonshire Volunteer Cavalry.

WISZ, T., Esq., to be Hon. Assistant-Surgeon 1st Isle of Man R.V.

BIRTH.

ROBERTS. On July 10th, at Hull, the wife of *E. S. Roberts, Esq., of a son.

MARRIAGE.

STEELE—MEIN. On July 4th, at the parish Church, Clevedon, *Charles Steele, Esq., of Clifton, to Fanny, second daughter of the late Capt. Mein, R.N., of Fowey, Cornwall.

DEATH.

GILLARD. On June 19th, at Hovingham, near York, aged 9 months, Henry, third son of *Richard Gillard, Esq.

MR. LAWRENCE entered on his eighty-third year on the 16th instanc.

THE LATE DR. MOTT. Dr. W. Francis, of New York, has issued a brief memoir of the late Dr. Mott.

A MEDICAL BENEVOLENT ASSOCIATION has just been inaugurated at Victoria under most promising auspices.

MR. HODGSON, the late President of the College of Surgeons, has resigned his chair of an Examiner in that institution, retaining only his seat in the Council. Mr. Richard Quain, F.R.S., is spoken of as the probable successor of Mr. Hodgson.

ALLEGED CHOLERA IN GATESHEAD. In consequence of a report that cholera had appeared in Gateshead, Dr. W. Robinson, the Officer of Health, has publicly announced the positive assurance that not a case of cholera has been seen in that town since 1853.

ST. MARY'S HOSPITAL MEDICAL SCHOOL: MEETING FOR THE DISTRIBUTION OF PRIZES: Professor Rola, F.R.S., in the chair. The meeting was held in the principal theatre of the school on Monday, May 29th, 1865. The proceedings opened with a brief report from the Dean of the school.

Mr. SMEE has been rejected as candidate for Rochester. He does not appear to have had any chance of success. The *Times* says: "The great unpopularity of Mr. Smea in this city, and the personal attacks he has indulged in during his canvass, did much to destroy all chances of his success, and his defeat has consequently been always looked upon as certain."

LISBON. By an order of the Board of Health, dated July 3rd, the ports of Alexandria are declared "suspected of cholera morbus".

HOSPITAL FOR SICK CHILDREN. The Princess of Wales has given a donation of £50 to the funds of this hospital, the wards of which are now being enlarged to receive fifteen additional patients.

NEW REMEDY FOR DIPHTHERIA! Take a common tobacco-pipe, place a live coal in the bowl, drop a little tar upon the coal, draw the smoke into the mouth, and discharge it through the nostrils. (*The West Indian*.)

EXAMINATIONS AT THE ROYAL COLLEGE OF SURGEONS. At the recent preliminary examinations in arts at the above institution, when ninety-seven candidates presented themselves, only twelve were rejected; and at the examinations in anatomy and physiology on the 15th, 18th, and 19th instant, when sixty-five gentlemen offered themselves, it is stated that more than one-third were referred back to their studies for three months.

QUARANTINE AT MALTA. There are now, it is said, upwards of one thousand persons performing quarantine here. Another building, known as the Plague Hospital, is being prepared, in order to afford them increased accommodation. Notwithstanding that clean bills of health continue to be issued by the Government, the occurrence of some suspicious cases of sickness among the military and civil population of this island has induced the authorities in Sicily to place a quarantine on arrivals from Malta.

AN HONOURABLE BOARD. We are glad to be able to record the fair dealings of the Board of Guardians of East and West Flegg towards their medical officers. They have for some years past paid their officers five shillings per patient, allowing special extras as laid down by the Poor-law Board. Last May, it was also decided by them that in future quinine, cod-liver oil, opium, and leeches should be supplied to paupers at the cost of the guardians.

REQUESTS. The late Mr. Thornton, who died worth nearly four millions, has bequeathed £2000 to each of the following medical charities; viz., Guy's Hospital; St. Thomas's Hospital; the London Hospital; the Dreadnought Hospital Ship; Bethlehem Hospital; St. Luke's; the Hospital for Idiots; the Orthopædic Hospital; St. Mark's Hospital; the Hospital for Incurables; the Hospital for Consumption, Victoria Park; and the London Truss Society—making a total of £24,000 to medical charities alone. The deceased has been equally liberal with other non-medical institutions.

MR. TURNBULL, the surgeon who was temporarily victimised at the Colonel Crawley trial, has at length had something like justice done to him. The charges brought against him, and for which he suffered, were shown to be utterly without foundation. He has been at length gazetted to the 21st Hussars at present in India.

WESTERN MEDICAL AND SURGICAL SOCIETY. The following officers have been elected for the Session 1865-66: *President*, George D. Pollock, Esq. *Vice-Presidents*, M. Baines, M.D.; P. G. Hewett, Esq.; W. Marcet, M.D.; T. Dickinson, Esq. *Council*: T. Keen, Esq.; W. Martyn, M.D.; B. E. Brodhurst, Esq.; J. Way, M.D.; C. Vasey, Esq.; D. Davies, M.D.; J. R. Traer, Esq.; — Knight, Esq.; R. T. Darnell, M.B.; G. F. Blandford, M.B.; T. Holmes, Esq.; J. Lane, Esq. *Treasurer*, M. Baines, M.D. *Honorary Librarian*, A. Godwin, M.D. *Auditors*, T. Keen, Esq., A. Fyfe, M.D. *Honorary Secretaries*, W. Milner, Esq.; C. Hunter, Esq.

OVARIOTOMY. Dr. Keith, of Edinburgh, has performed ovariectomy twenty-four times during the last two years. His last eight cases have been all successful. Of the whole twenty-four cases six patients died after the operation, and eighteen recovered, and are now alive and in perfect health.

DEATHS FROM LIGHTNING. M. Boudin has presented a report to the Academy of Sciences on accidents by lightning. It appears that there were 2,238 persons killed instantaneously by lightning in France between 1835 and 1863. The report remarks that when lightning falls on groups of persons of the two sexes, it strikes especially the men, sparing more or less the women. M. Boudin adds that there are several examples of beech trees having been destroyed by lightning, and that consequently the statement made at the last scientific meeting at Manchester relative to the exemption from injury enjoyed by that tree is not correct. Of 34 persons killed by lightning in the open fields during the year 1853 15 were struck while taking shelter under trees, and of 107 persons killed by lightning between 1841 and 1853 21 are reported to have been killed under trees.

THE NEW YORK INEBRIATE ASYLUM patients have been brought there in a state of semi-paralysis, almost incapable of speaking, and are now in the full enjoyment of their faculties. Another case, worthy of record, is that of a man who could hardly help himself to food; and now, a few months since his entrance into this benevolent institution, he has been passing his leisure moments in making beautiful drawings of the entire building and the surrounding grounds. So much for nerves. Can the community in general, and the afflicted in particular, sufficiently thank Dr. J. Edward Turner, the originator and founder of this noble ally? And when we reflect that only a few weeks before its inauguration, the north wing took fire, and destroyed one-third of the rooms, should not one and all extend the hand of fellowship to a practical philanthropist, and give alms of all that they can spare for the satisfactory completion of the first inebriate asylum established since the creation of the world. (*Philadelphia Medical Reporter*.)

THE LATE DR. SLOAN OF AYR. Dr. Sloan, who died on May 1st, was a native of Ayr and educated at Ayr Academy, and, after having studied at Glasgow and Edinburgh, he was admitted a Licentiate of the Royal College of Surgeons, and ultimately obtained his degree of M.D. at the University of Edinburgh in the year 1834. He then travelled on the Continent, and completed his professional studies at Paris and Vienna; and, on his return home, finally settled in his native town, where he resided and practised till his death—a period of about thirty years. His practice, though as usual, small at first, gradually, but steadily, increased until it was second to none in the county. He was an able physician, a skilful surgeon, and an accomplished man, and he was devoted to his profession. He was prepossessing and conciliatory in his manners. Dr. Sloan was possessed of much general information, and of many scientific and literary attainments. He was the enlightend advocate and liberal supporter of every institution or public measure which had for its object the improvement of his native town, and the physical, intellectual, and moral condition of the community. He took an active part in founding the Fever Hospital in Ayr, and in framing its constitution; and he ever after took a lively interest in it, being consulting physician at the time of his death, and continuing to the last to co-operate in its management and promote its success. He was a director of the Ayr Academy, where he had been educated, and was for many years a leading member of committee of the Mechanics'

Institute. He had a highly cultivated taste, and was no mean critic of the fine arts. He was an ardent lover of natural science. The bent of his mind, however, was eminently practical. A discovery which he made some time ago, of the adaptability of the common sea-tangle to useful and surgical purposes, has received the spontaneous acknowledgments of distinguished members of the profession at home and abroad. He had a well-balanced mind, and a natural grace and kindness of manner, that won their way to every heart. (From the *Ayrshire Express*.)

DEATH OF DR. DANIELL, THE AFRICAN TRAVELLER. William Freeman Daniell, M.D., F.L.S., late staff-surgeon to her Majesty's forces in Jamaica, from which island he arrived in England last September, with a constitution thoroughly broken up by climate, died, June 26th, at Southampton, aged 47 years, and was buried at Kensal Green, July 3rd. Dr. Daniell was well known to the scientific world by his indefatigable labours and researches on the climate and productions of the pestilential coast of Western Africa, and other parts of the globe. He served the whole of his time as assistant-surgeon at our settlements on the African coast, and obtained his promotion to the rank of staff-surgeon in 1853. After that he was twice employed in the West Indies, and accompanied the expeditionary force to China in 1860, where his enthusiastic love of his favourite pursuit, botany, led him to make some additions to our knowledge of the Flora of that interesting region. Dr. Daniell was a Fellow of the Royal College of Surgeons, and was also a Fellow of the Geographical, Linnean, and Pharmaceutical Societies, to which he was a contributor of numerous valuable and scientific papers. He was well acquainted with the native languages of many of the African tribes, with some knowledge of Arabic, and, in 1849, published a volume on the *Medical Topography and Native Diseases of the Gulf of Guinea*.

A SKETCH IN COURT. The *Telegraph* thus describes the medical witnesses in Dr. Pritchard's trial. Professor Christison was there. His appearance at Palmer's trial will be remembered—a tall, wiry, grey-haired, iron-grey man. He was not examined as a witness, being, in fact, the medical or chemical adviser of the prosecution; but as he has "not a doubt of the guilt" of the alleged poisoner of Sir Theodosius Boughton, it is easy to determine what his opinion would be. Dr. Douglas MacLagan, Professor of Medical Jurisprudence in the University of Edinburgh, was the leading witness as to the cause of death. - He is a middle-aged man, of a nervous but resolute manner, and ready, copious, decided expression, with a head and face like the portraits of Cicero, only he is not bald as Cicero is represented to have been. Dr. Littlejohn, Lecturer on Medical Jurisprudence in the College of Surgeons, a slight, juvenile, fair-haired figure, sharp, acute, and dexterous, corroborated him; and Professor Penny, of Glasgow, gave evidence as to some of the most important chemical investigations bearing on the case, the account of his experiments on rabbits having a highly tragic as well as comic side. Professor Penny is dwarfed in appearance, from a crooked spine; but he has an intellectual face and high forehead, and he gives evidence with a clearness that cannot be surpassed.

TESTIMONIAL TO MR. CARTER. During the last winter a malignant fever raged in the low, unhealthy parts of the parish of St. Mary de Lode. Mr. Carter, the parish surgeon, was unceasing in his kindness and attention to the poor people. The fever has now been subdued. For a long time collections have been made in the parish for the purpose of presenting Mr. Carter with two testimonials—one from the poor

people, the other from his more affluent friends. The costlier one is a beautiful marble timepiece by Martin and Co., of Cheltenham, bearing this inscription:—"Presented to Albert Pleydell Carter, Esq., Surgeon, by a few friends, as a token of their esteem and approbation of the care and attention bestowed by him upon the poor of St. Mary de Lode during the fever epidemic in that parish throughout the winter of 1864 and 5. Gloucester, June 1865." The other is a nice-looking electro-chased and engraved inkstand, upon which there are written these words:—"Presented to A. P. Carter, Esq., Surgeon, by the poor people of St. Mary de Lode, in acknowledgment of his kind attention to the fever cases in that district. Gloucester, June 1865." The coppers of two hundred poor people have bought this inkstand. The testimonials were presented at St. Catherine's school-room. (*Gloucestershire Chronicle*.)

THE WOORARI POISON. M. Preyer, to prepare the alkaloid, treats the crude poison, scraped off arrows or obtained from the Indians in little clay pots, with boiling alcohol, and distils the alcohol from the solution. The residue is treated with water and filtered to separate the resin, and the filtrate is precipitated by bichloride of mercury. This precipitate contains all the curarine. It is washed, suspended in water, and decomposed by sulphuretted hydrogen; and thus hydrochlorate of curarine is obtained in solution. The purification may be effected as usual in such cases. The soluble salts are all crystallisable; of the insoluble the chloroplatinate alone has a crystalline appearance. Curarine has a bitter taste, is soluble in water and alcohol in all proportions, is but slightly soluble in chloroform and amyl alcohol, and is altogether insoluble in ether, benzole, turpentine, and sulphide of carbon. Pure concentrated sulphuric acid gives to curarine a magnificent and lasting blue colour, which reaction will serve to distinguish it from strychnine. The poison may be easily discovered in animals. Alcohol extracts it, and it may be identified by the above reactions. The author states that the poison is obtained from many plants; he has extracted it himself from the dried fruit of the *Paullinia cururu*. M. Claude Bernard tells us that the effects of the alkaloid resemble exactly those produced by the substance from which it is obtained, but are, of course, much more intense. Like the woorari itself, it is absorbed with great difficulty by the intestinal canal, but operates with frightful energy when introduced into a wound.

THE LATE DR. W. V. BROWNE. At a late meeting of the Visitors of Hayward's Heath Asylum, it was determined to place in the asylum chapel, at the cost of the county, a mural tablet, in memory of Dr. Browne's tried and faithful services. The Commissioners in Lunacy, who paid an official visit to the asylum on the day after Dr. Browne died, made the following entry in the visitors' book:—"We yesterday made an official inspection of this asylum, and we are sorry to report that Dr. Browne, the assistant medical officer, died early in the morning of that day from an attack of paralysis. It is feared that his death was hastened by his unceasing attention to the duties of his office. Many of the patients expressed to us their regret at his loss, and said that he had always shown them the greatest kindness." The following were a few of the remarks made by the Rev. H. Hawkins, in the Sussex Asylum Chapel, on the Sunday following Dr. Browne's death:—"Last Sunday afternoon, in the midst of that work of charity which it is well to do on the Sabbath day, was smitten down by a stroke of that malady which daily he sought to ward off from, or to relieve in, others around him, one whose name and memory will be long cherished here.

In the place where he was accustomed to prepare healing medicines for his suffering brethren, his weary body sunk down to that rest to which his God summoned him. . . . Perhaps nothing was more remarkable in our departed friend's character than his *trustworthiness*. He was, in a very marked manner, true to his trust. He was (ourselves being witness) scrupulously faithful to his stewardship. Duty was his first object. Nothing tempted him to neglect or to slur it over. Ever at his post, no emergency, however unexpected, could arise for which he was not instantly ready. Denying himself even those brief intervals of rest which he might fairly have claimed, he was to be found, month after month, at his station, prepared for each successive demand of duty. . . . Another noticeable feature in his disposition was his *unassuming modesty*. His nature was very retiring. In days when self-assertion is considered to be a necessary condition of success; when, if a person wishes to get on in the world, as it is called, it is thought that he must have a good opinion of himself, and push his way, it is not common to meet with one who spoke so little of himself, and kept so much in the shade. He that is gone, though of mature years and much experience, was unpretending and diffident, almost to a fault. . . . A word as to his *kindliness and sympathy*. There is probably no one here who came under his charge who has not received at least a considerate feeling word from the good physician whose place among us knows him no more. And how many here have recalled not kind words only, but gentle attention and benevolent deeds at his hands. . . . Not soon will the name of one who was singularly faithful in trust unassuming and modest, feeling and considerate, and ever open-handed, be unremembered. The Christian gentleman, the trustworthy public servant, the faithful colleague, the kind-hearted physician, fellow-worker, and friend has gone, we humbly trust, to his rest."

SCIENTIFIC JOTTINGS. M. de Mortillet positively asserts that the application of the wax of the ear to the injured part will cure the deadly sting of a poisonous fly.—The following is a receipt for an indelible black ink to be used for writing on zinc. Take 30 parts of verdigris, 30 of sal ammonia, 8 of lamp-black, 8 of gum Arabic, and 300 of water; dissolve the gum in the water, and pour it over the other ingredients, well mixed and reduced to powder. A quill pen should be used for writing.—Dr. Gibert a few days ago read a report to the Academy of Medicine on a paper sent in by Dr. Chevandier, on the use of a turpentine vapour-bath in cases of rheumatism, gout, pulmonary catarrh, cramps in the stomach, etc. The patients are exposed for half an hour to the action of the aromatic vapours evolved during the combustion of resinous shavings of the Mugho pine, by means of special fumigatory apparatus. The temperature should never fall below 45° Reaumur (134 Fahrenheit).

THE SALE OF POISONS. The evidence of Dr. Alfred Swaine Taylor before the Select Committee on the Chemists' and Druggists' Bills, is very strong as to the necessity of legislative restrictions on the sale of poisons. Dr. Taylor observed, that he could not define the extent to which the public were injured by their indiscriminate sale. "There are many cases, he remarked, "which do not prove fatal, and of course it is impossible to get at the whole history of those cases; but I have been frequently consulted where drugs have been sold by persons who are incompetent to know the nature of them, in some cases where they have destroyed life, and in others where they have not destroyed life." Dr. Taylor mentioned the following cases:—"One case I mentioned in the report

of an assistant in a shop supplying arsenic instead of calomel; it led to a death, and a trial at the Old Bailey. He was a dispenser in a shop; I believe the accident arose from his being in a hurry, and from the fact that there was arsenic, in powder, near to the calomel in the shop at this time; a mere accident. At the same time there was a great want of caution in supplying arsenic for calomel. There was a want of caution in keeping the arsenic near the calomel, and great ignorance and great want of knowledge in a man weighing out arsenic for calomel." The following is another instance:—"In one morning upwards of three hundred cases of poisoning by arsenic came before me at once from an industrial school near London. A messenger brought to me the material that had caused the illness. On examining it, I found it to be a strongly saturated solution of arsenic; and on going into the history of the case (I think there were 370 children made ill), I found that arsenic had been mixed with the milk, and each child had taken about a grain of the poison. Many pounds of arsenic had been put into a steam-boiler with soda, the whole had been allowed to mix, and the water had been drawn off from the steam-boiler to mix with the children's milk; 370 children suffered from the effects of the arsenic. Fortunately they all recovered, at different periods, by vomiting and treatment. On going into the matter, which I laid before the Secretary of State at the time, it was found that nothing could be done, because the arsenic had not been sold; it had been used by some engineer for the purpose of removing the fur from the steam-boiler." Other similar instances mentioned were these:—"A friend of mine very nearly lost his life. He sent to one of those village shops near Windsor for an ounce of tincture of rhubarb. It was laudanum that was sent to him. He had a narrow escape of his life. I now come to another substance recently discovered—nitrobenzole. It is a very powerful poison in some respects. It has some of the character or smell of the oil of bitter almonds. I had a case of poisoning with it lately referred to me. It was sold for the purpose of giving a flavour to confectionary, and it acted so quickly on the person who took a small quantity that he died a short time after. The difficulty about this poison is this—a person may take it and appear well for some hours, as if nothing was the matter with him. There was a coachman who went into the kitchen where the cook used this in place of oil of bitter almonds for flavouring pastry, and after tasting it, he did not appear to suffer any ill effects. The man jumped on the coach-box and took his master for a drive; it was only on returning home, some time after he had tasted this liquid, that he felt very ill, and he soon died. This liquid would not probably get into common use, because it could not be given to a person without his knowledge, as it has a peculiar smell. It is a dangerous substance to be allowed to be kept by uneducated persons. I cannot see my way exactly between fettering commercial liberty in obtaining a thing like this in quantities for manufacturing and at the same time protecting life. I do not wish to fetter commerce. It has been a result of my practice to see a large number of deaths from poison, and I am more impressed with the necessity of seeing something done to prevent these deaths from occurring."

COMMUNICATIONS have been received from:—Dr. WILLIAM BUDD; Mr. HOWARD; Mr. A. B. STEELE; Mr. E. S. ROBERTS; Dr. H. MARSHALL; Mr. H. NORRIS; Mr. R. N. INGLE; Mr. D. KENT JONES; Mr. G. F. HELM; Mr. C. STEELE; Dr. J. S. WARTER; Mr. R. JONES; Dr. B. CHEVALLIER; Mr. STONE; Mr. T. WATKIN WILLIAMS; Mr. PAUL BELCHER; Mr. W. COPNEY; Mr. LANGSTON PARKER; and Mr. JONATHAN HUTCHINSON.

July 29, 1865. DAYS AT THE HOSPITALS.

opolitan Free, 2 P.M.—St. Mark's for Fistula
other Diseases of the Rectum, 1.30 P.M.—Royal
ndon Ophthalmic, 11 A.M.

y's, 1½ P.M.—Westminster, 2 P.M.—Royal London
phthalmic, 11 A.M.

TYPH. Mary's, 1 P.M.—Middlesex, 1 P.M.—University
College, 2 P.M.—London, 2 P.M.—Royal London Oph-
thalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.

St. George's, 1 P.M.—Central London Ophthalmic,
1 P.M.—Great Northern, 2 P.M.—London Surgical
Home, 2 P.M.—Royal Orthopaedic, 2 P.M.—Royal
London Ophthalmic, 11 A.M.

Westminster Ophthalmic, 1.30 P.M.—Royal London
Ophthalmic, 11 A.M.

SATURDAY. St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.—
King's College, 1.30 P.M.—Charing Cross, 2 P.M.—
Lock, Clinical Demonstration and Operations, 1 P.M.—
Royal Free, 1.30 P.M.—Royal London Ophthalmic,
11 A.M.

REGISTRATION OF DISEASE.

MONTHLY RETURN of new cases of disease coming
under treatment at Pauper and Public Institutions.
(A.) Manchester and Salford (Sanitary Association).
(B.) Preston (R. C. Brown, Esq.). (C.) St. Maryle-
bone, London (Dr. Whitmore).

Diseases.	4 weeks ending April 29th, 1865.		
	A.	B.	C.
Small-Pox	68	3	15
Chicken-Pox	2	3	13
Measles	23	3	10
Scarlatina	27	27	14
Diphtheria	1	2	1
Whooping-Cough	31	2	64
Croup	1	—	5
Diarrhoea	95	31	366
Dysentery	10	9	5
Erysipelas	24	3	26
Insanity	47	4	8
Bronchitis and Catarrh	774	159	1006
Pleurisy and Pneumonia	62	5	24
Carcinoma	—	—	8
Accidents and other diseases ..	4650	562	3654
Totals	5419	616	6243

TO CORRESPONDENTS.

*. All letters and communications for the JOURNAL, to be addressed
to the EDITOR, 37, Great Queen St., Lincoln's Inn Fields, W.C.

COMMUNICATIONS.—To prevent a not uncommon misconception, we
beg to inform our correspondents that, as a rule, all communica-
tions which are not returned to their authors, are retained for
publication.

CORRESPONDENTS, who wish notice to be taken of their communica-
tions, should authenticate them with their names—of course, not
necessarily for publication.

THE JOURNAL AND THE COLLEGE OF SURGEONS.—A Fellow of the
College of Surgeons writes to us as follows:

"Your article on the College of Surgeons in the JOURNAL of
July 1st, 1865, is, I believe, the best summary of the defects of the
present state of the College, and the best summary of the reme-
dies for those defects which has ever been published. Do not
cease to urge upon the Council the necessity of obtaining a new
Charter. The Council has only to pray for it in order to obtain it.
Your articles on the College, written during the past years, have
done excellent service; and have, undoubtedly, had great effect on
the Council. I have read all of them, and can bear witness to
their force and accuracy. Every statement there made, with the
exception of two or three trivial matters, is correct. I also con-
cur generally in the soundness of your reasoning; and I believe,
if Sir B. Brodie had been alive, he would endorse everything you
have written. Members of Council may denounce the JOURNAL;
but outside the Council, all, or nearly all, concur in the importance
and desirability of the changes which you have advocated; and
for the advocacy of which you were first laughed at, and afterwards
abused. The essential changes required are the entire separation
of the Council from the Court of Examiners; vote by proxy papers
for country fellows; and publication of the proceedings of the
College. For these things a new Charter is required; and for
this new Charter you must not cease to fight."

ACADEMIC COSTUME.—A correspondent asks: "Is it the intention
at the coming meeting of the Association that academic dress
should be worn at any of the meetings?"

[We believe that it has never been the practice to wear aca-
demic dress at the annual meetings of our Association, except
when the meetings have been held at an University. EDITOR.]

THE COLLEGE OF SURGEONS AND ITS BALANCE-SHEET. (F.R.C.S.).—
We never said the accounts of the College were not audited. What
we said was, and we repeat it again, that the balance-sheet is
issued without any authorised signature to it. There is in truth
nothing on the face of it or elsewhere to show that it has been
audited, or that it is an official document issued by the authority
of the College. As a correspondent truly stated, the balance-sheet
is "quite unauthenticated, being signed by no College authority."

THE COLLEGE OF SURGEONS AND REFORM.—At the annual Fel-
lows' dinner of the Royal College of Surgeons, the subject of
reform seems to have been carefully avoided after dinner, though
it must have been uppermost in every Fellow's thoughts. As
usual, everybody spoke highly of everybody. Mr. Turner was
highly congratulated on his election by Mr. Hodgson, the Presi-
dent. We also congratulate Mr. Turner, for he was the only gen-
tleman from whose lips on the occasion the word "reform" fell.
"The College wants reform," he boldly said.

DR. GAIRDNER'S EVIDENCE IN THE PRITCHARD CASE.—In giving
his evidence, Dr. Gairdner spoke under the impression that the
letters which he wrote to Dr. Taylor of Perth were to be pro-
duced. But they were not produced. In justice to Dr. Gairdner,
it should be stated that the treatment pursued by him, and the
correspondence which followed, were the result, not indeed of a
formed conviction of the presence of poison, but of a strong desire
and determination on Dr. Gairdner's part to secure the food of
the patient from adulteration by simplifying the diet as much as
possible, and absolutely withholding every kind of medicine and
stimulant. One fact of great importance, excluded by the peculiar
nature of the evidence for the Crown, is, that Dr. Gairdner,
through Mrs. Pritchard's relatives, had suggested the removal of
the poor lady to Perth; and that this suggestion, adopted and
pressed upon her by her brother at Dr. Gairdner's request, was
set aside until too late by the same unhappy fatality which led
Mrs. Pritchard herself to discountenance every effort made with a
view to her rescue.

CEREBRO-SPINAL MENINGITIS.—SIR: In an article on Epidemic
Cerebro-Spinal Meningitis, in the BRITISH MEDICAL JOURNAL of
July 8th, the writer contrasts the symptoms of the disease lately
prevalent in Northern Germany with those of typhus fever, as
described in my work on *Continued Fevers*. I wish to state, in
explanation, that the descriptions quoted from my work refer to
simple typhus, and not to typhus fever complicated with meningi-
tis. Your readers will find the two diseases carefully compared
in a valuable paper by Dr. W. H. Draper, published last year in
the *Bulletin of the New York Academy of Medicine*, and in a work
by M. Boudin, published eleven years ago, and entitled *Histoire
du Typhus Cerebro-Spinal, ou de la Maladie improprement appelee
Meningite Cerebro-Spinale Epileptique*.

I am, etc.,

CHARLES MURCHISON.

79, Wimpole Street, July 1865.

VACCINATION STATISTICS.—SIR: Will you kindly insert the enclosed
in your JOURNAL, as I do not think medical men are sufficiently
informed of the statistics contained in it. Many think it a valu-
able paper, and the Clerks of Guardians evidently have not circu-
lated it among medical men. I am, etc.,

W. C. WALKER.

"Statistical evidence of the different degrees in which persons
vaccinated in different ways will be safe against death by small-
pox, if they should happen afterwards to contract this disease."

"The table is founded on information given to the Medical
Officer of the Privy Council, by J. F. MARSON, Surgeon of the
Small-pox Hospital, on the result of his observations made during
twenty-five years, in nearly 6,000 cases of post-vaccinal small-pox.

Cases of Small-pox classified according to No. deaths per
to the Vaccination Marks borne by ct. in each class
each patient respectively.

1. Stated to have been vaccinated, but having no cicatrix	213
2. Having one Vaccine Cicatrix*	74
3. Having two Vaccine Cicatrices†	48
4. Having three ditto	12
5. Having four or more ditto	4
Unvaccinated	351

* Among cases in which the one cicatrix was well marked, the
death-rate was 43; among cases in which it was badly marked, the
death-rate was 12.

† Among cases in which the two cicatrices were well marked,
the death-rate was 23; among cases in which they were badly
marked, it was 7.

"This paper has been printed and sent to the Clerks of the
Poor-Law Unions."

BARTH'S OXYGEN WATER

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OXYGENATED WATER COMPANY (LIMITED), 36, LONG ACRE.

The General Hospital, Birmingham.

HAM.—Mr. GEORGE FERGUSON having this day resigned the Appointment of RESIDENT SURGICAL OFFICER to this Institution, the Committee will proceed to the ELECTION of a Gentleman to fill the Vacancy on Friday, the 11th day of August next; and Candidates are requested to send in their Diplomas and Testimonials, under cover to the Secretary, on or before Thursday, the 3rd August, in order that the same may be submitted to the Medical Board for examination.

Candidates must be Members of the College of Surgeons and Licentiates of the Apothecaries' Company. They must be unmarried, and not exceeding forty years of age. The Salary, which is permanent, will be £100 per Annum, with Board, Washing, and suitable Apartments.

The mode of election and particulars of the duties required may be known upon application to the Secretary, at the Institution.

By order of the Weekly Board.

WILLIAM R. HUGHES, Secretary.

7th July, 1865.

Classical and Mathematical.—

Dr. STEGGALL prepares Gentlemen for their Examinations in Classics and Mathematics at all the Medical Boards, viz., the Preliminary Examination at Apothecaries' Hall; the Matriculation Examination of the London University; Preliminary and Fellowship Examination at the Royal College of Surgeons, etc.

Dr. STEGGALL continues his Instruction for all Medical and Surgical Examinations during the summer months.—Address Dr. STEGGALL, 2, Southampton Street, Bloomsbury Square, London.

Pepsine and Pepsine Wine.—

M. BOUDAULT begs to state that he cannot be answerable for the purity and strength of any Preparation sold under his name unless obtained from his sole Agent, Mr. PETER SQUIRE, Her Majesty's Chemist, 277, Oxford Street, London, to whom all applications respecting it must be addressed.

Third Edition of Boudault on "Pepsine", with further Remarks by Dr. Corvisart Physician in Ordinary to the Emperor of the French; edited by W. S. SQUIRE, Ph.D. Published by J. Churchill, London. May also be had of the Author, 277, Oxford St. Price 6d.

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Also, especially manufactured for eating as ordinary sweetmeats, or at dessert.

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& SONS continue to supply Instruments of the best workmanship at moderate prices, manufactured on the premises under their own superintendence.

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Important Notice to the Profes-

SSION.—PATENT (COOKED) FOOD, for INFANTS and INVALIDS.—DR. RIDGE'S PATENT.—The best wheaten flour is put into the apparatus, where every particle is brought under the uniform temperature of 212° for eight hours, which thoroughly cooks it; and as all moisture is driven off, the nutritive quality of the flour is largely increased, while it is so light and digestible that the powers of the feeblest stomach are not taxed, but can easily appropriate it. A sample for examination will be forwarded free to any medical man who may desire it.—Manufactory—Horslydown, London, S.E.

Aerated Lithia Water.—

Messrs. BLAKE, SANDFORD, and BLAKE are prepared to supply the LITHIA WATERS (of which they were the original Manufacturers under Dr. GARNOD's instruction) of any strength prescribed by the Profession for special cases. Those in constant use contain two grains and five grains in each bottle, either by itself or combined with BICARBONATE OF POTASH or PHOSPHATE or AMMONIA.—Also, Potash, Citrate of Potash, Soda, Seltzer, Vichy, and Mineral Acid Waters, as usual.

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For a favourable judgment of these wines and their fitness for the English taste, see *Medical Times and Gazette*, Feb. 18, 1865.

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Assorted One Dozen Sample Cases of seven different sorts for £1:19:4, Carriage free, payable by a post-office order.

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33, Golden Square, W., and City Office, 12, Mark Lane.

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Country orders to be accompanied by P. O. O. or cheques crossed the East London Bank.

Salmon's Obstetric Binder, for immediate use after delivery. 5s. each.

SALMON'S ELASTIC ABDOMINAL BELTS, adapted for all cases requiring support, especially for Ladies' use before and after Accouchement, from 12s. to 42s.

Elastic Stockings, from 4s. to 16s. Knee-caps, Trusses, Suspensories, Railway Conveniences, Chest Expanders, etc.

Mrs. Salmon attends upon Ladies.

HENRY R. SALMON, 32, Wigmore Street, Cavendish Square, London, W. Private Door.

Observations

ON

TYPHOID (INTESTINAL) FEVER IN THE PIG.*

BY

WILLIAM BUDD, M.D.,

CLIFTON, BRISTOL.

THE very remarkable disease of which I propose to show you some of the results to-night was first brought to my knowledge by Professor John Gamgee, of the New Veterinary College, Edinburgh. On the 27th of August last, I received a letter from that gentleman, stating—1. That an outbreak of typhoid fever, attended by ulcerations of the intestine, had occurred among pigs in the neighbourhood of Edinburgh; 2. That the disease had been imported by stock from Wolverhampton; and 3. That he had succeeded in stopping its spread by measures—as I inferred from his note—directed against contagion. Professor Gamgee concluded his letter with the kind offer to send me specimens, or a whole pig, should I desire it.

I immediately telegraphed for a whole pig; and, in the afternoon of the same day, I received from the professor the following message: "Pig sent off, packed in ice; dead thirty-six hours." On the 29th, late at night, the box containing this interesting relic was delivered at my house. As the weather was extremely hot at the time, the carcase, when I opened the box next morning, stank so badly as to put my pathological zeal to a test of no common severity. The *post mortem* examination did not the less disclose some results of high interest.

The intestinal follicles presented, in fact, alterations which, although limited in extent and differing somewhat in the order of their distribution, bore a close resemblance to the well known ulcers of the typhoid fever of man.

In following the course of the ileum downwards, the last six or eight patches were somewhat more conspicuous than common; but the only really characteristic changes were confined to the large follicular patch, which in the pig, as in man, is seated immediately above the ileo-cæcal valve; and to a cluster of the smaller follicles which beset the cæcum.

The Peyerian patch immediately above the valve was very vascular and much thickened, standing out in strong relief on the surface of the gut. This patch was the seat of three ulcers, of irregular oval shape, varying from a third to half an inch in diameter, and having their edges sharply cut. These ulcers had destroyed the mucous membrane through its whole depth. Their base—and the same observation applies to the ulcers found in the cæcum also—was formed by an adventitious deposit, presenting, as far as I could judge from the state of the parts, the general characteristics of the yellow deposit which occurs in the typhoid fever of man. In the cæcum I counted six other ulcers, for the most part of smaller size, but presenting precisely the same appearances.

The diseased patch in the ileum was too rotten to preserve; but by inspecting the cæcum, which is now

before you, you may satisfy yourselves of the correctness of the description I have just given.

I ought to add, that the mesenteric glands corresponding to the ulcerated follicles were much enlarged and highly vascular. The rest of the intestinal canal presented nothing abnormal.

My knowledge of this porcine malady was limited to these few data,* when, about three weeks ago, I received a note from my friend Mr. H. Grace of Kingswood, to say that some pigs at the Clifton Union Workhouse had died of intestinal fever, and that others were still labouring under the disorder. Early next morning I visited the survivors, and learnt from the master of the workhouse the particulars of the outbreak.

The subjects of the disease were a lot of ten young pigs recently bought in Bristol Market. When first brought to the workhouse, they all appeared quite well; but, about a week afterwards, more or less, two or three of their number began to show signs of illness. The disorder did not, however, attract much attention until, at feeding time one morning, one of the pigs was found lying dead in the sty. On minute examination, it was discovered that five or six of the remaining nine were already in various stages of the same complaint. Two days afterwards, another pig died; and, before a week had passed, five more had perished. The disease followed in all an exactly similar course.

I cannot give a better general idea of the malady than to say that, as far as outward signs go, it is the exact counterpart of typhoid fever in man; more rapid, indeed, and more deadly; but in all essentials singularly like to the human fever.

Thirst, loss of appetite, sudden loss of strength, great dulness, and an indisposition to move, were the first symptoms to challenge attention. From the peculiar fixed way in which the sick animals held their heads, the master of the workhouse had come to the conclusion that, in the first stage of the malady, they suffered severely from headache. I may add, that the aspect of one of the pigs, which I myself saw in this stage, left the same impression on my mind. These first symptoms were either attended, or soon followed, by profuse diarrhoea; the liquid ochre-coloured stools presenting a striking resemblance to those which occur in the human fever. As death drew nigh, the bright yellow hue of the evacuations generally gave place to a dark olive, or to various shades of chocolate; this last tinge being due to a greater or less admixture of blood.

In some pigs, repeated and violent vomiting showed that the functions of the stomach also were much disturbed. In the worst cases, the prostration early became extreme, and was attended either by stupor or by delirium more or less active.

In the early stage, there was in all great heat of skin; and the pulse continued to be frequent throughout. As the malady advanced, the tongue became dry; sordes collected about the nostrils; and the belly was more or less tympanitic. In some, a special loss of power, almost amounting to paralysis, befel the hinder extremities in the later stages of the complaint.

I had almost forgotten to say that, at the onset, the whole skin was said to be the seat of a bright red exanthem—a characteristic which appears to have been long familiar to pork-butchers, and which, from the resemblance of the colour to the military red,

* Decomposition had advanced so far in the specimen I received from Professor Gamgee, that I cannot speak with the same certainty of its pathological interpretation, as if I had seen the parts in a fresh state. Taking the appearances in connection with the Professor's brief account of the outbreak, I am probably, however, not wrong in assuming that the disease was identical with that which killed the Clifton pigs.

* Read before the Bath and Bristol Branch, on March 2nd and April 13th, 1865.

has earned for the malady the slang name of the "soldier".*

In the most rapid case, death occurred as early as the fourth day after the first discovery of marked illness. Other subjects held on to the eighth, twelfth, sixteenth, and one to the twenty-sixth day. The total duration of the outbreak, counting from the seizure of the first to the death of the last pig, was rather over six weeks.

Through the kindness of the owner, I was enabled to make a more or less complete *post mortem* examination in six of the cases; and it is on the results thus obtained that the following observations are based.

The only strikingly characteristic morbid changes were seated in the intestinal canal. These were in every sense remarkable. Described in general terms they may be said to consist in a series of ulcerations



Fig. 1 a.—Stomach of Pig, shewing first stage of disease.



Fig. 1 b.—Portion of Intestine, shewing first stage of disease.

of peculiar character, variously distributed over the intestinal tract, from the stomach to the rectum inclusive.

The first stage of the local affection appears to be marked by the development (amid all the phenomena of acute inflammatory disturbance), in the

* It is this same "rash" I fancy, which has led to the statement recently made that pigs are subject to scarlet fever.

substance of the mucous membrane, and in the sub-mucous tissue, of an adventitious deposit (or cell-growth, rather), resembling, in many of its characters, the well-known yellow matter of human typhoid fever.

The seat of this new formation is marked by circular or oval patches, varying in diameter from a quarter of an inch to two inches, which attract the

eye by their striking contrast in colour to the surrounding membrane, and by their standing in relief upon it. (Figs. 1*a* and 1*b*.)

The tinge of these patches varies from brownish yellow, through chocolate, to deep violet.

In a more advanced stage, the corresponding mucous membrane is found fretted with numerous small ulcers, or has entirely disappeared over the whole extent of the morbid deposit, which then forms the base of the sore. These two extremes were well shown in two stomachs taken from pigs which died at different stages of the disease, and drawings from which are here exhibited. (See Figs. 1*a* and 2.)

In some specimens, the ulcers now appear in the form of deep excavations. In the greater number, however, the ulcerative process is concurrent with

an exuberant outgrowth of the new formation already described, and in such wise that the ulcerations present a series of more or less fungoid elevations on the surface of the mucous membrane. A similar tendency, but in slighter degree, is exhibited in certain cases of typhoid fever in man. The resulting changes, in fact, form the subject of one of Cruveilhier's most effective plates. In the pig, this tendency to exuberant vegetative outgrowth, in the cases which have fallen under my observation, reached its maximum in the stomach, as may be seen by the specimen I now produce, and by the drawing taken from it. (Fig. 2.) In this stomach, it will be observed, there are five ulcers, varying in diameter from a third of an inch to about an inch and a half. Like the ulcers generally, they are either circular or oval in shape. These ul-



Fig. 2.—Stomach of Pig, shewing Vegetative Outgrowths connected with Ulcers.

cers are not only raised much above the level of the surrounding membrane, but are bounded by everted edges, which project, mushroom-like, considerably beyond the base or pedicle of the outgrowth. They resemble nothing so much—and the parallel is in more than one way deeply suggestive—as a series of cancerous ulcerations which I once saw in the colon of a woman who had died of cancer of that gut and of the mesentery. The surface of these ulcers was apparently in organic connexion with the vessels of the part; the morbid matter by which it was constituted being of a deep violet colour, from infiltration with blood.

The specimen and two drawings which I now show exhibit the disease in a very different phase—a phase which I take to be that of retrogression and beginning of repair. (Fig. 3.) The specimen comprises the large intestine and lower end of the ileum of a pig which died on the twenty-sixth day of illness. The drawings are taken from it. The appearance of the diseased parts is in the highest degree peculiar. Viewed at a little distance, the gut looks exactly as if a number of thin discs of calumba-root had been stuck on to it. In colour, in the concentric circles by which they are marked, in the defined border, and in the strictly circular shape of the greater number, the resemblance between these two objects is

complete. A friend prefers to liken them to the discs of a leathery sort of lichen, of which I am not botanist enough to remember the name, but with which most persons must be familiar, as infesting the bark of certain trees. As applied to a large proportion of the patches, this comparison also is extremely apt. Some few among them, on the other hand, recall to mind the characteristic crusts of syphilitic rupia—a fact which, again, is suggestive of many things.

The material of these peculiar looking excrescences is formed by the adventitious matter already spoken of as constituting the original basis of the ulcerations. From being soft, spongy, and succulent, this material has become much drier and firmer, having now much about the consistence of tolerably firm cheese. Under the microscope, its original cellular character is seen still to exist; the whole mass being, in fact, made up of well-defined microscopic cells. (Fig. 4.)

On using a little gentle traction, the individual disc may be easily detached from the underlying membrane, leaving a surface which, although wanting in the polish and velvety appearance of the surrounding area, is exactly on a level with it.

I have suggested that these patches probably exhibited the disease in a retrogressive stage—the stage

preliminary to repair. I infer this partly from the history of the case from which the specimen was taken, and partly from the morbid appearances themselves.

The pig to which this intestine belonged lived to

the twenty-sixth day; and, a week before its death, gave every sign of approaching convalescence. Appetite had returned; diarrhoea had nearly ceased; the animal had become more lively; and nearly every symptom of the fever, proper, had disappeared. At



Fig. 3.—Portion of Large Intestine. Stage of Regression and commencing Repair.

this juncture pleuropneumonia of the right lung supervened, and speedily proved fatal. After death, the greater part of this lung was found in a state of hepatisation, and its whole surface covered by a soft, recent, yellow false membrane.



Fig. 4.—Cells from Deposit in Intestine.

The condition of the patches themselves was still more indicative of a reparative tendency. In the early and middle stages of the disease, these patches were highly vascular; their surface was an open ulcer; and the surrounding membrane, where the morbid changes were severe, was often much thickened and deeply injected. In the stage before us, the patches were no longer in the condition of open sores, but had become hardened into *crusts*; and the surrounding vascularity had for the most part entirely faded away. When torn off by gentle traction, the underlying membrane seemed only to require a new epithelium to be restored to a sound condition.

The various appearances which I have here attempted to describe represent the different phases of what may be called the typical form of the local

affection. In some cases, in addition to these, a condition of intestine is found which is the precise counterpart of human dysentery. I produce here the lower part of a small intestine, which for a length of eight inches or more is coated with a thick layer of that form of exudation which the Germans call "croupal", and which is characteristic of dysentery in its severest form. (Fig. 5.) One of the large intestines exhibits appearances of the same character, associated with extensive sloughing and ulceration of the mucous membrane. These dysenteric alterations are, as far as I have seen, always attended by that great thickening of the gut, from submucous infiltration, with which those who are practically acquainted with the morbid anatomy of dysentery are so familiar.

Having described the different forms and stages of the local disease, so far as they have hitherto come under my notice, I must now speak of its distribution. In regard to this, the leading fact is, that it is on the large intestine chiefly that the disease spends its violence. In some cases, this intestine is almost its exclusive seat. In the case, for instance, from which the drawing I now show was taken, and to which I have before referred as an example of the affection in its retrogressive stage, the three small ulcers in the lower part of the ileum represented in the drawing, and three small chocolate-coloured circular spots, without breach of surface, in the stomach, were the only discernible morbid changes above the ileo-cæcal valve. (Fig. 3.) The colon, on the contrary, in the same pig, was so extensively diseased that, from this valve to the anus, there was scarcely a square inch of membrane that was not beset by the characteristic patches.

If we put aside the cases in which the lower end of the ileum is in a dysenteric condition, the stomach is

the part which, next to the colon, suffers most. The alterations which this organ presents in some cases are, as we have seen, as severe as they are remarkable.

The ulcerated patches which occur in the small intestines are few in number, and for the most part exhibit the disease in a much slighter form. Some-

times there are only two or three altogether, which in that case are generally seated in the large Peyer's patch, which in the pig, as in man, lies immediately above the ileo-caecal valve. Sometimes, in addition to these, some fifteen or twenty more may be counted, variously distributed through the length of the gut, but for the most part occupying its middle third.

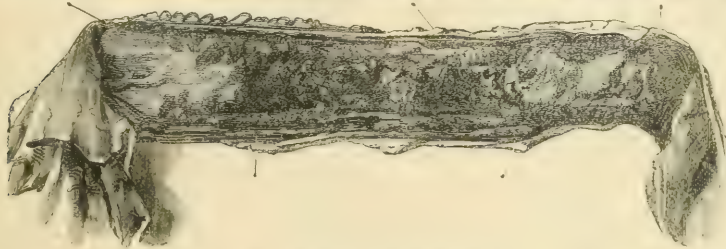


Fig. 5.—Intestine, with Cecal Evagination.

In the intestine, the disease seems to originate, chiefly, in the isolated follicles. Peyer's patches, which occur only in the small intestine, often either escape altogether, or are only affected in a partial and quite irregular manner. Sometimes, in the immediate neighbourhood of an ulcer seated on an isolated follicle, a Peyer's patch may be seen in the normal state; at other points, one end of a patch is affected by the disease, while the other remains entirely free from it.

The condition of the œsophagus I have not investigated. Judging from what occurs in human typhoid fever, it is more than probable that this tube participates in the disorder.

I have remarked, that the only perfectly characteristic morbid appearances attaching to this malady are found in the intestinal canal. It is worth noting, that the spleen, which in some stages of human typhoid fever undergoes such a marked modification, presents here no perceptible deviation from its normal state. The same may be said of the liver, with this exception, that in one or two instances I have seen a thin layer of adventitious deposit occurring in irregular patches immediately under the peritoneal coat of the organ. More than once I have observed a similar deposit under the pleura also. I have not had time to subject this deposit to a minute examination; but its colour and general appearance would suggest the idea of its being identical with the adventitious deposit which precedes the stage of ulceration in the intestine.

Various degrees of passive congestion and of pleuropneumonia are the only other morbid changes I have found in the lung. I must confess, however, that I have not examined this organ with quite the same care which I have bestowed on the intestinal canal.

In one case, there were several ounces of limpid serum in the pericardium; but, with this exception, the heart presented nothing abnormal.

The kidneys exhibited appearances worthy of note. In all the cases which I have examined, these organs were a good deal congested—more variegated in colour than in the healthy state; and, in some instances, their surface was thickly beset by ecchymoses. These alterations must be familiar to most as a frequent attendant on malignant fevers, and as generally associated with acute albuminuria in the living subject.

For want of time, the nervous centres were not examined in any instance.

Thus much I can relate of my own knowledge. These facts ascertained, my first step was to see whether any and what account had been given of this disorder in veterinary works. Hitherto the inquiries I have made in this direction have been entirely in vain. Unless a statement in the last edition of Roll's *Lehrbuch*,* to the effect that all the domestic animals are subject to a fever attended by ulceration of the intestine, be supposed to include this malady, I have met with no mention of it any where. "*Magen-seuche der Schweinen*," the name by which this fever in the pig seems to be known, is very nearly a synonym of "gastric fever," the popular name for human typhoid fever. Roll's book contains, however, no special description of this disease in the pig; and I am informed by one of the highest authorities on veterinary medicine in this country, that no description of it exists.

Under these circumstances, I was naturally anxious to know whether others, as well as Professor Gamgee and myself, had also met with it. Accordingly, on March 17th, I showed my drawings to Professors Spooner and Varnell, of the Royal Veterinary College, London. These gentlemen at once recognised in them illustrations of a disease with which they were familiar, and of which, especially within the last two years, specimens had frequently come before them. The account which I gave them of the symptoms during life corresponded strictly to what they had observed.†

In what remains to be said, founded as it is for the most part on the testimony of unscientific persons, I cannot speak with the same assured confidence. Hitherto, it will be remembered, I have myself seen this disease in a single homestead only; and my acquaintance with it is not only too limited, but too recent also, to enable me to speak of it without some

* *Lehrbuch der Pathologie und Therapie der Haustiere*. Article, "Gastrischer Fieber". This is one of the most recent as well as most comprehensive of the works on the Diseases of Domestic Animals.

† On the 11th June ult, I had the honour of bringing this subject before the Council of the Royal Agricultural Society. Professor Simonds, who was present on the occasion, confirmed in a general way all that is here advanced; and further illustrated the subject by observations of his own, of great interest to pathology as well as to agriculture. His remarks, of which a report is given in *Bell's Weekly Messenger* of 1st June ult., are well worth referring to by all who are interested in this class of subjects.

reserve. The following points, however, seem to be pretty sure.

1. That in single instances, occurring chiefly, as it would seem, in Irish pigs, the disease has been well known to pig-factors here for twenty years or more.

2. That, until within the last year or eighteen months, it has never been known to be epidemic in this neighbourhood.

3. That since that date it has spread over a wide tract of country, and has caused a very large mortality.

4. That it is in the highest degree contagious.

5. That, like all the other contagious fevers, it sometimes springs up, nevertheless, in subjects that have never been in direct communication with others labouring under the disorder.

6. That, in the homesteads in which it has been the most fatal, no other living inmate, whether man, bird, or beast, has suffered from it.

7. That, in many parts of the kingdom, the disease is still entirely unknown.

These, I need scarcely say, are characteristics of the highest importance. If their reality should be established by more enlarged experience, or should receive, where susceptible of it, the stamp of experimental proof, this disease will at once take its place among the most important, in a scientific point of view, of the whole family of contagious fevers. Our interest with it is, I need scarcely add, a purely human interest. The nature and high character of this will be best understood by a question which has been addressed to me by nearly every one who has seen the morbid specimens; i.e., as to whether this disease in the pig be identical with the typhoid fever which afflicts our own race. Rightly interpreted, I believe that neither the natural history of the disease nor its morbid anatomy at all warrants such a surmise. To establish identity in a case like this, it is necessary not to show pathological resemblance merely, but that the germ of the one species of fever is capable of producing the other. Now, not only is there no proof of this in the case before us, but the whole evidence, as far as we yet know it, points the other way. On the other hand, although the alterations in the intestinal canal in these two fevers agree in all their fundamental points, and may be regarded, in fact, in relation to the diseases which they severally characterise, as exact pathological equivalents, the differences between them, more especially as touching the order of their distribution, are too serious to allow us to suppose that they are the common effect of a single specific poison.

But, although not identical, there seems to be every reason to believe that the one malady is the strict analogue of the other; and that the porcine fever—to make my meaning plain by an illustration—bears the same sort of relation to the human fever which sheep's small-pox, for instance, bears to human small-pox. And, as the laws of variola ovina correspond with those of human variola in the most perfect way, so it will probably be found that the laws which govern the propagation of this typhoid fever in the pig correspond as perfectly with those of its human antitype. It is in this, in fact, that the scientific interest of this pigs' fever culminates.

The problem which, in man, is only to be resolved by the casual data which common observation slowly throws up, seems to recur here under conditions which admit of its immediate solution by the precise and decisive results of experiment. If things should turn out to be so, this will be great gain. For, although the law of propagation of human typhoid has already been completely made out, its universal recognition would, no doubt, be greatly forwarded if the conclusions drawn from facts occurring in the common

course of nature, received the additional confirmation of experimental proof.

One other remark I would desire to make. It is probably the occurrence of this disease in the pig which has led certain pathologists both here and abroad to say that swine are subject to typhoid fever—meaning by this the typhoid fever from which we ourselves suffer.

In a paper which I published in the *BRITISH MEDICAL JOURNAL* in the autumn of 1861, I stated my belief, founded on very wide observation, that the pig (as well as our other domestic animals) is entirely exempt from this disorder. All the inquiries I have since been able to make have only tended to confirm this conclusion. And although, in deference to the two gentlemen to whose kindness I am indebted for my knowledge of this disorder, it is designated in the title to this paper as "intestinal fever in the pig," "pig's intestinal fever" would, on every account, be the fitter name for it.

Some years ago, Dr. Murchison fed a pig for three months with the intestinal discharges (mixed with barley-meal) of fever patients; and the health of the animal in nowise suffered. Through assuming that pigs are subject to the typhoid fever of man, the author altogether fails to apprehend, as it appears to me, what, under present evidence, the experiment clearly suggests. A single case is, of course, far too narrow a basis for a general inference in such a matter, and more especially where the object is to prove a negative. But, until reliable evidence to the contrary shall appear, the whole importance of Dr. Murchison's case obviously lies in this, that it tends to show by experiment what common observation had already led us to believe—that pigs, namely, are not subject to the typhoid fever of man.

The relations which these facts touching the pig have brought to light have this additional importance, that in them the pythogenic theory—I had almost said the pythogenic delusion—finds a *reductio ad absurdum*. Stunned into incoherence by the heavy blows it has lately received from so many quarters, and driven to the saddest shifts to maintain its ground at all, this theory still drags on a painful existence, in order, as it would seem, to receive its *coup de grace* from the pig. Either way, the facts appear to leave no escape for it. For, if the pig be not susceptible of the typhoid fever of man, the facts related in this paper leave little doubt that this animal is liable to a disease which in all things, causation included, is its precise counterpart. To argue that the pig's fever is caused by emanations from the common fecal matter of healthy swine—which is the pythogenic theory applied to pigs—would be too preposterous. If, on the other hand, it were proved that pigs really are susceptible of the human disease, the fact would at once be fatal to the pythogenic argument.

From the day when swine were first denounced in *Leviticus* to the present hour, these animals have justly been looked upon as the very type of uncleanness. "The sow that walloweth in her own mire" is of all creatures the last one would have expected to see brought into court as a witness in favour of the pythogenic theory. For, in spite of the conditions amid which swine almost universally live, not even the most rampant pythogenist, I presume, is prepared to contend that typhoid fever is common among them. Of the powerlessness of their own excreta to produce this fever, the experience of a friend of my own who formerly lived in the neighbourhood of Bristol, and who for more than twenty years was a large breeder of pigs, would alone be sufficient proof. The periodical visits which, in compliment to the owner, I used to pay to his populous piggery, when,

as frequently happened, I passed an hour or two at his country seat, were among the severest trials to which my own nostrils were ever exposed. For, although this gentleman was very proud of his stock, I blush to say that the styes and the yard in which the animals passed the greater part of their lives, were kept in the most flagrant defiance of all sanitary laws. The sight of the black ooze—to say nothing of the penetrating stink—was enough to make any one stand aghast who had been brought up in sound pythogenic principles. From the newborn litter to the ancient sow, pigs of every age might be seen there, whose only bed was dung in every conceivable stage of fermentation. And yet, in spite of all this, not only did the successive generations of twenty years pass away into pork without any epidemic of pythogenic fever, but not a single instance of that disorder, or of anything resembling it, ever occurred among them. By every pythogenic law, they ought to have perished a hundred times over; but all they really did was to grunt and grow fat, and die under the hands of the butcher. Indeed, with the exception of two Irish pigs, which, under strong temptation in early life, were supposed to have indulged habitually in human excrement, and had become infested with cysticercus in consequence, my friend was unable to trace any single ill effect to the incessant commerce of his pigs with faecal matter.*

The experience of this homestead is the experience of a thousand others scattered through the land. All the early part of my professional life I passed in country practice; and, although I was constantly being consulted by farmers and by the poor respecting the maladies of their pigs and other live stock, and constantly heard the pigstye unhesitatingly indicated as the cause of typhoid fever in the family of the owner, I never saw or heard of a single case of this disorder among pigs themselves.

The dilemma into which the pythogenist has been betrayed by this infelicitous appeal to swine may be put in another form.

The chief source of the poison which causes typhoid fever is, according to the pythogenic theory, human faecal matter in a state of fermentation.

As identity of nature implies identity of cause, the poison derived from this same source must be capable of exciting typhoid fever in the pig.

As, further, pigs and men, by the very terms of the case, are, in respect of this fever, on the same footing, it would, I presume, naturally follow that the faecal matter of the pig must be capable of exciting typhoid fever in man. The pigstye and the attendant dunghill figure largely, in fact, as a cause of typhoid fever, in the writings of the pythogenic school.

As—more—in all these points the relations, if they exist at all, must, from their very nature, be strictly mutual, it should equally follow that pigs, also, must be liable to contract typhoid fever from their own faeces in a state of fermentation. But not only does the whole life of pigs bear evidence against this, but their habits render it equally sure that, as far as typhoid fever is concerned, the faecal matter of man is innocuous to them.

This, as it appears to me, is a very serious dilemma. It is for those who, in the teeth of every sort of evidence, still hold to this theory, to help us out of it as they best can. Meanwhile, if the facts

be as, according to this theory, they would seem to be; if it be true that typhoid fever is caused in man by his own faeces and by the faeces of the pig, while the latter is proof against both,—I can only say that the fact betrays a dispensation of Providence in favour of Porcus of which Homo has just reason to complain.

Transactions of Branches.

SOUTH-WESTERN BRANCH.

PRESIDENT'S ADDRESS.

By THOMAS L. PRIDHAM, Esq., Bideford.

[Delivered June 22, 1865.]

GENTLEMEN,—My first duty is to thank you for the honour you have done me by electing me the President of the South-Western Branch for the present year. Having said this much, my pleasure is, to welcome you to this interesting and beautiful part of our county; famed as it is, not only for its rocky coast and woodland scenery, but also for the historical events which in connection with the southern part of our county have conduced to make England what she is, the emporium of the world.

I can assure you, that I am quite aware of the responsibility I have undertaken in presiding over this meeting; feeling, as I do, how far short my best efforts must be, when compared with the eloquent and learned addresses which have been delivered by members of the Association in this division.

Before I begin to speak on medical subjects, it may not be uninteresting to those who now visit North Devon for the first time, to dwell for a few minutes on subjects which may perhaps be considered foreign to the intentions of the present meeting.

History tells us that, about the ninth century, the Danes made a descent upon this coast, with a powerful army, and landed on our burrows. Under the command of Odon, Earl of Devon, they were met by the stout hearts and trusty hands of the men of these parts, who were entrenched at Kenwith Castle, about a mile hence, and, after a bloody battle, were defeated and driven into the sea near Appledore. On the shore is to be seen a huge stone, which marks the spot where Hubba, the Danish king, was slain, and is called Hubba Stone to this day.

We cannot boast of having produced such great and learned men, as Milton, Shakespeare, Locke, or Newton; but we can boast of the good old men of Devon who lived in the days of "Good Queen Bess"—men who were remarkable for their acts of valour and wisdom. It was from this port that Raleigh and Drake sailed on their voyages of discovery and adventure. In the small village church of Landcross, just a mile hence, may be seen the baptismal register of George Monk, afterwards Duke of Albemarle, who first trained the Coldstream Guards to deeds of arms; and subsequently was the means of establishing Charles II on the throne of England. It was here that the Grenvilles (kinsmen of William of Normandy) lived, from the time of the Conquest to the close of the sixteenth century; men renowned in the history of our country as statesmen, and as warriors both by sea and by land. It was from this port that the brave Sir Richard Grenville sailed to meet the Spanish Armada. History records that this said Sir Richard Grenville on one occasion engaged the whole Spanish fleet single-handed, in his ship called the *Lion*, which was manned by men of North Devon; nor did he surrender until all his powder was consumed, and his crew reduced to but a few. After

* This case is not recommended as an example to follow. By great care as to food, and as to the sources from which he renewed his stock, this gentleman kept his pigs free from disease, notwithstanding the dirty condition of his pigstye. But pigs, like men, are, *ceteris paribus*, the more healthy the cleaner they are kept. The filthy animal which they are so often kept, leads to their being infested by parasites to an extreme degree, and also to the rapid extension of infectious diseases among them when once introduced into the sty.

sinking several of the enemy's ships, he received his death-wound in the unequal contest, cheering his brave men with these memorable words, "Remember, my lads, you are as near Heaven at sea as you would be on land." It has been said, that this was the most heroic sea-fight the world has ever known. In our beautiful parish church, is a monument erected to the memory of Sir Thomas D. Grenville, Lord High Admiral of England. Sir Bevil Granville fell at the battle of Lansdown, whilst fighting in the royalist cause. His remains were conveyed to Stowe in Cornwall, and buried in the parish church of Kilkhampton.

I will now turn to incidents and men of modern date, of which we may also claim a goodly share.

It was here that Charles Kingsley passed many of his early days, and received part of his education under the Rev. Derwent Coleridge; and, in later days, whilst residing here, he wrote that (to us) most interesting historical novel *Westward Ho*. It was here that Kingsley's brother-in-law, Anthony Froude (who was pronounced in a leader in the *Times* "the most elegant prose writer of the age"), wrote his first two volumes of the *History of the Tudors*. It was within a mile of this, that the brave and admirable sailor, Sir Richard Keats, resided, who was visited by Lord Exmouth, in order to plan the attack on Algiers; which attack, we well know, was perfectly successful. It was at Orleigh Court, about three miles hence, that the intrepid Captain Speke, the discoverer of the source of the Nile, was born. Two of our judges who at this time adorn the Bench, are both closely connected with this town and neighbourhood. I allude to Judge Montague Smith, who was born and educated in Bideford; whilst Baron Channell's immediate family are natives of Appledore. Our painters, too, come forth in glowing colours—Turner, Lee, Lane, and Hughes. The last named, Arthur Hughes, a most accomplished gentleman, was created landscape painter to our most gracious Queen. Gay may be numbered amongst our poets; he was a native of Barnstaple. It was here that Hervey wrote his *Meditations*. Nor must I pass unnoticed our postman poet, Edward Capern, who still goes his daily rounds with his letter-bags on his back. He is entirely a self-educated man, of great powers of mind. He has been pronounced by Walter Savage Landor (perhaps the most able critic of his day) to have written odes equal to the best of Burns the Scottish bard. His descriptions of rural life and rural scenes are charming; whilst his "Battle of the Great Redan", and other pieces on the Russian war, secured for him a pension of £40 a year under the influence of Lord Palmerston, who, by the way (to my knowledge), is a great admirer of our poet. Our Queen, too, has spoken of him in terms of commendation.

I trust you will pardon this digression. I now proceed to speak on subjects which more particularly belong to ourselves as members of the medical profession, and will allude to some of the epidemic diseases which I have witnessed in this locality. I will first speak of the cholera in 1854; that most fearful of all diseases which have visited this land in modern times. If ever the spread of this disease could be traced to assignable causes, it would be so traced in the town of Bideford, as I will proceed to shew. The town, you can perceive at a glance, is well situated for a most perfect system of drainage. The River Torridge flows and ebbs over a bed of sand (the *débris* of granite); and it would be supposed that all offensive drainage would be carried twice a day into the sea. But what was the fact at the time of the visitation? The drains of the town fell on to a bed of accumulated filth, close to the wall of the quay; from which, it was remarked, the most offensive effluvia arose. This deposit of mud had only recently

taken place, in consequence of a bank having been carried out so as to intercept the course of the river; before which time Bideford was considered a most healthy town.

Early in the month of August, the cholera was brought into the town from London, by a person under the influence of choleraic diarrhoea, which ended in Asiatic cholera. Although severe in its character, the case did well. The remedies employed were ipecacuanha, chloric ether, ammonia, and chalk, with artificial heat locally applied. In no subsequent case, did I see so much suffering from spasm and cramp. The treatment adopted in this case did not answer in cases which followed. The drainage in the house was good. We had no other case in the town for more than a month, although cholera prevailed in an adjoining parish, where sanitary matters were in a wretched state.

About September 10th, there came into the town, from an infected district, a family suffering from choleraic diarrhoea. A friend visited the family, sickened of cholera, and died in a few hours. The disease now spread rapidly, visiting the worst drained parts of the town, particularly where there were no stench-traps provided for the houses. At the time when the cholera visited the town of Bideford, the wind from the east prevailed, shifting occasionally from north to south; and it was a remarkable fact, that cholera broke out in those parts directly opposite to the set of the wind, which blew up the drains that emptied themselves on the bank of mud; which, as I have before stated, was loaded with the offal of the town. It is worthy of remark that, on the east side of the river, where there is no deposit of mud, there was only one case of cholera, and that was in a person who, whilst suffering from choleraic diarrhoea, was conveyed thither from the west side of the river.

To make my observations still more correctly understood, I would mention a fact that, in one infected district, the houses on one side of the street were badly drained, and the victims were many; whilst, on the other side of the street, the drainage was good, and there was not a single case of cholera. Our union workhouse is considered a model establishment. It is governed by a well disciplined pensioner of the Guards, who is admirably adapted for his responsible post. The house is well ventilated, well lighted, has a plentiful supply of water, and a good system of drainage. In this establishment, there was not a single case of cholera; although on each side of it there were cases.

I have dwelt somewhat at length on the important subject of drainage; being well convinced, from the opportunities I have had of witnessing the effects of its influence on epidemic diseases, how much evil might be avoided, and valuable life spared, by a thorough system of drainage being adopted in every town. I would also add, that over-crowded rooms, and a want of sufficient ventilation, have a most baneful tendency.

Having said thus much regarding the manner in which cholera invaded our town, it may not be uninteresting to add a few words as regards the treatment which I adopted, and its results. I would remark, that diarrhoea prevailed in the town as an epidemic at the same time as the Asiatic cholera. It was calculated that 1000 persons, out of a population of less than 6000, applied at the *dépôts* for diarrhoea medicine; but there was no fatal case from diarrhoea that I am aware of. The medicines given consisted of ipecacuanha, chalk, chloric ether, and camphor. The treatment on which I chiefly relied in cases of cholera, was nitrous acid, given, in proportion to the age of the patient, from five to thirty drops in cold water every half hour. In almost every instance, it allayed

the sickness, as well as the choleraic discharges from the bowels. The remedy required to be carefully watched; for, as soon as the discharges ceased, it became necessary to withhold the medicine, or else severe pains of the stomach and bowels would ensue, which, in more than one instance, continued until death put an end to all suffering. Artificial heat was extensively employed. With the exception of one or two cases, there was no consecutive fever. Under the acid treatment, out of 49 cases, only 9 proved fatal. The number of cases which I reported were 51; of these, 22 passed into a state of collapse, whilst 29 did not. Twelve cases proved fatal out of 51. Three of them were nurses, who, for the sake of gain, washed the clothes of cholera patients (a most fatal error). Whilst the clothes and bedding of the poor were burnt without delay, very few in the middle classes were attacked, and not one in the upper class of life. As little food as possible was given, and no spirit or wine.

There is a fact well worth recording—that, whilst the cholera was at its worst, the whole town was fumigated by means of lighted tar-barrels, and we had no fresh case afterwards; and I was told that the same result followed in an adjoining parish. The efficacy of tar appears to have been relied on in the time of the Plague, which visited this town about two hundred years ago; for there is to be seen in our parish church, a monument to the memory of a Mr. Strange, of whom it is recorded, that he visited and administered to the necessities of those smitten with the plague with his own hands; and that, in order to prevent infection, he smeared his lips with tar; and you may see on the marble lips what remains of some tar, which was smeared in order to record the fact. He was the last of many hundreds who were victims in this visitation of the plague in Bideford.

I chanced to be present at the death of the last case of cholera here; it was in one of the nurses to whom I have alluded. She was, in health, a high spirited woman. Her death was fearful, and attended with peculiar circumstances. Her husband had left her to live with another woman. She sent for him; on his entering the room, with an effort almost superhuman, she raised herself in bed, with a countenance thin and haggard, almost as blue as indigo, and with the horrors of death upon it, whilst, pointing her finger at her faithless husband, she thus addressed him—"I tell thee what 'tis, Elias, if you marry that woman, I will haunt thee to the day of thy death." She then fell back on her pillow, and was dead. Such a scene can never be effaced from my memory.* Whether the man was afraid of seeing his wife's ghost or not, I cannot tell; but true it is, he did not marry "that woman."

How little do we know of the laws which govern the progress of cholera, or of the predisposing cause in those individuals whom it assails. Will chemistry or medical science ever discover these secrets, and thus be able to mitigate these dispensations of an All-wise and Merciful God, which are doubtless sent to tell us that we are but mortal, and to warn us of the uncertainty of human life?

I now proceed to describe an epidemic which visited us early in July 1857. From reports which appeared in the *Times* newspaper some months previously of a fever which prevailed in Lisbon, it would appear that the epidemic to which I allude greatly resembled it in character. It was first noticed on the southern coast of our county, invading the sea-

ports and adjacent towns on the west and north of Cornwall, until it reached this district. The symptoms which characterised the disease were, sudden rigors; loss of appetite, quickly succeeded by great prostration; a small rapid pulse; pupils dilated; pain in the back of the head; drowsiness almost amounting to coma, not unfrequently delirium; a smooth glazy tongue, which did not at any stage of the disease become coated or dark. There was tenderness in the epigastric region. The skin was morbidly hot and offensive, but without moisture, and tinged with bile. There was not much thirst. The urine was scanty and high coloured, throwing down an acid deposit; whilst the secretions from the bowels were relaxed, and generally deficient of bile. The patients were very intolerant both of light and sound. There appeared to be but little remission of fever, which in some instances ran on to thirty days; whilst others, who were in apparently good health when attacked, were dead in a few hours. For instance, the disease invaded the dwellings of two adjoining houses. In one, there were four cases. Three delicate children were first attacked; they lingered for thirty days, and afterwards recovered. The fourth case was in a fine healthy boy, who was suddenly seized with rigor, headache, sickness, involuntary discharges from the bowels; and, lastly, he fell into a state of coma, and died within twenty-four hours. In the other house, four children were also seized, three of whom lingered and died; the fourth, an almost idiotic girl, recovered, the disease but slightly afflicting her. The disease for the most part attacked the children of the poorer class—bad drainage being generally discovered in or near their houses. Under one roof there were nine cases. All became delirious, but only one died. I attended in this epidemic 130 cases, fourteen of which proved fatal. The treatment which appeared to be attended with most success was, mild preparations of mercury, combined with a mild sedative, such as extract of conium or henbane, effervescing salines, and full doses of morphia at night in the advanced stages; whilst the skin was freely sponged with a solution of chlorate of soda.

This epidemic had scarcely subsided when another of a more fearful character made its appearance in nearly every part of the town, attacking grown persons as well as children. The disease commenced with rigor, followed by a sensation of fullness about the fauces, headache, a coated tongue, and a quick pulse. Early in the disease, small white spots made their appearance on the fauces; and the act of swallowing became more and more difficult. The upper part of the oesophagus became involved; ulceration and destruction of parts followed; and the disease assumed a malignant character. Generally, about the fourth or fifth day, a highly offensive mucopurulent discharge came from the mouth, and not unfrequently from the ears, nose, and eyes. If the patients were not relieved, death put an end to their sufferings between the fourth and tenth day. My first efforts to cure consisted of the local application of nitrate of silver, and the administration of quinine and steel wine, with a generous diet. This treatment failing, I was greatly disheartened, as many died. On reconsidering the nature of the disease, I resolved to try an opposite mode of treatment, and accordingly administered the chlorate of potash and powdered gum guaiacum in equal parts, according to the age of the patient, from three grains to thirty grains of each, to be mixed at the time of taking in a small quantity of tepid water, and to be swallowed gradually. Hot poultices of bran, vinegar, and salt appeared to benefit as well as comfort the patient. Beef-tea and good broths were given, with a generous

* I mention this case in particular, as there have been some remarks lately made in our JOURNAL relative to the difference of the cause of death taking place from loss of blood from an artery or a vein, and death taking place from cholera, where the powers of mind as well as of body remain to the last moment.

allowance of port wine. This disease appeared to differ from true diphtheria, as no greyish false membrane was formed; neither did it appear to extend to the air-passages. This epidemic also appeared to travel round the coast, visiting some places with great severity.

Before this epidemic had subsided, scarlatina made its appearance amongst us, and proved to be of a most fatal character, as the diseases became blended, evinced more particularly by the fetid discharges from the nose, mouth, ears, and eyes, to which I have before alluded. Not a few had malignant scarlatina quickly established, and then death was speedy. Amongst the cases which lingered, fifty-six terminated in abscess of the neck. In four of these, blood-vessels in the neck gave way; three died from a gradual loss of blood; and one died almost suddenly, from a large vessel having ulcerated. These cases were most distressing to witness, as nothing could be done to stop the hæmorrhage, which appeared to be venous. Sixty cases terminated with dropsical swellings. These cases were successfully treated by brisk purgatives, or by diuretics with digitalis. Six died from sudden effusion either on the brain, the chest, or into the pericardium. In thirty cases of scarlet fever, secondary fever came on, in which the most distressing sickness prevailed; an acrid green secretion being discharged from the stomach. In this stage of the disease, I did not lose a single patient; my treatment consisting of calomel twice a day, with a mixture of carbonate of magnesia and hydrocyanic acid, in doses proportioned to the age of the patient.

I will here add an account of the number of cases of the three epidemics I attended in 1857 and 1858.

	Cases.	Deaths.	Recoveries.
Epidemic fever . . .	130	14	116
Fever with throat-disease	66	8	58
Scarlet fever with complication . . .	380	53	327
Totals, . . .	576	75	501

It may be remembered by some present, that mention was made in our valuable JOURNAL of these epidemics soon after they prevailed. I have, however, thought it right to bring the history of them more prominently before the members of our profession on the present occasion, connected as they were with this immediate neighbourhood. I have no doubt that the steps which have been taken in sanitary matters will be the means of averting the fatal consequences of future epidemics. Of late years, we have been remarkably free from such visitations; and I believe the town of Bideford again vies, in point of health and longevity, with any in the kingdom.

Before concluding my address, which I fear has already exceeded the usual limits, I will make a few remarks founded on my own personal observations in the treatment of typhus and typhoid fever, and also on the efficacy of morphine in mania, both of which subjects have been discussed during the past year.

With regard to the total abstinence from stimulants, strongly advocated by Dr. Gairdner (whose reputation ranks so high), I can only say from my own experience, that there are peculiarities in some constitutions which forbid the use of alcohol in fever, whilst others would sink without it. The object, in all cases of low fever, is to conduct our patients, by the best means in our power, to the critical day, which may be on the fourteenth, the twenty-first, the thirtieth, or even a more lengthened period. In order to explain more fully my observations, I will relate two cases which have recently occurred in this

neighbourhood, showing the result of opposite modes of treatment.

Two sisters were attacked at the same time with fever, which after some days assumed the character of typhus. The elder sister, who whilst in health was of a most tranquil and placid disposition, passed through the disease subsisting on milk, arrowroot, and weak broth, toast-water, and Japan green tea. In this case, I repeatedly tried the effect of wine, and as often had reason to regret the attempt to keep up the powers of my patient in this way. The younger sister, who was a most excitable person whilst in health, had six ounces of port wine allowed her daily, with marked benefit. She had, moreover, morphine at night, which the elder sister could not take. Nitric acid with the extract of conium was the principal treatment with the elder; whilst infusion of bark and hydrochloric acid, with extract of conium, were given to the younger patient. Both patients recovered after thirty days of fever. I have great confidence in the beneficial effects of good extract of conium in fever. Its sedative powers appear to keep the nerves of the stomach in a quiescent state, and prepare it to receive and digest the nourishment which is administered.

I will now say a few words on the sedative treatment in mania.

A lady, who had been engaged in some family disputes, in which she evinced signs of aberration of mind, was on her journey to her home on the top of a coach. All at once she insisted to be set down on a barren moor, where she was exposed to the heat of a vertical sun for some hours. She was afterwards brought home by some friend, who happened to pass that way in his carriage. She was then in a state of mania, which became violent. After some days, it was arranged that she should be sent to the asylum on the following morning, as it was considered the only step that could be taken under existing circumstances. I was consulted in the matter, and at once resolved to try the efficacy of morphine in large and repeated doses, watching its effects most carefully, administering grain doses with my own hands every eight hours. This plan was followed for six days, with the best results; after which time I gradually lessened the dose. The improvement was gradual from the first. At the end of a month, she was perfectly restored to her reason. She then went to the seaside, and has remained perfectly well ever since. It is more than a year since she was first attacked.

In conclusion, I must say a few words respecting the beautiful and salubrious spot where, by the particular request of some of our members, we are assembled this day to hold our annual meeting, instead of at Bideford, where it was first intended to be held.

Doubtless there are great advantages to be derived from the sea-breezes, wafted without interruption across the broad Atlantic, partaking in their course, as they are known to do, of a goodly portion of ozone, which is found to be the means of restoring health to enfeebled constitutions, and to be highly beneficial in certain cases of affection of the lungs. Then, again, we have two miles of solid sands and several hundred acres of level turf within our far famed "Pebble Ridge", on which invalids can take their pastimes either in a carriage or on horseback. Such advantages as these are said not to be met with again in England. Our accomplished associate, Dr. Radclyffe Hall of Torquay, has named Torquay "The Queen of the South". May we not claim for this spot to be "The Queen of the North"? And, if so, I am sure she will heartily welcome her fair cousin and her stately court, whenever they require a more exhilarating and bracing atmosphere.

Progress of Medical Science.

PSYCHOLOGY.

STATISTICS OF INSANITY. Dr. H. G. Stewart, in the *Journal of Mental Science*, gives statistics of insanity, as obtained by him in the Crichton Royal Institution, Dumfries. The following is a summary of them.

i. *Sex.* There were 16 per cent. more males than females under treatment. 2. The females recover more readily than the males. 3. The number of deaths in each sex is nearly equal.

ii. *Domestic Condition.* 1. Most of the patients were single. 2. The highest proportion of recoveries was among the married, the next among the single, and the lowest among the widowed. 3. The smallest proportion of deaths was among the married, a higher among the single, and the highest in the widowed. 4. The married with offspring had a much greater chance of recovery, and a much less chance of death, than the married without offspring.

iii. *Education.* 1. Those having a superior education recover less frequently than those whose minds are not so highly cultivated. 2. Those having moderate and indifferent educations have the best chance of recovery. 3. The highest mortality occurs among those whose education is indifferent.

iv. *Occupation.* 1. Members of the learned professions have much less chance of recovery than men in any other occupation. 2. Artisans have the largest proportion of recoveries among them, proprietors next, commercial men next, and architects, engineers, etc., next. 3. Death is more frequent among the members of the professions, and less so among the other classes. 4. Among the females, the fewest recoveries are among the affluent class, and the greatest in the commercial and artisan class. 5. The deaths among females are more frequent in the artisan and affluent than in the commercial class.

v. *Cause.* 1. The ascribed cause of insanity is much more frequently physical than moral. 2. Moral causes are more frequent among the females than the males. 3. Moral causes, both among males and females, produce an insanity more easily curable than physical causes. 4. Death in both sexes occurs more frequently among cases of mental disease produced by moral than by physical causes. 5. One-half of the cases were hereditary; and 12 per cent. of them were ascribed entirely to hereditary transmission. 6. The cases produced by easily removeable causes are the most curable.

vi. *Age at which the Insanity first appeared.* 1. The greatest number of first attacks occur between the ages of 20 and 30 years. 2. The highest percentages of recoveries occur in those attacked at the climacteric period; namely, between the ages of 10 and 20, and 40 and 50 years. 3. The recoveries are next most frequent in those first attacked between 20 and 30; and as life advances (with the exception of those in the disorder mentioned in the preceding paragraph), the chances of recovery diminish. 4. The percentage of death is higher the greater the ages at the first appearance of the insanity.

vii. *Number of Attacks.* 1. 66 per cent. of the cases admitted are first, 15 per cent. second, 7 per cent. third, and 9 per cent. frequent attacks. 2. By far the lowest proportion of recoveries takes place in those that suffer from the first attack; and those having a second or frequent attacks recover in a much higher proportion. 3. The proportion of deaths is higher in the first, and generally lower in the frequent attacks.

viii. *Duration of Attack prior to Admission.* 1. The earlier the patient is placed under treatment, the greater is his chance of recovery. 2. The number of deaths is fewer in those admitted soon after the appearance of insanity, than in those in which the disease has existed for longer periods.

ix. *Bodily Health.* 1. Nearly one-half of the cases had good bodily health; in 31 per cent. it was indifferent; and in 18 per cent. it was bad. 2. The recoveries were high among those having good; but highest in those having indifferent; and lowest in those having bad health. 3. The deaths were lowest in the first class, intermediate in the second, and highest in the third.

x. *Age on Admission.* 1. The greatest number of patients admitted are between the ages of 20 and 50. 2. Most recoveries take place in those whose age is between 15 and 20, and 45 and 55, the two climacteric periods (see heading vi). 3. The proportion of deaths steadily increases in proportion to age.

xi. *Form of Mental Disorder.* 1. Mania was the most frequent form of mental alienation; next melancholia, next monomania, and next dementia. 2. After dipsomania, melancholia was the most curable, and after it mania and monomania. 3. The deaths were most frequent in fatuity and dementia, less so in monomania; and in mania and melancholia they were in the lowest proportion.

xii. *Duration of Attack.* 1. The greatest number of attacks of mental disease last for less than one year. 2. The longer the attack the fewer the recoveries. 3. The longer the attack the greater become the proportion of deaths.

xiii. *Duration of Residence in the Asylum.* 1. The mass of cases remain less than one year in the asylum. 2. Such cases are the most curable. 3. More than half of those cases that remain only for a month die; and in those remaining six months the mortality reaches its minimum, and thereafter, in the longer periods of residence, on the whole, increasing.

CLIMACTERIC INSANITY IN WOMEN. Dr. Skae, of the Borough Asylum, Birmingham, concludes thus of this species of insanity. 1. The symptoms of insanity occurring at the climacteric period in women, are so uniform, characteristic, and peculiar, as to render it easily recognisable, and entitle it to be referred to a distinct natural group or family, which may be distinguished as climacteric mania or insanity. 2. This is one of the most curable forms of insanity accompanied by melancholia. 3. The duration of the insanity in curable cases rarely exceeds from three to six months. 4. This form of insanity, apart from suicide and organic disease, rarely tends to a fatal termination. 5. The most important indications of treatment are, the early removal from associations and friends; careful watching; nutritious diet; and the judicious administration of narcotics." (*Edin. Med. Journ.*, February 1865.)

ARTIFICIAL INSANITY. Dr. D. H. Tuke has published an interesting article on what he calls Artificial Insanity, or Braidism. The main points in his paper may be summed up as follows. 1. While dreaming and natural somnambulism bear considerable resemblance to insanity, artificial somnambulism, or Braidism, at a certain ideo-plastic stage, is still more analogous to, if not identical with, certain forms of mental disease, and therefore offers a better field for study than the former spontaneous conditions, and is more at our command for purposes of experiment. 2. In all probability, the disturbance of the brain which accompanies artificial insanity is the same in kind as occurs in some forms of mental disease, and does not involve structural change. 3. Bearing this

in mind, the prognosis, in certain forms of insanity, should be more favourable than it often is. 4. The mental condition which I infer to be present in certain forms of insanity, from a consideration of the mode in which artificial insanity may be induced and dispelled, forcibly shows the importance of the moral (or better, the psychical) treatment of the insane, and especially the necessity of acting systematically upon the attention. 5. It is worthy of trial whether a directly suggestive mode of treatment might not be carried out, in some cases, with success, the medical psychologist availing himself of Braidism to acquire sufficient control over the patient's mind to direct the current of his thoughts from morbid into healthy channels. 6. There is reason to think that, independently of the suggestive treatment, refreshing sleep might sometimes be procured, and restoration to health accelerated, by inducing artificial somnambulism or hypnotism. (*Journal of Mental Science*, July 1865.)

INSANITY, MEDICAL AND LEGAL. Dr. James Rorie, in the *Edinburgh Medical Journal* for July, attempts to give a definition of insanity. In concluding, he says: "We have seen that a very important difference exists between insanity regarded as a medical and lunacy regarded as a legal question. While the former applies to a disease which may or may not destroy responsibility, the latter demands that irresponsibility be proved, before it can be admitted as a plea; and the great puzzle of the present day with regard to civil incapacity and irresponsibility is, how to bring insanity under medical treatment before it has rendered the individual legally irresponsible. Into this subject I cannot at present enter, and will now close with the practical inference that it is the duty of the medical practitioner, in giving evidence as to the mental condition of a person on trial for outraging the laws of his country, to satisfy himself that the insanity destroys responsibility before certifying him to be a lunatic. To certify a person in such circumstances to be insane because he appears unable to control his actions is to offer a medical theory where a medical fact is demanded, and is to become an advocate of that pseudo-philanthropy which would insist on moral perversion being legally recognised as proof of irresponsibility,—a state of matters which would be fraught with the greatest danger to all our social interests. The depravity, immorality, and low cunning of a convict may resemble in some respects the character of the true moral lunatic; but for such cases seclusion in Portland or Pentonville is the best of moral remedies, and in dealing with such, the medical practitioner should never forget that laws 'cannot be framed on principles of compassion to guilt.'"

URINE OF THE INSANE. Mr. Adam Addison, Resident Medical Officer of the Montrose Lunatic Asylum, has an interesting and very carefully drawn up paper in the *Brit. and For. Med.-Chir. Review* for April last, on the Chemistry of the Urine of the Insane. The conclusions he deduces from his observations are these. 1. The quantities of the urine, of the chloride of sodium, urea, phosphoric and sulphuric acids, excreted during the course of a maniacal paroxysm, occurring in acute mania, epilepsy, general paralysis, melancholia, or dementia, are less than the amounts excreted in an equal time during health. 2. In chronic melancholia the quantities of the chloride of sodium, urea, phosphoric and sulphuric acids, are reduced below the mean, and sometimes the minimum, of health. 3. In idiocy, dementia (paralytic and common), the urea, chloride of sodium, and sulphuric acid, range above and below the normal

mean of health; in some cases, the amount of phosphoric acid is greater than the mean according to weight; but, in the majority of cases, it ranges between the minimum and mean found in healthy adult men.

British Medical Journal.

SATURDAY, JULY 29TH, 1865.

RAILWAY ARRANGEMENTS FOR THE ANNUAL MEETING.

It will be seen, by reference to the note subjoined of Dr. Mead, that the London and North Western Railway Company have kindly consented to extend their ordinary return tickets from the 31st July to the 5th of August to members of the British Medical Association attending the meeting at Leamington.

Members of the Association must present, at the Stations where the Return Tickets are issued, the slip of paper enclosed in the present number of the JOURNAL, with the name and address of the member written thereon.

The following is Dr. Mead's note.

SIR,—It struck me that, if the attention of the railway authorities were directed to the matter, it was not improbable they would offer facilities to medical men wishing to attend the annual meeting at Leamington. As time prevented my applying to the Council of the Association, I took the liberty of writing a short note to the manager of the London and North-Western Railway on the subject; and have great pleasure in handing you the following reply.

I am, etc., GEORGE B. MEAD.

Newmarket, July 24, 1865.

"London and North-Western Railway.

"General Manager's Office, Euston Station, London, July 22, 1865.

SIR,—Adverting to your letter of the 20th inst., I beg to say, that I will not object to extend the ordinary return tickets of the Company from the 31st of July to the 5th of August, to the members of the British Medical Association attending the meeting at Leamington on the four first days of August; and the members of the Association may obtain such tickets to Leamington at any of the Company's stations at which they are usually issued, upon the production to the booking-clerk of their cards of admission to the meeting. I will cause instructions to be given at our stations accordingly.

"I am, sir, your obedient servant,

"Pro W. CAWKWELL, T. NEELE.

"Dr. Mead, Mentmore House, Newmarket."

THE LEAMINGTON MEETING.

THE forthcoming annual meeting of the Association promises to be by no means the least interesting among our periodical gatherings. The members will assemble in one of the most popular watering places of England; and will no doubt have opportunities of hearing all that can be said of its health-giving virtues, as well as of admiring the beautiful scenery of the locality, and of visiting the places of historical and antiquarian association in the neighbourhood.

But without these—which may be called the extraneous attractions of an Association meeting—there will be in the meeting itself some special features. For the first time in the history of our body—except at the London meeting in 1862—the meetings will extend over four days instead of three; and, if one may judge from the programme published in our pages, the time will be well filled.

This alteration of the ordinary plan, as well as certain other modifications in the mode of transacting the business of the meeting, have been made on the recommendation of a subcommittee of arrangement appointed some time ago by the Committee of Council, and consisting of the President-elect (Dr. Jeaffreson), Dr. Falconer, Dr. Richardson, Dr. Stewart, Dr. Wade, and the General Secretary. This subcommittee has acted in concert with the local committee at Leamington; and great credit is due to them for their exertions to render the meeting a successful one. We trust that they will receive their reward in a large attendance of members.

The first meeting of the members, which will be held in the evening of August 1st, will be occupied with the President's address, the presentation of the Reports of the General Council and of the Board of Directors of the Medical Provident Society, and with some matters of ordinary business not likely to provoke discussion.

On Wednesday morning, from eleven to one o'clock, the members will have an opportunity of expressing their opinions on various topics alluded to in the Council's Report, and of debating on and deciding certain questions of which notice has been given in the programme of the meeting.

On this occasion, we suppose, the Associates will have brought before them, for their approval, amendment, or refusal, the draft Charter of Incorporation which was published a fortnight ago. We would not anticipate the judgment of the meeting; but we have no doubt that it will be agreed that the granting of the charter will be an advantage to the Association, and will constitute an important epoch in its career.

Several notices of resolutions, of more or less importance, have been placed on the programme. First on the list is a notice of motion by Dr. Paget, our present President, for an alteration of one of the laws, with the view of making the President-elect a member of the Committee of Council. This very reasonable proposal will, we suppose, pass without comment. Next come two notices of motion on the well-worn but not exhausted subject of Poor-law Medical Relief, by Dr. Henry and Dr. Mead. Dr. Henry does not propose that the Association should pledge itself to demand any special alterations in the present system; but that a Committee should be appointed for the purpose of examining into the whole matter, and pointing out what improvements

are really required to render the present system more just at once to the poor and to their medical attendants. Dr. Mead of Newmarket, on the other hand, gives notice of his intention to bring before the Association resolutions on certain specified points—the same, in fact, which were adopted at the annual meeting of the Cambridge and Huntingdon Branch. (See JOURNAL, July 8th, p. 23.)

Another motion of which notice has been given is one by Dr. Richardson, to the effect that the Association should appoint a Committee for the purpose of promoting the return of medical men to Parliament.

Three motions regarding the JOURNAL have been placed on the programme. One is by Dr. Davey of Northwoods, providing for the appointment of two assessors to the editor "in cases of doubt or difficulty"; another is an amendment to this, by the Rev. David Bell, M.D., to the effect that matters *in re* JOURNAL would be better left as they are; and the third is by Mr. R. B. Carter. These proposals will doubtless receive at the hands of the Association a due amount of consideration, and we confidently leave them to the judgment of the members, believing that they will arrive at that decision which is best for the interests of the Association, and most conducive to the fulfilment of the objects which it has in view.

Dr. A. Ransome will propose the appointment of a Committee on the Registration of Disease; and Dr. Stewart will call the attention of the Association to the subject of Biographies of Living Medical Men.

In scientific matters, also, the meeting gives promise to be one of much interest. To deliver the Addresses in Medicine and Surgery, two men of the highest reputation in the profession have been secured—Dr. Stokes of Dublin, and Mr. Syme of Edinburgh. It may be reasonably expected that the fact of men of such celebrity, and who have done so much to advance the sciences of medicine and surgery, occupying the positions of readers of addresses to the Association, will of itself cause a full attendance.

This year a new feature has been introduced—that of discussions on certain topics selected by the Committee of Council, in scientific medicine, and in state medicine and public health. These discussions—the questions involving which are given in the programme—will be opened by Mr. Moore, Dr. Richardson, Dr. Symonds, and Dr. Tindal Robertson. The public, under the sanction of Dr. Jeaffreson, the President, will be admitted to the discussions.

Besides the usual public breakfast and dinner, there are to be two *conversazioni* at the Pump-rooms; one being by the special invitation of the President, Dr. Jeaffreson; and at five o'clock on Thursday, a cold collation in the Jephson Gardens, to be followed by a *fête*.

THE HANGING OF CRIMINAL LUNATICS.

At each recurring assizes, we have to refer to facts which painfully exemplify the discordance existing between the legal *dictum* or definition of insanity and the verdict of a scientific humanity. Last week, again, a man has been found guilty of murder, and sentenced to death, who bore upon him all the distinctest tokens of insanity when he committed the fatal act.

Taking the evidence given in Court as correct, we will venture to say, that there would scarcely be found half a dozen medical men in England who would have refused to certify to the lunacy of the Shirley murderer, George Broomfield, at the time in question. What can be more telling of his insanity, than the following history of his mental state, as given at the trial?

Several witnesses were called, who bore out the learned counsel's statement as to the diseased state of the prisoner's mind. The general evidence was that the prisoner was a man of the highest moral and religious character. His masters stated that he was the best of servants. Lord George Beauchamp was out with the prisoner one day (in September 1862) shooting, when Lord Falkland missed his bird and shot the prisoner. He cried out, "Oh, I am shot!" and he fell into Lord George's arms. He was shot all over. He was taken home; a surgeon was sent for, and he extracted thirty shots from his head and back. He was altered in manner from that time. Other witnesses detailed circumstances which had occurred which had led them to believe that his mind was gone. He was frequently crying; he believed his head was empty and his stomach falling to pieces; he had an idea that his wife was dying, and that it had broken his heart. On the 3rd of December (the day of the murder), he got out of his house in Southmilton Street under the pretence of getting a newspaper. He went to a Mr. Brown's, and asked him to lend him £10, which witness did. Upon looking up, witness saw his face, and was alarmed at its appearance. He looked wildly, his eyes starting out of his head. He said he was going to America. Witness tried to detain him; but he slipped from him and got away. Witness was convinced that he was mad. Dr. Tweed, surgeon, of Upper Brook Street, stated that he had known the prisoner as a patient for six years. He was first suffering from indigestion; it had since taken the form of melancholia. He had been subject to it for the last eighteen months. He complained of an emptiness in his head. He said his blood was turned to water. He felt a trickling from his heart. He was under great apprehension of death; and frequently sent to witness to come to him, as he feared his death. There was no reason for this. He suffered from lowness of spirits. He always imagined that he was going to die. Witness latterly thought the symptoms were suicidal; and gave directions that he should not be left alone, and should have frequent change of air and scene. His disease was mental. He did not require medicine; but he gave him some in order to quiet him. His mind decidedly was off its balance; and he thought it likely to become worse, and that he would probably become dangerous to himself, and perhaps to others.

We can scarcely believe a stronger proof could be shown of the faulty definition of insanity taken by the law, than is given in this case. Every one

feels and knows that, though condemned, this man can never be hanged. Even the cynical philosophy of the *Times*, which is never more alive than when recommending a victim to the gallows, is somewhat at fault in this case. The verdict is right it says; but the punishment of hanging may not be proper in this case! But how can the verdict be right which brings a punishment with it which is not proper? We will quote a few more of the *Times*' reasonings to show the patent contradictions in which it is necessarily involved while engaged in advising the execution of criminal lunatics—i.e., while defining the definition of insanity adopted by the law.

"The accident upon which was founded the theory of Broomfield's insanity had filled his mind with undue apprehensions and mistaken notions of his bodily condition; but had left his conceptions of right and wrong and his knowledge of what was lawful and unlawful apparently unaffected. He was a melancholy and desponding, but, except so far as this is an evidence of irrationality, he was not an irrational man. His madness was like the madness of Hamlet and Werther; certain motives of action, which are always powerful, but not always predominant, had been allowed to get the mastery of those which more ordinarily control the lives of men. It is too often forgotten in such trials as that of the Shirley murder, that every human act is the result of a variety of motives influencing the actor simultaneously. When one of them usurps the supremacy of the rest, the man may, by a licence of speech, be said to be insane; but there must be something more than this to take away the responsibility of the man for his actions. If it were not so, Dr. Pritchard ought to be acquitted on the ground of insanity; and, perhaps, it is only due to the baseness of the passion which was the cause of his crimes that no such plea has been advanced on his behalf. The different character of the predominant motive cannot destroy the fact of the crime, though it may mitigate its guiltiness, and be admitted as a reason for an alleviation of punishment; but, however that may be, a protest ought to be made against the tendency of juries to find a man insane because he does an act out of the usual order, or is swayed by a passion which better regulated minds are able to control."

Surely, the argument of the *Times* is here manifestly defective. The *Times* admits, that the man may be mad to such an extent as to mitigate the guiltiness of his crime. But this admission involves the whole question at issue; viz., what is the extent of his insanity (or, as the *Times* euphoniously puts it, "what is the character of the predominant motive?"); and in what corresponding degree is his punishment to be mitigated?

This is assuredly the very question which requires to be answered; the very soul of the whole argument is there. In its correct answer, and in it alone, can be found the degree of criminality which attaches to the murderer. But hereon the *Times* is wisely silent. It is contented with the following patent contradiction in terms: the condemnation is right, but it is not right to carry out the condemnation.

To give our readers a correct idea of the legal view of insanity, we think we may usefully insert

here a letter from the pen of a distinguished member of the Bar, written in reply to an article on Criminal Insanity which appeared some time since in this JOURNAL.

"My dear ———,—I thank you for sending me a copy of the BRITISH MEDICAL JOURNAL of the 28th of March, containing an article on 'The Hanging of so-called Criminal Lunatics'; with almost every word of which I entirely and heartily disagree.

"The proposition for which you contend, stated in logical form, would stand thus:

"Every lunatic is irresponsible for his acts. Burton was a lunatic. Therefore Burton was irresponsible for his acts.

"By the word 'irresponsible,' I mean irresponsible in law, and, therefore (to use Lord Wensleydale's word), 'dispensable'.

"It would be sufficient for me to shew that either of your premises is untrue. But I do more. I deny them both.

"The proposition, that every lunatic is irresponsible for his acts, is most clearly not law. In order that a man may be irresponsible for his acts, he must labour under such a defect of the mental powers (or, to put it in one word, under such delusions), as either not to know the nature of the act he does; or, not to know that it is wrong.

"This is the rule, as laid down by the judges and adopted by the House of Lords, by which every tribunal in the country is bound. No one will contend, that every lunatic is in such a state of mind as this. Therefore, it is not true, that every lunatic is irresponsible for his acts.

"Your second proposition assumed as a fact, just that point which the jury had to try, and which they most properly negated by their verdict. Upon this point, it would be manifestly absurd to take any other ground than that which was taken for the prisoner upon his trial. You may be very certain that, on such an occasion, counsel and attorney do their very best, and know a great deal more about the strength or weakness of their case than others can possibly know. Now, the highest ground which could be taken, was that put forward by the medical witness examined on his behalf. That gentleman had had very considerable experience in cases of lunacy; and the substance of his evidence was this. Burton, he said, perfectly well knew the nature of every act he did, and the difference between right and wrong; but was labouring (as the witness supposed) under an irresistible impulse to commit murder. This testimony, as to the absence of any delusion, was fully confirmed by the medical officers of the gaol, who had examined him with very great care on many occasions; and declared that his mind was perfectly free from any delusion whatever. It is true, that one of the latter gentlemen made a slip on cross-examination. He said, that he should consider a person who committed a murder in order that he might be hung, to be under a delusion; but it was manifest, that he used the word 'delusion' accidentally, and not really meaning to do so. For I must remark, that the word 'delusion' has a precise and definite meaning; it means 'the belief in the existence of something which has no existence, and the acting on that belief.' Now, it was manifest, that a person who committed a murder that he himself might be hung was not necessarily labouring under any delusion. Of course, such an act might be perfectly consistent with the existence of delusions on other subjects; but as to the act itself, it is clear that there is no delusion. The very reason he gives, shews that he knows, first, that what he does is murder, and, secondly, that murder is wrong. This is, in

fact, the argument which you protest against as unreasonable, and which you assert condemned the youth, and as to which you say: 'Here, then, as a climax to a *reductio ad absurdum*, we have the solemn judicial assurance, that the commission of an act of murder for the purpose of being hanged, is not and cannot be founded on a delusion—any false, mad, lunatic idea. Where did the judge learn this?' Now, the answer to this is two-fold. Firstly, where did you learn your definition of the word 'delusion'? It does not mean 'any false, mad, lunatic idea.' It does mean what I have stated above. If it did mean what you assert, it could never be used as a test of insanity; because the very term itself would presuppose insanity to be known, and the application of it would be merely arguing in a circle. Secondly, Mr. Justice Wightman does not say that the commission of murder for the purpose of being hanged, is not and cannot be founded on a delusion. He only says so of a case in which the existence of any delusion has already been distinctly negated by the prisoner's own witness, and in which it was sought to convert the desire to be hung into a delusion.

"Equally unreasonable is your attack on the law which, you say, 'condemns the man by assuming a position which is utterly incapable of proof; viz., that the man knew right from wrong when he committed the murder. It rejects with derision the united experience of all great minds and authorities that have dealt with the subject. Yes; the law sitting on the judgment seat declares, through the mouth of Judge Wightman, "*homicidal mania* shows no delusion; it merely shows a morbid desire for blood. Delusion meant the belief in what does not exist." And you proceed, 'We have Judge Wightman's word for it, that the man who exhibits a maniacal thirst for blood is free from all delusion: that no delusive ideas impel or excite him to the homicidal acts; he is not driven on to their performance by a belief in things which do not exist; he does them, we may suppose, simply from a love of the thing, from want of a better employment, and so forth! But how did the learned judge become possessed of this momentous secret?' etc. I need not continue the quotation.

"Let us examine it leisurely. It is quite true, that the law assumes that every person is of sound mind until the contrary be made to appear. Now, would you seriously support the proposition, that the assumption ought to be reversed; and that every man ought to be assumed to be insane until the contrary appear? Do you mean, that every murderer must be presumed to be insane until the contrary appear? Unless you mean one of these two things, you have no right to question the reasonableness of the *prima facie* assumption, that every man is sane. I cannot suppose you mean the former; and it is almost equally difficult to believe that you mean the latter. For why is the proposition to be applied to the murderer, more than to the burglar, the garrotter, the housebreaker, the thief, the receiver of stolen goods, and so by degrees to every one who, to the slightest extent, diverges from the path of absolute rectitude? Surely, you do not mean, that the 'united experience of all the great minds and authorities that have dealt with the subject' points in this direction.

"Then, as to the language you have put into the mouth of Mr. Justice Wightman. I can only say, that that most learned and admirable judge never said anything like it, or anything which the most perverse ingenuity could torture into the meaning you have put upon it. He was not laying down the general proposition, '*homicidal mania* shows no delusion'; and the fallacy which pervades the whole of your strictures on the law as laid down by him, con-

sists in taking his language as applied to the particular case and applying it to all cases universally. Mr. Justice Wightman nowhere says, that a man who exhibits a thirst for human blood (I drop the word 'maniacal', because the use of it assumes the very proposition that has to be determined), is under no delusion. What he does say is, that it must be presumed that he is not under any delusion until it be shown affirmatively that he is; and that, in a case where the existence of any other delusion is negatived, the commission of murder from a desire to be hanged is not proved to be founded on delusion.

"But I must advert to two other points. First, the ground taken by the medical witness for the prisoner. That gentleman (who was an expert in every sense of the word, for he had been specially connected with lunacy questions in some official position) accounted for the commission of the offence on quite a different ground. He attributed it to an *irresistible impulse*, to which the prisoner could not help yielding. This, you observe, is a very different thing from committing murder from a desire of being hung. He probably took that line, because he knew very well that the other ground was untenable. But the answer is easy. The law does not recognise uncontrollable impulses. A man, sane in other respects, must control himself, or take the consequences. The second point is the alleged insanity of the mother. This has nothing to do with the matter, unless one of the two following propositions be true.

"1. If a mother be insane, all her offspring are necessarily insane.

"2. If a sane man commit a murder, he shall not be punished if his mother be insane.

"I deny them both; and should like to meet the man who would have the hardihood to affirm them.

"In conclusion, I will only say, that I feel well satisfied that, even on a commission de *lunatico inquirendo*, Burton would have been found to be of sound mind; although, even otherwise, it would not by any means follow that he would be irresponsible for criminal acts. Even the sensible lunatic you mention (an inmate of Bedlam), who had hid his poker under his bed, might be hung for the murder he committed. Probably he ought to have been.

"Yours, etc."

The following is the reply that was privately sent to the writer of the above letter. We reproduce it, because it contains the main arguments which can be adduced to show the incorrectness of the present and accepted legal definition of insanity.

"My dear ———, I cannot say of your letter as you say of the article, that it is rubbish, because I think it is, in one sense, a very good one; but I must say this of it, that it runs and argues quite wide of the mark. You labour to prove what I never disputed and readily admit; viz., that the judges, in ordering certain criminal lunatics to be executed, only carry out the law as laid down for their guidance. What I do, is to dispute the humanity and moral justice of the law which prescribes such (as I view it) an outrageous proceeding. I mean outrageous to humanity and science. The matter stands thus:

"You consider, that lunatics who know they are committing a crime when they commit murder ought to be hanged. I do not. You consider, that a man who may properly be made a lunatic, as regards the custody of his person and the management of his estate, may still be considered sane and liable to the penalties of criminal law. I do not. You consider, that a man who has an irresistible impulse to kill (for

example) his own son, who is horrified at the thought of his being the victim of such an impulse, and who seeks the restraint of a mad-house, in order to prevent his carrying out the impulse, ought to be hanged if he does manage to commit murder. I do not. You consider (though, if you were a married man and your wife were the victim, I think your logic would hardly hold you good), that a mother seized after childbirth with temporary mania, marked mainly by an irresistible impulse to kill herself or her innocent infant, should be hanged if she effected the deed. I do not.

"You see, therefore, that we differ not about facts, but in matter of opinion. You maintain the virtue and excellence of the law as it stands. I accuse the law of ignorance and inhumanity.

"Every authority in every country, who has ever dealt with insanity, and daily experience, assure me, that homicidal mania and moral insanity are positive facts; that there do exist, in fact, conditions of the human mind, in which men, the subjects of such conditions, are driven on, under uncontrollable impulse, to the doing of murderous acts, knowing the while that the acts are wrong. And reason and humanity tell me, therefore, to be merciful in such a case. Reason tells me, that when the mind is mad in one particular, it can scarcely be held as sound in any other; and humanity would teach me to be merciful to those who are the victims of impulses, which may one day afflict myself.

"I maintain, that the law, in this matter, is not in accordance with the teachings of science and of humanity; and I am quite willing to be called an humanity-monger in saying so. I fully admit, that the world—*vox populi*—is not yet ready for the humane view of the case; but I also know, that the world and the legislature have always lagged far in the rear of science and humanity. Society, about fifty years ago, was thought 'in danger' (as Mr. Justice Wightman would say) unless a woman was hanged for stealing half a yard of lace on Ludgate Hill, and unless hecatombs of starved yokels were annually strung up for sheep-stealing. Men were called humanitarians in those days who objected to such atrocious cruelty; nevertheless, humanity has carried the day. And so it will in this case, as people become more advanced in science and civilisation. I am sure you will agree with me, that the general tendency of our criminal law, as recorded historically, has ever been to treat crime with the most brutal severity. I fancy no greater proof of our progress in civilisation could be given, than the present scale, compared with its former state, of our criminal punishments. But I would suggest to you, that the tendency to a brutal severity may still linger in the code.

"Summed up in a word, my view is this. In all cases of murder in which there appears a reasonable pretence for the setting up of the plea of insanity by the murderer, let an expert—not an ordinary medical practitioner—be called on by the Government to test his mental condition. To throw the burden of proving his innocence of being sane on a lunatic seems to me rather hard lines—not exactly logical, as you would say. Let the plea of insanity be judged of, as it is in ordinary cases. Is the criminal's mental condition such as would warrant his being taken charge of under the law of lunacy? If two medical men can honestly commit him to the charge of a keeper of lunatics, let him be free of the hangman. Confinement for life in a lunatic asylum, some people think, is punishment enough for a criminal, even if he do not happen to be a lunatic.

"Yours ever."

THE Privy Council have just issued the same sanitary advice which they issued in 1859, at the time when the cholera was in Hamburg. That a visitation of cholera again threatens us is certain; but its advent, happily, is not sure. It threatened us, but did not visit us, in 1859. Still the Privy Council does well and wisely in hinting to the people that they should set their houses in order, and be prepared for the possible contingency. The two main points insisted on are: 1. To prevent the entrance of epidemic disease through ships into our ports; and 2. To diminish its spread, should it gain admission. But the Privy Council do not advise quarantine against vessels arriving from countries where cholera is raging, because it is very doubtful whether it affords any protection against diseases of this character. They urge, however, that hospitals should be provided at every port for the treatment of sailors who may suffer from cholera. The means recommended for diminishing the spread of the disease is proper attention to the ordinary hygienic rules which are still so grossly neglected all over the country, notwithstanding the efforts of philanthropic sanitarians. What those measures are, we need not stop to tell our readers.

THE following is the *Court Circular* report of the Queen's visit to Netley on the 20th instant.

"Osborne, July 21. Her Majesty visited the Royal Victoria Hospital at Netley yesterday afternoon. The Queen landed in front of the hospital at a quarter before seven o'clock. Colonel Wilbraham, C.B., and the officers of the establishment, were in waiting to receive Her Majesty. A large number of convalescents were drawn up near the entrance for the Queen's inspection. Her Majesty went through many of the wards, addressing a few words to the sick, and inquiring into their cases. The Queen returned to Osborne at half-past eight o'clock."

Inspector-General Jameson, M.D., is of higher relative rank in the army than Colonel Wilbraham, but is by regulation subordinate to him, as he would be if Colonel Wilbraham were an ensign only. But Inspector-General Jameson received Her Majesty on landing, together with Colonel Wilbraham; accompanied her through the wards of the hospital; and, in his capacity of the principal medical officer, explained to the Queen the nature of the cases of the inmates, and replied to her inquiries respecting them, either personally or by means of the medical officers acting under his orders. Is it in human nature that the medical officers of a large hospital should thus see the presence and name of their principal ignored without feeling the slight? And can the medical profession at large fail to observe of how comparatively small account professional men are held to be—even in the place of their own peculiar action, a hospital—by the Court functionaries whose business it is to make public Her Majesty's movements? No such distinction was made by the Queen herself.

THE French journals announce the death of M. Bauchet, surgeon, of Saint Antoine, from a poisoned wound of finger resulting from dressing a purulent sore of a patient. A writer in *L'Union Médicale* says:

"If he had performed his hospital dressing with chloride of sodium, permanganate of potass, or alcohol, we should probably not have had to deplore the death of this young and deserving confrère. In 1831, I punctured my finger while dissecting. Notwithstanding caustic and fomentations, I had, two days afterwards, shiverings, headache, nausea—all the signs of purulent infection. I went to Bresset for advice; and he said, 'Go at once to the Café Procope, order half a bowl of punch, drink it burning hot, and run home to bed.' I followed the prescription to the letter, and was, in fact, helped home by two friends. It was the only time in my life I ever got tipsy. I slept fifteen hours, and during the whole time sweated profusely. On the following day, all the symptoms of septicæmia, as M. Piorry would say, had disappeared."

Professor Grohe, in Virchow's *Archiv*, 1865, gives long and interesting observations on the movements of spermatozoa, under very high powers of the microscope (812 to 1,300 lin.) In the broad part of the spermatozoon—the so-called head—change of form and contractions were observed, so varied and rapid as be almost incapable of description or representation. The head became smaller, round, oval, biscuit-shaped; and then returned to its original state. Each contraction of the head was immediately followed by a more or less active movement of the tail. Professor Grohe satisfied himself that the spermatozoon consisted of two distinct parts—a structureless covering, and contractile contents. The contractile part presented no appearance of structure, nor any granular forms.

A BANTING MANIA, the *Vienna Medical Journal* tells us, is at present raging in Vienna. There is not at present a house in Vienna wherein some dweller cannot be found worshipping Banting.

THE QUEEN'S COLLEGE, BIRMINGHAM. At a meeting of the council and the committees of council of the arts and theological departments held on Monday last, the Earl of Lichfield, the principal, in the chair, the Mayor, the Venerable the Archdeacon of Coventry, the Hon. and Rev. the Rector of St. Philip's, the Dean of the Faculty, the Senior Physician of the Queen's Hospital, Messrs. J. Suckling, and Isaac Trow, Professors Clay, Chamberlain, Johnson, and Suckling being present, the Rev. T. E. Espin, formerly Fellow and tutor of Lincoln College, Oxford, and Vicar of Hadleigh, was unanimously elected President Warden. It was resolved to remove from the Crescent the theological department to within the college walls, and to give increased facilities to junior resident medical students, to enable them to prepare themselves, under the direction of the resident medical tutor, for the arts examination now required by all the medical examining boards. At the same meeting the Principal submitted a financial scheme, under which the college may be made self-supporting. His lordship's plan was cordially approved. The appointment of Professor of Medicine has been declared vacant.

Special Correspondence.

NORWICH.

[FROM OUR OWN CORRESPONDENT.]

A LONG time has elapsed since I last forwarded any communication from this district, for, indeed, but little has occurred that was likely to be of much interest to your readers. Lately, however, several subjects have been under the consideration of the governors of our Hospital, which have excited great attention; and there can be little doubt that the increasing desire for improvement in the Institution will tend very much to keep it in the foremost ground as a provincial Hospital.

One liberal donor has erected, at his own expense, a very neat and appropriate chapel over the Board-room, in the centre of the building, with separate entrances for males and females, and furnished with every requisite for the convenience of the patients. Now that we have such a desirable addition to the Hospital, the wonder is that we could have gone on so long without it.

Another alteration recently effected is, the fitting up one of the wards as a "model ward"; and this, too, has been done through the liberality of one of the governors, in remembrance of his deceased lady, whose Christian name the ward bears. The principal distinctive features of this ward are, that the walls are coloured instead of whitewashed, and painted wainscot a few feet from the floor; they have also several texts of Scripture painted upon them. The beds are without posts and curtains, with sliding boxes for clothes. There are also new bedside boxes, bed head-brackets, moveable screens, pictures, books, diaphone, and hair mattresses instead of straw. There are dispensing sideboards and cupboards for the ordinary dressings and lotions in daily use, and for the patient's medicine, etc.; new coal-boxes, stuffed benches, convenient waterclosets, and a small room partitioned off for the nurse, who is an educated trained nurse from St. Thomas's, and wears a distinctive dress. The whole appearance of the ward is that of warmth, neatness, and comfort; and it is hoped that other wealthy governors will follow the example of the worthy Baronet, who has been the first to test the value of a model ward and trained nurse in our Hospital.

Another interesting question now on the *tapis* is, the desirability or otherwise of attaching convalescent wards or rooms to the Hospital; whether, in fact, such wards are beneficial to the patients, or whether, as Miss Nightingale says, they are more injurious than useful. A committee has been for several weeks paying considerable attention to the subject; but although they almost unanimously decided that *some* provision ought to be made for convalescent patients, and so admitted the principle, they could not at all agree as to the best way of carrying it out. Some thought a day room for each sex would be beneficial, not only to those who were well

enough to make use of them, and thus breathe for a few hours daily a purer air than that in their own wards; but also to the sick or bedridden who would be left behind, and who, in the absence of the convalescents, would have a larger number of cubic inches of air for respiration. Others thought that the addition of such wards would be worse than useless; and agreed with Miss Nightingale that, when the patients were sufficiently recovered to make use of them, the sooner they were removed from the Hospital altogether the better. But the more general feeling appeared to be in favour of (if funds could be raised sufficient for the purpose) the establishment of a branch at the seaside, to which to draft such convalescents from the Hospital as would be likely to be essentially benefited by such a proceeding. Perhaps you, or some of your readers, may be able from experience to enlighten us in this matter; and our JOURNAL would be a very fit vehicle for any information that could be supplied by those who are interested in this somewhat difficult but important problem.

Perhaps, too, you may be able, through the JOURNAL, to insure a thorough ventilation of the subject of Provincial Schools of Medicine; for, with the present rules of the principal Examining Bodies, something appears necessary as a provision for students at the commencement of their studies, that may prevent the necessity of sending them at the very beginning of their medical course, and at an early age, into the excitement and temptation of the metropolis, away from the care and companionship of their natural protectors. Medical education is now understood to commence from the time of entering a recognised medical school, and after passing an examination as to a sufficient preliminary general education. Then, according to the regulations of some bodies, five years, and of others four years, have to be spent in the pursuit of medical knowledge before a qualification for practice can be obtained. Now, when we consider how much preparatory medical information can be obtained in the provinces, without removing young gentlemen to a distance and beyond the control of their parents, and how much opportunity for imparting professional knowledge lies fallow at our provincial Hospitals, I cannot help thinking that if provincial Hospitals were recognised as schools preparatory to, and not in competition with, metropolitan schools, teaching the elements of Chemistry, Anatomy, Materia Medica and Pharmacy, for the first year, or first two years, of the term required for the professional curriculum, it would be a most advantageous arrangement for all parties concerned.

SIR E. HOME'S PRACTICE. Mr. Home never had a very large practice such as corresponded to his reputation. One year, and that was before I knew him, he had received about £6,700 in fees. This was much less than what Mr. Cline, or Sir Astley Cooper, or myself have received since; but his income, while I knew him, never, I imagine, amounted to £5,000, and as he had a large family and lived expensively, he had nothing to spare out of it for others. (*Sir B. Brodie's Autobiography.*)

Scientific Notes.

ACTION OF PETROLEUM ON THE HUMAN SYSTEM.

Landerer relates the case of a man who swallowed a quantity of petroleum, the greater part he vomited again. It caused a strong burning sensation in the tongue and throat, which were reddened and became swollen. The stomach and bowels were also affected, and slight gastroenteritis ensued. For several days the urine and sweat smelt strongly of the oils, and the odour was specially strong under the arm-pits. The patient was very weak for a time, but recovered. (*Chem. Central Blatt.*)

SEAT OF RESPIRATORY OXIDATION.

M. Estor and Saintpierre have lately performed experiments on the seat of respiratory combustion. Where is the oxygen which is taken up by the blood in the lungs used up? In the general torrent of the circulation, the authors state; and by an examination of the blood of the carotid, renal, splenic, and crural arteries, they have shown that the further you go from the heart for the blood the less oxygen you find in it. In the arteries they state that only direct oxidation takes place in consequence of the absorption of the gas, and indirect oxidation from the splitting up of compounds. In the capillary and venous systems, however, the oxidation proceeds to the complete destruction of the compounds.

CARBONIC ACID IN AIR.

Leblanc was one of the first experimenters who entered upon the examination of the air of houses, theatres, etc., and remarked in these the diminution of oxygen and the great increase of carbonic acid. In the air of a bedroom he found more than one per cent. of carbonic acid (by weight), and in the Opera Comique 0.43 per cent. In the pit of the Theatre Royal of Manchester Dr. Smith found 0.27 per cent., and at the ceiling of his own study 0.156 per cent. of carbonic acid. In the pit of the Standard Theatre, London, Dr. Bernays found 0.32 per cent., and even in an office in Chancery Court, at three feet from the ground, 0.2 per cent. (by volume). Pettenkofer made many analyses of the air of inhabited places in Munich, and found as much as 0.536 of carbonic acid in some. He also studied the effects of breathing air so contaminated, and came to the conclusion that "1 per 1000 marks the limit of good and bad air, and that those who can plead for more have lost the refined use of their senses."

XANTHIN IN THE URINE.

Dr. G. Durr, after bathing in natural sulphuretted waters, found xanthin in his urine, and also in the urine of a patient who had had strong sulphur ointment rubbed into his skin, but not after taking milk of sulphur into his stomach. He gives a simple process for detecting xanthin in urine. This fluid is precipitated with caustic baryta, the filtrate is carefully neutralised, and then a solution of corrosive sublimate added; a white flocculent precipitate shows the presence of xanthin.

THE NUTRIMENTS OF YEAST AND THEIR RELATIVE VALUE.

Leuchs details a number of experiments undertaken to discover upon what food, and under what circumstances, the yeast-plant becomes most developed. A solution of twelve to fifteen parts of sugar in a hundred parts of water is most advantageous for fermentation.

MAGNESIUM.

At the Sorbonne, lately, M. Troost delivered a lecture "On Magnesium and its Applications." After describing its manufacture, he showed the light of magnesium itself, and then of the zinc and magnesium twist devised by M. Leroux. These two metals burn together freely; the light seems to equal that of magnesium by itself, and is of course much more economical. M. Troost said that a wire, 97 millimètres long and one-third of a millimètre thick, gives the light of 64 candles. He also showed an unpublished experiment of MM. Deville and Caron, who have discovered that magnesium instantly decomposes the vapour of water. If a current of steam is passed into a tube containing fragments of the metal the hydrogen may be burnt at the opposite extremity.

ABSORPTION OF SULPHURETTED HYDROGEN.

Dr. Demarquay has shown that when sulphuretted hydrogen is injected into the cellular tissue the gas is quickly absorbed, and in a very short time is eliminated unchanged from the lungs, and may be detected by putting a piece of lead paper under the nose of the animal. The gas, however, cannot be detected in the blood by lead paper, which would indicate that it becomes in some way combined. When a small dose only is injected the elimination is slow, and inflammation of the bronchi and trachea is observed; but with a large dose the animal is quickly killed, and active congestion is observed.

ENTOMOLOGICAL PREPARATIONS.

Mr. Gerber employs an ethereal solution of carbolie acid with ten per cent. of the latter, which he finds to effectually protect the insects even in a place infested with ants. He recommends the solution especially therefore to entomologists making collections in hot countries.

IGNITION BY ACIDS.

M. H. Deville showed the following experiment at a recent meeting of the Academy of Sciences. He ignited a stick of charcoal by dipping it into a mixture of monohydrated nitric acid and fuming sulphuric acid. The ignition took place instantaneously.

VOLUMETRIC DETERMINATION OF IRON IN THE BLOOD.

M. Pelouze takes a given weight of blood, dries it carefully, incinerates the residue, dissolves the ash in hydrochloric acid, and then estimates the iron by Margueritte's process. He gives a table of the amount of iron in 100 grammes of the blood of various animals, and states by way of summary that, if he is not deceived, there is in 1000 parts of the blood of birds from three to four parts of iron, and in the blood of mammals from five to six parts. (*Chemical News.*)

ALKALINE FERMENTATION OF URINE.

Schönbein points out the existence of a ferment in normal urine, and shows that the thread-like fungus which deposits in stale alkaline urine is, after well washing, capable of immediately setting up the change in fresh urine. The odour of decomposing urine he believes to arise from the decomposition of a sulphur compound, a natural constituent of the fluid already noticed by Stadel and Pettenkofer.

ALLYLAMIN.

Dr. Oeser states that by treating mustard oil with hydrochloric acid and zinc, he obtained allylamin, a colourless liquid with strongly ammoniacal smell, provoking tears and sneezing, tasting acid, boiling at 58° C., dissolving in water in all proportions, giving a strongly alkaline solution, which behaves like ammonia.

Association Intelligence.

BRITISH MEDICAL ASSOCIATION: ANNUAL MEETING.

THE Thirty-third Annual Meeting of the British Medical Association will be held at Leamington, on Tuesday, Wednesday, Thursday, and Friday, the 1st, 2nd, 3rd, and 4th days of August next.

President—G. E. PAGET, M.D.Cantab.

President-elect—S. J. JEAFFRESON, M.D.Cantab.

All Meetings will be held in the College Buildings, Binswood Terrace; except where otherwise mentioned.

TUESDAY, August 1st.

12 NOON. Meeting of Directors of Medical Provident Society.

1.30 P.M. Meeting of Committee of Council.

3 „ Meeting of General Council.

8 „ First General Meeting of Members.

The retiring President (Dr. Paget) will resign his office.

The new President (Dr. Jeaffreson) will deliver an Address.

The Report of the Council will be read.

The Report of the Medical Provident Society will be presented.

Election of General Secretary.

Election of Chairman and Vice-Chairman of the Medical Provident Society.

WEDNESDAY, August 2nd.

8.30 A.M. Public Breakfast at the Pump-Room. Tickets 2s. 6d. each.

10 A.M. Meeting of the Council.

11 „ Second General Meeting of Members.

Discussion on Report of Council, and other subjects connected with the Association.

Adjourn at One o'clock for Luncheon.

2 P.M. Third General Meeting of Members.

Presentation of Hastings Medal.

Address in Medicine by Professor STOKES, M.D., D.C.L.

Papers, etc., on Medical subjects.

Adjourn at 5 P.M.

8 P.M. *Soirée* at the Pump-Room.

THURSDAY, August 3rd.

9 A.M. Meeting of new Board of Directors of the Medical Provident Society.

10.30 A.M. Fourth General Meeting of Members.

Report of Medical Benevolent Fund will be presented.

Discussion on subjects in Scientific Medicine, selected by the Committee of Council; viz., 1. Are there any Antecedent Conditions influencing the Production of Cancer? [This discussion will be opened by CHARLES H. MOORE, Esq., Surgeon to the Middlesex Hospital.] 2. Is there any foundation for the Hypothesis of the Origination of Disease by Zymosis or Ferment? [This discussion will be opened by B. W. RICHARDSON, M.A., M.D.]

Adjourn at One o'clock for Luncheon.

2 P.M. Fifth General Meeting of Members.

Address in Surgery by Professor SYME.

Papers, etc., in Surgery and Midwifery.

Adjourn at 5 P.M.

5 P.M. Cold Collation in the Jephson Gardens, by invitation of the Town authorities, to be followed by a *Fête*.

8.30 P.M. *Conversazione* at the Pump-Room, by invitation of the President, Dr. Jeaffreson.

FRIDAY, August 4th.

10 A.M. Sixth General Meeting of Members.

Discussion on subjects relating to State Medicine and Public Health selected by the Committee of Council; viz., 1. What measures should be advocated by the Association for securing an improved position to the Medical Scientific Witness in Courts of Law? [This discussion will be opened by JOHN A. SYMONDS, M.D., F.R.S.E., of Clifton.] 2. Why are Sanitary Measures not always followed by a Reduction of Mortality? [This discussion will be opened by W. TINDAL ROBERTSON, M.D., of Nottingham.]

Adjourn at One o'clock for Luncheon.

2 P.M. Seventh General Meeting of Members.

Papers and Cases in Medicine, Surgery, and Midwifery, with discussion thereon.

6 P.M. Public Dinner at the "Regent" Hotel. Tickets One Guinea each. Gentlemen intending to be present at the Dinner, are requested to give notice to the Honorary Local Secretary, THOMAS EBBAGE, Esq., 6, York Terrace, Leamington.

Members are requested, immediately on their arrival, to enter their names and addresses in the Reception-Room at the College, when cards will be supplied which will secure admission to all the proceedings.

A Clerk will be in attendance at the Reception-Room, and will give information respecting Private Lodgings, Hotels, etc.

To facilitate Excursions in the neighbourhood, the Clerk in attendance will be prepared to receive the names of gentlemen wishing to make such Excursions, and to arrange for the same.

The principal Hotels are the "Regent", the "Clarendon", the "Bath", and the "Crown".

Members who wish for information previous to the Meeting, may communicate with THOMAS EBBAGE, Esq., the Honorary Local Secretary.

The public will be admitted, on application to the President, to attend the discussions on Scientific and State Medicine on the mornings of Thursday and Fridays.

Notices of Motion. Dr. PAGET will move to alter Law VIII, by inserting the words "President-elect" after the words "President for the year".

Dr. HENRY will move: "That a Committee of this Association be appointed to inquire into the present system of Poor-Law Medical Relief, and to ascertain whether any, and what, alterations are required therein in order to ensure the efficient treatment of the sick poor and the just remuneration of the Poor-law Medical Officers."

"That the Committee be desired to report the result of their labours to the next annual meeting of the British Medical Association; and that the report then presented contain, if practicable, a complete series of proposals, which may, after adoption by the Association, be urged by it on the Legislature and on the Poor-Law Board."

Dr. MEAD will move resolutions relative to Poor-Law Medical Relief. (See Report of Cambridge and Huntingdon Branch, July 8th, p. 23.)

Dr. RICHARDSON will move: "That a Committee be appointed by the Association, to be called 'the Parliamentary Committee', to promote the Election of Medical Representatives to the House of Commons, and, if possible, to raise a Fund to support such Elections."

"That a sum of Fifty Pounds be placed by the Association at the disposal of the Committee, to enable it to carry out the object proposed."

Dr. DAVEY will move:—"That, with the view of dividing the present responsibilities of the Editor of

the JOURNAL, and with the view of improving the general tone and management of the said JOURNAL, it is hereby proposed that there be chosen annually from the Council two gentlemen, who shall constitute an Editorial Committee, to which Committee the 'paid Editor' shall refer for counsel and assistance in especial cases of doubt or difficulty, and more particularly in all cases involving questions of a personal or social character."

The REV. DR. BELL, M.D., will move as an amendment to the motion of Dr. Davey in relation to the JOURNAL:—"That it is inexpedient to disturb the existing arrangements with regard to the JOURNAL.—(a) because Dr. Markham has proved himself quite equal to the responsibilities devolving upon him; (b) because the tone and management have gone on improving; and that general support and sympathy from the members of the Association, especially of those connected with the public medical and surgical institutions of the kingdom, are alone wanted to make the JOURNAL an organ suited to carry out the principles upon which the Association is founded."

Mr. ROBERT B. CARTER will move:—"1. That the continued publication of the BRITISH MEDICAL JOURNAL is unnecessary and inexpedient; and that it may with advantage be replaced by a journal that shall not absorb so large a proportion of the income of the Association, and that shall be directed with a view to increase knowledge, and to promote better legislation, on questions of public hygiene and of state medicine.

"2. That a Committee of five Members of the Association be appointed to consider the best way of giving practical effect to the foregoing resolution, and to report to the present Meeting."

Dr. A. RANSOME gives notice of motion:

"That a Committee be appointed to encourage the Registration of Disease, and to devise the best means of obtaining the evidence of members upon medical questions having a practical bearing."

Dr. STEWART will move: "That this meeting sees no reason to dissent from the strong and very general verdict of condemnation, which was pronounced, in 1854, on the practice of publishing the Biographies of Living Members of the Medical Profession."

Papers have been promised by—

FURNEAUX JORDAN, Esq. (Birmingham): On Abscesses of the Abdomen.

M. MACKENZIE, M.D. (London): On the Inhalation of Atomised Liquids; with a Description of a new, cheap, and portable Atomiser.

ALEXANDER FLEMING, M.D. (Birmingham): The Treatment of Stoppage of the Bowels; with special reference to the use of Atropia and Galvanism.

J. VOSE SOLOMON, Esq. (Birmingham): Impairment of Vision of ancient date, cured by removal of a recently disorganised and blind Globe; Case.

J. K. SPENDER, Esq. (Bath): A Case of Progressive Muscular Paralysis of the Tongue, Soft Palate, and Lips.

J. K. SPENDER, Esq.: On the Treatment of Ulcers of the Legs.

J. G. DAVEY, M.D. (Northwoods, Bristol): On Life Insurance Offices and Suicides.

T. P. TRALE, jun., Esq. (Leeds): On Extraction of Soft Cataract by Suction; and on Suction-Curettes.

BALMANNO SQUIRE, Esq. (London): On Animal Parasitic Diseases of the Skin.

G. D. GIBB, M.D. (London): The First Attempt in England to remove a Growth from the Larynx through Division of the Pomum Adami.

WILLIAM BUDD, M.D. (Clifton): The Siberian Cattle Plague; or, the Typhoid Fever of the Ox.

JONATHAN HUTCHINSON, Esq. (London): Notes on Injuries near to Joints in Children.

THOMAS NUNNELEY, Esq. (Leeds): On the New Forms of Anesthetics.

J. MARION SIMS, M.D.: On the Influence of Uterine Displacement on the Sterile Condition.

C. B. RADCLIFFE, M.D. (London): A few words against the Habitual Use of Purgatives.

J. Z. LAURENCE, Esq. (London): Will exhibit and explain a series of Ophthalmic Instruments of his own invention.

OFFLEY SHORE, M.D. (Stamford): Will exhibit a Pocket-Lamp and Lens for the Laryngoscope.

B. W. RICHARDSON, M.D. (London).

In order to facilitate the business of the Meeting, it is particularly requested that all papers be sent to the General Secretary, on or before the 25th of July, if possible.

T. WATKIN WILLIAMS, General Secretary.

13, Newball Street, Birmingham, July 20th, 1865.

THE ANNUAL MEETING: CONVERSAZIONE.

Dr. JEAFFERSON, President-elect, presents his compliments to the members of the Association who may meet at Leamington, and begs the honour of their company at a *Conversazione* at the Pump-Room, on Thursday, August 3rd, at 8.30 p.m.

SOUTH-WESTERN BRANCH: ANNUAL MEETING.

The annual meeting of the South-Western Branch was held at the Westward-Ho Hotel, Northam Burrows, near Bideford, North Devon, on Thursday, the 22nd June last; THOMAS L. PRIDHAM, Esq., President, in the chair. There were also present—M. Cooke, Esq. (Barnstaple); P. G. De la Garde, Esq. (Exeter); J. R. Elliott, L.K. & Q.C.P. (Lynton); C. Radclyffe Hall, M.D. (Torquay); F. Mackenzie, Esq. (Tiverton); F. Metcalfe, Esq. (Torquay); C. B. Nankivell, M.D. (Torquay); A. J. Newman, Esq. (Barnstaple); H. B. Norman, Esq. (Southsea); W. Pollard, Esq. (Torquay); H. C. Pridham, Esq. (Paignton); W. Risdon, Esq. (Dolton); J. C. H. Roper, Esq. (Exeter); A. J. Scott, M.D. (Tiverton); J. S. Smith, Esq. (Tiverton); R. R. G. Thomas, M.D. (Tiverton); J. Thompson, M.D. (Bideford).

After a few remarks from the retiring President, Dr. NANKIVELL, the chair was taken by T. L. PRIDHAM, Esq., President-elect, who delivered an address, which is published at p. 87 of the present number.

Resolutions. The following resolutions were carried. Proposed by F. MACKENZIE, Esq., and seconded by W. POLLARD, Esq.—

"That the thanks of the meeting be given to Dr. Nankivell for his services as President during the past year."

Proposed by P. C. DE LA GARDE, Esq., and seconded by Dr. THOMAS—

"That the best thanks of the meeting be given to T. L. Pridham, Esq., for his address."

It was resolved unanimously—

"That the annual meeting of this Branch for the year 1866 be held at Launceston; and

"That David Thompson, Esq., of Launceston, be requested to act as President-elect for that year."

It was also resolved—

"That the Secretary be re-elected; that D. Thompson, Esq., Launceston; S. Felce, Esq., Launceston; J. Whipple, Esq., Plymouth; Dr. C. Barham, Truro; Dr. T. Littleton, Saltash; and W. J. Square, Esq., Plymouth, be elected new members of the Branch

Council; and that Dr. Nankivell, W. Pollard, Esq., W. J. Square, Esq., Dr. Barham, and P. W. Swain, Esq., be elected members of the General Council of Association; also, that Dr. Radclyffe Hall and Dr. Littleton be elected Directors of the Medical Provident Fund."

New Members. The following were elected new members of the Association: Jas. Somers, Esq., Newcastle; — Clay, Esq., Launceston; and Fenwick Metcalfe, Esq., Torbay Infirmary.

Dinner. The members then adjourned to the dining room of the Westward-Ho Hotel, where a sumptuous dinner was provided, and every attention paid to the comfort of the members. A very pleasant evening was spent.

EAST ANGLIAN BRANCH: ANNUAL MEETING.

The annual meeting of this Branch was held in the Council Chamber, Town Hall, Ipswich, on Friday, July 14th; A. H. BARTLET, M.D., President, in the chair. There were also present—W. Cadge, Esq. (Norwich); B. Chevallier, M.D. (Ipswich); W. Cooper, M.D. (Bury St. Edmunds); C. M. Durrant, M.D. (Ipswich); C. G. Edwards, Esq. (Ipswich); W. A. Elliston, M.D. (Ipswich); R. Faircloth, Esq. (Newmarket); A. Fleming, M.D. (Holbrook); J. S. Gissing, Esq. (Woodbridge); J. W. Goodwin, M.D. (Bury St. Edmunds); W. E. Image, Esq. (Bury St. Edmunds); J. Kirkman, M.D. (Melton); R. Martin, Esq. (Ipswich); J. T. Muriel, Esq. (Hadleigh); G. Moore, M.D. (Ipswich); G. G. Sampson, Esq. (Ipswich).

President's Address. The President delivered an address.

Resolutions. The following resolutions were unanimously carried—

1. "That the thanks of this meeting be given to W. E. Image, Esq., the ex-President, for his services to the East Anglian Branch during his year of office."

2. "That T. W. Crosse, Esq., be the President-elect; and that the next annual meeting be held at Norwich."

3. "That the following members be the Representatives of this Branch in the General Council: J. W. Goodwin, M.D.; E. Copeman, M.D.; R. Faircloth, Esq.; W. E. Image, Esq.; J. Kirkman, M.D.; B. Chevallier, M.D."

4. "That Dr. Chevallier be appointed a Director of the Medical Provident Society."

5 and 6. The first and second of the resolutions proposed by Dr. Mead of Newmarket, at the meeting of the Cambridge and Huntingdon Branch, held at Ely (*vide JOURNAL*, of July 8, 1865, page 23.)

7. "That this meeting desires to express its confidence in Dr. Markham; and hopes the *JOURNAL* will be continued in its present form."

Medical Provident Fund. The following donations to the Auxiliary Fund were announced: W. E. Image, Esq. (additional), £15 15; A. H. Bartlet, M.D., £10 10; R. Faircloth, Esq., £10 10; B. Chevallier, M.D., £10 10; total, £47 5.

Papers. The following papers were read.

1. On Amputation in Gangrene. By W. Cadge, Esq.

2. On the Commencement of the Climacteric Period in the Male. By C. M. Durrant, M.D.

3. On Polyipiform Concretions of Heart; with Case. By J. W. Goodwin, M.D.

4. Case of Acute Rheumatism; Sudden Death. By W. A. Elliston, M.D.

4. Case of Hydatid Cyst of the Liver. By B. Chevallier, M.D.

Dinner. The members and their friends subsequently dined together, the President occupying the chair. The meeting, though small on account of the elections, was considered to have been successful.

Correspondence.

A VINDICATION OF DR. PATERSON IN THE PRITCHARD CASE.

LETTER FROM H. CANDLISH, M.D.

SIR,—When Dr. Paterson's services were first solicited, it was to visit Mrs. Taylor, whom he thought moribund from what he considered narcotic poisoning, and whose death he could not avert. She was dying—of that he had not the slightest doubt; and the symptoms were like those which would result from narcotic poison. He could, and did, suspect this to be the case; and he did not hush his impression. He refused to certify as to the cause of death (although written to by the Registrar); consulted and took the advice of his professional friends, as to the best and most decided course to adopt; and with characteristic boldness, and with promptitude most praiseworthy, not only refused the certificate, but accompanied that refusal with a letter full of candour and significance, stating that the death of Mrs. Taylor was sudden, unexpected, and mysterious, and underlined these words to give them additional effect and importance. He also distinctly mentioned in that note "that she seemed to be under some narcotic." More than this he was not entitled, nor could be expected, to do. All that he could affirm was, that the old lady appeared to be suffering from the effects of narcotic poison, and that there was room for the suspicion of foul play. This he did with the view of saving Mrs. Pritchard's life, from whose appearance his professional glance gleaned signs of antimonial poisoning; to protect his professional reputation; and, if possible, to detect the poisoner. That these grand results did not follow, is to be attributed to the fact, that the Registrar did not submit the Doctor's communication to the notice of the authorities. Dr. Paterson was called upon to visit Mrs. Pritchard after her mother's death, and his first suspicions were strengthened, if not confirmed. He prescribed for her the appropriate treatment to be adopted; and was waited upon by Dr. Pritchard, who informed him that, under his plan of treatment, she was progressing favourably, and was much relieved by it. Dr. Paterson advised the continuance of the course of medicine he had proposed; was gratified with the intelligence; and naturally concluded that, if Mrs. Taylor was really poisoned by narcotics, and the death of her daughter had been attempted by the administration of antimony, the fact of his refusal of the medical certificate of the cause of death in the case of the former, had aroused fear in the mind of the poisoner, and had driven him from his fell designs upon the life of the latter. This being the case, no doubt, perseverance with the remedies and general plan proposed by Dr. Paterson would lead certainly, if not soon, to a favourable issue. But such was not to be the case; as, not long after this, he was called upon by Dr. Pritchard, to accompany him to see his wife. He did so, and found her terribly worse. He prescribed for her and left, and was summoned the following morning to hurry immediately to see her; but, before he was dressed,

another messenger called to say, that he need not go as Mrs. Pritchard was dead. After this, in consequence of an anonymous letter sent to the authorities—no doubt, by one conversant with the facts of the case—Dr. Pritchard was apprehended.

Such is a brief statement of Dr. Paterson's connection with this awful case; and where, I would ask, is there the slightest foundation for the accusation against him?

What medical man, in a case beset with difficulties so subtle and many, and pregnant with the most momentous results, would have acted so wisely and so well as did Dr. Paterson? Had it not been for the able and bold manner in which he acted in interpreting and expressing the symptoms, although other medical men of eminence were called in, in all human probability the criminal would have escaped, and the ends of justice would not have been vindicated. It is easy now, since fancy has ripened into fact and suspicion into stern reality, to whine and complain that a plan was not adopted to bring righteous law and justice to bear upon the guilty, and save an unsuspecting victim from the treacherous arts of the destroyer. But I contend that, without the gift of omniscience, supernatural revelation, or inconceivable rashness and temerity, no man could have said that the symptoms were the infallible result of poison; and I am convinced that, if any honourable member of our profession had known to a certainty that they were such, and only such, he would as certainly have spoken out without either doubt or fear. Fault has been found with Dr. Paterson by the prisoner's counsel, the Lord Justice Clerk, by the press, by some in the profession, and by many of the people, that Dr. Paterson did not take steps to thwart Pritchard's murderous attempts. This assumes that Dr. Paterson *knew* and was fully convinced that Mrs. Taylor had been, and Mrs. Pritchard was being, poisoned. Dr. Paterson did not know all this, but simply suspected it. He knew his profession, however, too well not to know that vegetable poisons would probably escape detection, even with the help of a carefully conducted *post mortem* and chemical analysis. The disastrous consequences in this event were sufficient to deter any prudent man from incurring a risk so tremendous. Dr. Pritchard would have meanwhile stopped poisoning his wife; ministered to her convalescence; ignored Dr. Paterson's knowledge; attributed to him the vilest motives; and raised an action against him for ruinous damages. He could also have counted upon the support of his friends; and the evidence of the other medical men would possibly also have contributed in his favour.

Now, it may be said that the mere examination of Mrs. Taylor's body was sufficient to confirm Dr. Paterson's opinion, and justify him in exposing this melancholy tragedy. So it may. But who could have foretold such a result? The tongue of malignant scandal did its best to injure and prejudice Dr. Paterson for speaking out so freely as he did; and he was charged with the worst of motives, and the lowest of epithets were launched upon him. He was threatened with punishment, with banishment, and with ridicule; and even those who were more moderate found fault with him for being too outspoken.

But there is more to be said. The authorities themselves were for a time afraid that the evidence available would prove insufficient to bring home guilt to the prisoner. Had Dr. Paterson either told the authorities or Dr. or Mrs. Pritchard his suspicions, instead of subserving the interests of justice, the very opposite might have resulted. If a trial had been instituted, Mrs. Pritchard would have been allowed to get better for a time. She, her family,

her friends, her husband, the other medical men, would have all combated and silenced Dr. Paterson's opinion; and by and by, in another and safer and more scientific way, Dr. Pritchard would have polished off his victim by exhibiting poison more subtle and much more difficult to discover. Indicating his suspicions more than he did to the authorities, or to any other, would not, in my opinion, have given proof of so much judgment, moderation, and discretion. That the other medical men, who had at least equal opportunity for forming and expressing their opinion upon the case, were able and gifted, and yet were perplexed and baffled by the symptoms; that they did not even construe the appearances as due to poison,—shows how much difficulty Dr. Paterson had to contend against, and reflects immense credit upon him as a close observer and a skilful and versed symptomatologist. That he did not go unasked and press his services into the case need not for a moment be wondered at; for, had he even gone, unless he had positively never ceased to nurse the patient, what good would have been effected by his going? But he had no right to go; it was no business of his, so long as the patient and her medical attendant did not wish his services. And, if he had done so, he would have surely weakened the evidence against Pritchard, and identified himself too closely with the case for his own comfort.

This note of praise is merely one sound in a chorus lifted up by many in approval of Dr. Paterson; and it would be well for our profession if it embraced within its pale many like him, so fit to be its ornaments.

I am, etc., H. CANDLISH.

Alnwick, July 1865.

THE MEDICAL PROVIDENT SOCIETY.

SIR,—In last week's JOURNAL, the mode in which the Medical Provident Society is at present conducted is brought into question, and it is a subject which deserves most careful discussion. Unlike Mr. Steele, who has introduced the subject, I approve most warmly of the objects of the Society, and hope that it may be entirely successful; but precisely because I wish it well, and would desire its efficient guidance, I must agree with Mr. Steele in objecting to the manner in which it is at present connected with our Association.

The constitution of the Society, as it now stands, affords no security to the subscribers for the right administration of their money. The Directors of the Society are chosen, not by the subscribers, who alone have the right of electing their representatives, but by the associates of the several Branches of the British Medical Association, many of whom have not the slightest interest in the undertaking. Moreover, in order to make the management careless and uncertain, the one chief inducement put forward to persuade gentlemen to allow themselves to be made Directors of the Society, is the representation that the office will involve them in no responsibility. And, in fact, the statement is a true one. The Directors are not amenable to the wishes of the subscribers, since these have only had a part share in the election, and they are not responsible to the associates, for many of them have no pecuniary interest in the Society.

It seems scarcely possible to conceive a less business-like arrangement, nor one so likely to lead to careless management of the affairs of the Society, after the first novelty of the interest felt in it has passed away.

Thus far I have spoken of the scheme only so far as it involves the interests of the subscribers; but the members of the Association have a right to be

considered; many of them may justly feel aggrieved at being forced to take part in a scheme of which they do not approve.

It is right that it should be early recognised that the Medical Provident Society, although most laudable in its objects, is yet as purely a commercial undertaking as any other Insurance Society, and as such, the British Medical Association can have no real business connection with it, for it can take none of its pecuniary liabilities, and therefore ought to have no share in its administration.

I am, etc., A. R.

Manchester, July 24th, 1865.

MINERAL ACIDS IN FEVER.

LETTER FROM A. B. STEELE, ESQ.

SIR,—One word in reply to Mr. F. C. Howard, to correct his misapprehension, that I have decried the acid treatment of fever as unworthy of a trial. In the course of my practice, I have not unfrequently given mineral acids in fever; and I have seen that treatment adopted by others. I do not deny, and never have denied, that, in appropriate circumstances, the remedy may be useful. I would decry no remedy in fever; for there are few articles in the materia medica which may not, at one time or another, be suitable to meet the protean symptoms of the disease we are discussing. But I am still sceptical as to any specific influence which either this or any other known remedy is capable of exerting in fever; for reasons which I have endeavoured to show in a paper published in the last volume of this JOURNAL (p. 451).

No reliable conclusions can possibly be drawn from such vague statements, as that "120 cases were treated with hydrochloric acid, and of these not one died." By this mode of reasoning, I could at once establish the pre-eminent success of the non-acid plan; for, during the recent epidemic, I have seen several hundred cases of typhus recover in which no acid was given.

That one uniform plan of treatment should be found suitable to two diseases so essentially different in their pathology and symptoms as typhus and typhoid, appears to me scarcely in accordance with sound therapeutics, and can only be regarded as an illustration of the *post sed non propter hoc* principle.

I am, etc., A. B. STEELE.

Liverpool, July 25th, 1865.

LONGEVITY. The mortality returns for England in the year 1863, which have just been completed, record the death of 213 men and 430 women registered as 95 years old or upwards when they died. Twenty-one of these men had reached 100 or upwards, and one at Chelsea was 109; 62 of the women had also completed a century of life or more, and one in the district of West Derby (Liverpool) was 112 years old. Five men and five women died in the year 1863, who—if the register may be relied on—were born before George III was king. Of the 83 persons who had reached 100, 8 died in London, all of them on the Middlesex side. The north-western division, with its 2,900,000 people, had 7 of these centenarians in its bill of morality; the west-midland division, with its 2,400,000, had 11; Yorkshire, with its 2,000,000, only 4; the south-eastern division, with its 1,847,000, had 5, but the south-western, with its 1,855,000, had 11; the Welsh, with its 1,300,000, had no less than 20; the south-midland, with nearly as large a population, 9; the north-midland, with 1,288,000, only 2; the northern, with 1,150,000, also 2; and the eastern counties, with 1,140,000, 4.

Medical News.

THE QUEEN'S UNIVERSITY IN IRELAND. At a meeting of the Queen's University, held in Dublin Castle, on June 21st, the degree of Doctor in Medicine was conferred on the following gentlemen:—

Alexander, William, Queen's College, Belfast
Bligh, John, Queen's College, Galway
Brown, Henry Thomas, Queen's College, Cork
Catherwood, William Alistair, Queen's College, Belfast
Chessnut, Joseph W., Queen's Colleges, Belfast, Cork, and Galway
Comerford, Henry, Queen's College, Galway
Fitzpatrick, Joseph Augustine, Queen's College, Galway
Holden, John Sinclair, Queen's College, Belfast
Raye, Daniel O'Connell, Queen's College, Galway
Smith, David Stewart Hepburn, Queen's College, Belfast

The degree of Master in Surgery was conferred on:—

Bligh, John, M.D., Queen's College, Galway
Comerford, Henry, M.D., Queen's College, Galway
Duffy, Francis, M.D., Queen's College, Belfast
Fitzpatrick, Joseph Augustine, M.D., Queen's College, Galway
Graham, Richard Malcolm, M.D., Queen's College, Cork
Jones, Henry Macnaughten, M.D., Queen's College, Cork
Joyce, Robert Dwyer, M.D., Queen's College, Cork
McMurtre, Alexander Hay Hill, M.D., Queen's College, Belfast
Mullen, Thomas French, M.D., Queen's College, Galway
Shannon, Patrick John, M.D., Queen's College, Galway

At the examination which had just concluded, the following gentlemen passed the first University Examination in Medicine:—

De Zouche, Isaiah, Queen's College, Galway
Gilmore, Thomas Charles, Queen's College, Belfast
Johnston, William B., Queen's College, Cork
Killeen, Samuel, Queen's College, Belfast
Kingston, Thomas, B.A., T.C.D. (except in Modern Languages), Queen's College, Cork
Macaulay, John, Queen's College, Belfast
MacCarthy, James, Queen's College, Galway
Macnamara, William Henry, Queen's College, Cork
McClement, Frederick, Queen's College, Belfast
Morgan, Hirkman, Queen's College, Cork
Morgan, Rosslewin, Queen's College, Cork
Nelson, Edwin Field, Queen's College, Belfast
O'Connor, John, Queen's College, Cork
O'Connor, William A., Queen's College, Cork
O'Grady, Jeremiah James (in Experimental Physics), Queen's College, Cork
Parke, Samuel, Queen's College, Belfast
Patrick, Josias Wilson, Queen's College, Belfast
Rankin, William J., Queen's College, Galway
Rattan, James Joseph Lewis, Queen's College, Cork
Sharpe, William, Queen's Colleges, Belfast and Galway
Wood, George, Queen's Colleges, Belfast, Cork, and Galway

APOTHECARIES' HALL. On July 20th, 1865, the following Licentiates were admitted:—

Byrne, James, Little Ilford, Essex
Hott, James John, Robert Street, Hampstead Road
Nanney, Lewis Charles, Newcastle-upon-Tyne
Pughe, David Roberts, Aberdovey
Spurgin, Herbert Branwhite, Thrapstone, Northamptonshire

At the same Court, the following passed the first examination:—

Bingham, John Joseph, University College
Mayer, Henry Charles, Meath Hospital, Dublin
Moore, Walter, Westminster Hospital
Pinder, William Parker, University College

As Assistant:—

Bindoss, George Frederick, Leighton Road, Kentish Town

APPOINTMENT.

*HARRISON, Reginald, Esq., appointed Lecturer on Descriptive and Surgical Anatomy at the Liverpool Royal Infirmary School of Medicine.

MARRIAGE.

JACKSON—JACKSON. On July 25th, at St. Giles's Church, Northampton, John Hughlings Jackson, M.D., to Elizabeth Dade, only daughter of the late Thomas Jackson, Esq., of Green Hamerton, Yorkshire. No cards.

DEATHS.

SMITH, James, Esq., Surgeon R.N., at Montrose, on July 13.
TUXFORD. On July 23rd, at Boston, aged 21, Caroline Eliza, wife of Arthur Tuxford, M.D.

DR. T. P. LUCAS has been appointed a Deputy-Lieutenant of Brecknockshire.

PROFESSOR GRAUX has this year been elected rector of the University of Brussels.

DR. ALTHAUS has been elected a corresponding member of the Society of Medical Hydrology of Paris.

BEQUEST. By will, W. Mann, Esq., of Eltham, leaves to Mr. Evans, surgeon, Brixton, £2,000; and also legacies to the Surrey Dispensary and the Deaf and Dumb Asylum, each £1,000.

M. MALGAIGNE has resigned his professorship of operative surgery at the Faculty of Paris. M. Denonvilliers, Professor of Surgery at the Faculty, is desirous of exchanging his chair for the one vacated by Malgaigne.

THE INDIAN MEDICAL SERVICE. Notice is given that an examination of candidates for forty appointments as assistant-surgeons in Her Majesty's Indian Medical Service will be held at Chelsea Hospital on August 7th, 1865.

CHARGE OF POISONING AGAINST A MEDICAL MAN. A surgeon at Ashburton, named Sprague, has been committed for trial on the charge of attempting to poison four persons—his wife, her father and mother, and a servant.

THE ASSOCIATION OF MEDICAL OFFICERS OF ASYLUMS AND HOSPITALS FOR THE INSANE have changed their name to that of the Medico-Psychological Society, in accordance with a proposal of Dr. Maudsley made at the last annual meeting of the association.

DEATH OF M. BAUCHET. Paris has lost one of its young and rising surgeons, M. Bauchet, Professor at the Faculty of Medicine, Surgeon of St. Antoine, etc. He died aged 39, from phlegmonous erysipelas brought on by dressing a wound with a small puncture in his finger.

TESTIMONIAL TO C. F. POLLARD, Esq. On Thursday, the 13th inst., the members of Court Commerce 1865, Ancient Order of Foresters, met at their court room, Commercial Hall, King's Road, Chelsea, for the purpose of presenting C. F. Pollard, Esq., of Brompton Crescent, a splendid ornolu timepiece, as a testimonial of their appreciation of his services as medical officer to the court, extending over a period of twenty years.

UNIVERSITY OF OXFORD. The electors to the Waynflete Professorship in Chemistry give notice that it is their intention to proceed to the election of a Professor some time in Michaelmas Term next. The endowment assigned to the Professorship is £600 *per annum*. The residence required by the College Ordinance is six calendar months at least in each year. The functions and duties of the office are mainly regulated by a Statute of the University, the provisions of which may be obtained from the President of Magdalen, to whom persons intending to become candidates are requested to send in their names on or before the 1st of October next.

CONTAGIOUS DISEASES AMONG CATTLE. An order has been issued by the authority of the Privy Council, "whereas a contagious or infectious disorder, of which the nature is at present uncertain, has lately appeared, and now prevails among cattle, within the metropolis and in the neighbourhood thereof, and it is expedient to take measures for preventing such disorder from spreading," it is ordered by the Privy Council that notice shall be given of the existence of any cattle labouring under infectious disorder, within the City of London, in the limits of the metropolitan police district, "to the Clerk of her Majesty's Most Honourable Privy Council in waiting at the office of her Majesty's Privy Council at Whitehall; and it shall be lawful for the said clerk of her Majesty's

Privy Council, and for all such persons as he shall by writing under his hand authorise in that behalf, thereupon, and at all reasonable times thereafter, to inspect and examine all or any such diseased animals or animal, and to report to the Lords of her Majesty's Privy Council all such information and particulars as to the nature or character of such disorder as may seem to him expedient for the purpose of enabling proper regulations to be made for preventing or checking the further propagation of and increase of such disorder. Every person offending against this order, and omitting to give such notice or to permit such inspection and examination as aforesaid, shall for every such offence forfeit any sum not exceeding £20, which the justices before whom he or she shall be convicted of such offence may think fit to impose."

NEW ST. THOMAS'S HOSPITAL. The governors of St. Thomas's Hospital have had under their consideration the designs prepared by Mr. Henry Currey for the new hospital proposed to be erected on the south bank of the Thames, and which are set forth in twenty-two drawings, including one very large and very good perspective view, showing the aspect the building, or rather pile of buildings, will present from the river, along which it will extend 1200 feet. It comes close up to Westminster Bridge, on the right hand side (when going towards Astley's), and shows towards the river seven separate blocks, four stories high above ground, connected by corridors and service-buildings, the pavilion principle being, of course, adopted. The pavilions are placed at a distance of 125 feet from each other, the centre court being increased to 200 feet, which distance will admit of ample sunlight and air to every block. The wards are designed to be 28 feet in width by 120 feet in length, and 15 feet in height, and will accommodate twenty-eight beds, giving a cubic capacity for each patient of 1800 feet. The beds are placed at distances of 8 feet from centre to centre; and the windows are arranged alternately with the beds at a level, to enable the patients to look out of them. The number of beds will be 588. The water-closets, lavatories, and bathrooms, attached to each ward, are projected from the main building, and are cut off from the ward by intercepting lobbies, with windows on both sides. The water-closets and lavatories have also windows on all four sides, to provide for thorough ventilation, with a view to prevent the escape of any noxious effluvia into the ward. The chapel is placed in the centre of the building, communicating with the corridor of one-pair story, with convenient access for both sexes, and is designed to give three hundred sittings. The museums, school-buildings, lecture-theatres, etc., are proposed to be placed at the southern end of the ground, as indicated on the plans; but the detailed arrangements of this department are not completely matured. The building is designed to have fire-proof floors throughout, formed with wrought and rolled iron joists, and concrete. The windows go up to the ceilings of the wards. The floors will be of oak; and the wall surfaces finished with Keene's or Parian cement. The terrace towards the river is proposed to be kept four feet above the public footway. This, with the height of a parapet, three feet six inches, will prevent any overlooking by the public. The style adopted may be called, broadly, Italian. Mr. Currey's approximate estimate, the walls being of brick with stone dressings, is £330,000. If the whole building be faced with stone, the cost would be about £30,000 more. The estimate includes a bed of concrete, ten feet thick, under the whole surface, and some idea is given of the size of the area covered when it is mentioned that for every additional yard in depth of concrete the extra expenditure will be £4000. (*Builder.*)

OPERATION DAYS AT THE HOSPITALS.

MONDAY.....	Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.
TUESDAY....	Guy's, 1½ P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.
WEDNESDAY..	St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.
THURSDAY....	St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopaedic, 2 P.M.—Royal London Ophthalmic, 11 A.M.
FRIDAY.....	Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.
SATURDAY....	St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.—Royal Free, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

REGISTRATION OF DISEASE.

MONTHLY RETURN of new cases of disease coming under treatment at Pauper and Public Institutions. (A.) Manchester and Salford (Sanitary Association). (B.) Preston (R. C. Brown, Esq.). (C.) St. Marylebone, London (Dr. Whitmore).

Diseases.	4 weeks ending May 27th, 1865.		
	A.	B.	C.
Small-Pox	56	2	14
Chicken-Pox	3	1	9
Measles	35	2	20
Scarlatina	29	10	17
Diphtheria	—	1	3
Whooping-Cough	50	—	61
Croup	—	2	11
Diarrhoea	115	21	480
Dysentery	11	5	5
Erysipelas	23	6	13
Insanity	—	4	19
Bronchitis and Catarrh	630	96	740
Pleurisy and Pneumonia	72	7	23
Carbuncle	—	—	4
Accidents and other diseases ..	4379	433	3689
Totals	5418	590	5113

TO CORRESPONDENTS.

* * All letters and communications for the JOURNAL, to be addressed to the EDITOR, 37, Great Queen St., Lincoln's Inn Fields, W.C.

COMMUNICATIONS.—To prevent a not uncommon misconception, we beg to inform our correspondents that, as a rule, all communications which are not returned to their authors, are retained for publication.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

MIDLAND BRANCH.—In the JOURNAL of the 15th instant, the name of Mr. J. W. Baker appears instead of that of Dr. W. Ogle, as chosen to represent the Midland Branch in the General Council.

THE OPHTHALMIC REVIEW for July is mainly composed of materials derived from Germany—a fact which indicates that our German ophthalmic surgical brethren take the lead of us in a scientific point of view. Dr. Fagenstecher contributes a paper on the Use of Yellow Oxide of Mercury in Conjunctivitis; and Mr. Carter one on Local Application of Hot and Cold Compresses in Eye-Diseases. Next we find a Clinical Lecture by Von Gräfe on Traumatic Cataract. A paper by Dr. M. Benedit, on Electro-Therapeutical, etc., Researches on Paralysis of the Ocular Muscles, is given in translation. Then come cases reported by Dr. Little in the Manchester Eye Hospital; and by Mr. R. C. Moore in the Southwark Ophthalmic Hospital. The Report of the Heidelberg Ophthalmological Congress is concluded; and a Retrospect of British and Foreign Medical Journals is given by Mr. Windsor.

AN USEFUL INVENTION.—We have seen a machine invented by a French gentleman, Capitaine de Haut, who is himself afflicted with blindness, for facilitating the writing of the blind. It appears to be very simple and ingenious, and well adapted for the purposes of those persons who have become blind, and who have a recollection of written characters. It is also portable and inexpensive. Capitaine de Haut resides at Loughton in Essex, and will gladly give any information on the subject to anyone who may desire it.

THE CIRCULATION AND ITS DISCOVERY.—Harvey pretends," said Parisanos of Venice, "that when the hand is laid on the region of the heart, and the ear applied there, we can feel a shock and hear sounds. This may be so in London; but not so in Italy. No doubt we may be deaf; but, at all events, we can hear nothing of the sort." Primerose of Montpellier said:—"Our forefathers cured their patients very well, and yet they knew not the things which Monsieur Harvey teaches. Of what use, therefore, are they?" Riolan wrote to Harvey: "I admire thy discovery of the circulation of the blood, thy skill and ingenuity; but I must tell thee that thou hast endeavoured to prove many absurd things, and still more false things."

RAILWAY ACCIDENTS.—SIR: I quite agree with your correspondent of last week, and hope the subject may be prominently brought before the profession in some other way. In case of accidents, particularly railway ones, I think, as matters now stand, it is very unfair to the different medical charitable institutions and to their officers. In a case of accident of this kind, which lately occurred, some members of a family were taken to an inn, and some to a hospital. In the case of the former, the surgeon and hotel proprietors are paid for their care and attention, either by the sufferers or the railway company; but, in the case of the latter, the institution will be at a heavy loss, and the surgeon, under whose care they are placed, will not receive the slightest remuneration.

I am, etc., M.D.

COMMUNICATIONS have been received from:—Dr. R. ELLIOTT HUNTLEY; Dr. B. RIDGE; Mr. A. B. STEELE; Mr. T. WATKIN WILLIAMS; Dr. H. E. EASTLAKE; Mr. T. M. STONE; Mr. ASHBY G. OSBORN; Mr. T. L. PRIDHAM; Dr. KELLY; Mr. T. SPENCER WELLS; Mr. SYME; Dr. CANDLISH; Dr. ALTHAUS; Mr. REGINALD HARRISON; Dr. WM. OGLE; Dr. WM. STOKES; Mr. JONATHAN HUTCHINSON; Dr. JEAFFRESON; Dr. G. H. PHILIPSON; Dr. C. H. MARRIOTT; Dr. G. B. MEAD; Dr. MARSHALL; Mr. E. DUNN; Dr. C. M. DURRANT; Dr. A. GAMGEE; Mr. W. B. WOODMAN; Dr. CHEVALLIER; Mr. J. BLACKSHAW; and Dr. E. HUGHES.

PAPERS RECEIVED.

Case of Puerperal Tetanus. By G. H. Philipson, M.D.
Case of Osteosarcoma. By J. C. Murray, M.D.
Case of Morbus Addisonii. By D. Embleton, M.D.
The Commencing Climacteric Period in the Male. By C. M. Durrant, M.D.
Puerperal Tetanus following Abortion and Plugging the Vagina. By J. Blackshaw, Esq.

BOOKS RECEIVED.

1. Notes or Observations on Spa, and its Chalybeate Springs. By Thomas Cutler, M.D. Seventh edition. Brussels: 1865.
2. The Climate of San Remo and other Winter Stations of the Mediterranean, including Nice, Mentone, Cannes, and Hyères. By M. Prosser James, M.D. London: 1865.
3. A Course of Practical Chemistry, arranged for the Use of Medical Students. By William Odling, M.B., F.R.S. London: 1865.
4. The Restoration of Health; or, the Application of the Laws of Hygiene to the Recovery of Health. By W. Strange, M.D. London: 1865.
5. The Successful Treatment of Flatulence by a Novel Use of Charcoal. By A. Leared, M.D. London: 1865.
6. The Practice of Medicine. By Thomas H. Tanner, M.D., F.L.S. Fifth Edition, enlarged and improved. London: 1865.
7. Lake Habitations and Prehistoric Remains in Northern and Central Italy. By B. Gastaldi. Translated by C. H. Chambers. London: Anthropological Society, 1865.

ADVERTISEMENTS.

Vaccination. Important Notice.

At the suggestion of a medical friend, and having peculiar facilities for the purpose, I beg to inform the Medical Profession I have now Cows in such a state as to enable me to supply pure Vaccine Lymph, or Milk from the Vaccinated Animals, which is believed to have the same beneficial effect. Apply by letter to Mr. CROOK, Vine Cottage, Perry Vale, Forest Hill, London, S.E. Inquirers will oblige by enclosing their card.

Addresses and Papers

READ AT

THE THIRTY-THIRD ANNUAL MEETING OF THE BRITISH MEDICAL ASSOCIATION.

(Held in LEAMINGTON, AUGUST 1st, 2nd, 3rd, and 4th, 1865.)

THE

PRESIDENT'S ADDRESS.

BY

SAMUEL J. JEAFFRESON,

M.D.CANTAB., F.R.C.P.LOND.

PHYSICIAN TO THE LEAMINGTON AND WARNEFORD HOSPITAL.

GENTLEMEN OF THE BRITISH MEDICAL ASSOCIATION.—Much as I might have felt tempted to select some wider and more philosophical subject for my address, I cannot but feel bound, in consideration for the place in which accident has placed my lot for some twenty years, to crave your indulgence whilst I say a few words on mineral waters and spas in general, and on Leamington in particular. Such a subject is not without precedent, as the transactions of our Society in olden times give frequent proof. I trust it may not prove entirely without interest, and I feel assured, could I treat it as I fain would, not without its advantages. In these days, when improved chemical research, the rapid progress of microscopical investigation, the application of statistics, etc., have given a boundless impulse to the study of what may be called the philosophy of disease—namely, its diagnosis, pathology, and morbid anatomy—therapeutics, or the application of these and other studies to its cure, have been too much neglected.

My subject is almost exclusively therapeutic, and dealing, moreover, with a class of remedies of which the profession ought to know more; especially as the public too often take upon themselves to select between various watering-places, when a choice so important for good or for evil should rest with their medical advisers. When I say that the profession ought to know more on this subject than they do, let me not be thought presumptuous enough to suppose that there are not many who know far more than I do, or that in the limits of this address I can tell very much to those less informed than myself; but it will be my endeavour to lay down a few general principles, rather as a chart for the exploration of this study than as a history of the subject itself.

Those palpable distinctions of temperature, taste, etc., which separate mineral from other springs, must have attracted the observation of mankind from the earliest prehistoric periods, and have probably suggested the application of them to disease. As medicine gradually grew up into a science and an art, its professors would naturally inquire into the uses and abuses of this pre-existent application of mineral waters to the treatment of disease; and accordingly

we find Hippocrates, more than two thousand years ago, endeavouring to classify mineral springs, condemning the use of some, and advising the greatest caution in the use of others. Herodotus (on the authority of Oribasius) wrote a treatise on mineral waters, which is unfortunately lost.

Most authorities agree that the Greeks were the first to use mineral waters as remedies. The oldest Greek physicians, says Dr. Althaus, had great faith in the curative powers of mineral springs; and when temples were erected to the god of medicine, the priests of Æsculapius took care that these should be in close proximity to mineral springs. Places of this description were not only destined for worship, but for the cure of the sick; they were connected with medical schools and hospitals, and with theatres and other places of amusement for convalescents, many of which might have rivalled the contrivances existing for such purposes in a time which continually boasts of its civilisation. Here we have in outline an interesting approach to our modern spas, and also perceive the connection of early medicine with a pagan priesthood, to which a parallel was subsequently furnished in the early days of our own epoch, when the religious houses and religious teachers, being the sole depositaries of all forms of learning, were in reality the physicians of the body as well as of the soul. The Royal College of Physicians of London, the oldest chartered purely medical institution of this country, was obliged to make some concessions to the church; and even to this day the Archbishop of Canterbury, the primate of our church, is privileged to confer the dignity and rights of a physician on a certain number of persons annually. Many curious facts might be quoted, showing the systematic practical application of these springs, side by side with the most fabulous and mystic views entertained with respect to their origin and virtues. Thus within the sacred grove of Æsculapius, near Nauplia, a great resort of invalids from all quarters, and the birth-place of Æsculapius, stood, according to Pausanias, a number of columns, upon which were inscribed the names of those who had there been cured, as well as the nature of their maladies. Springs were in vogue which turned sheep black, and others which made them white again, that rendered stupid folk clever, and clever folk stupid; that excited and annihilated sexual powers; that created insanity; and, finally, in Bœotia were the famous springs of Lethe and Mnemosyne, of which the one gave oblivion and the other memory. Many Greek thermal springs were dedicated to Hercules, and their heat and roborant effects were attributed to his having bathed in them. These mythical stories and attributes of mineral waters, Dr. Althaus rightly conjectures, may have rather disgusted some of the more scientific physicians of the time, and turned them somewhat from the recognition of their real therapeutic value. Dr. Thomas Thomson, in a valuable article in the *Cyclopedia of Practical Medicine*, observes on these ancient spas, that, part of their scheme being the introduction of priests and a ritual which was observed in making use of the waters, the priests had address enough to persuade their votaries that the various cures produced by the waters were the result, not of their medicinal properties, but of the immediate action of the divinity under whose protection they were. This circumstance occasioned an immediate desertion of mineral waters, as soon as the inhabitants

of the Roman empire became Christians, the use of them being considered as a kind of acknowledgment of the power and authority of the heathen divinities. May not this fact account for the entire absence of any notice of mineral waters in the Old Testament? The utter abhorrence of the Jews for every form of polytheism would have rendered them peculiarly adverse to any medical treatment in the slightest degree connected with the pagan divinities.

This opprobrium hung over the use of mineral waters, more or less, until the ninth century, when the emperor Charlemagne, together with his family, experienced so much benefit from the waters of Aix-la-Chapelle, that the subject was again taken up by the German and French physicians. The death of this great prince, and the subsequent division of his vast empire, again plunged the south of Europe into ignorance and barbarism. The term of *Akeman-ccaster* (city of afflicted men) applied to Bath, leads us to suppose that as early as the Saxon period Bath was a health resort of English invalids, although it did not come into high repute until the period of Charles the second.

Towards the end of the fifteenth century, mineral waters began to recover their ancient celebrity, and attracted the attention of some of the most eminent medical practitioners of those days. Thus, in 1498, Savonarola, of Padua, wrote on the thermal springs of Italy; in 1596, Baccias, also an Italian physician, wrote on the hot springs in France; in 1592, Dr. Jones wrote on the virtues of Buxton waters; in 1669, Simpson on the chemical anatomy of Scarborough and other spas in Yorkshire. The first attempt to describe the mineral waters in general was that of Allen, in 1711. To him succeeded Drs. Shaw and Short, and Dr. Rutty, in 1757. The early attempts of Duclos and of the French Academy in 1670-71 to analyse the various mineral springs of France, would form a curious exemplar of the chemical scientific knowledge of that period.

Enough has now been said to show the great antiquity of the cure by mineral springs, and even in the most remote periods their use has risen and fallen in public and professional estimation, according to the circumstances and caprices of the age. It has more-over been seen, and when speaking of the subject of baths we shall again refer to the fact, that not only were mineral waters used by the ancients, but that spas, or places of resort, were established for their use; and here it is proper to insist upon the broad distinction between mineral waters and a spa. The former is the bounteous gift of nature; the latter is the production of human skill and art, and no small amount of labour and outlay does it imply. First, the waters themselves must be guarded with the most jealous care and protection, and every facility must be created for their application, whether as internal or external remedies, or as both. Next, suitable accommodation will be required for the invalids and their friends who may visit the spa. Thus, then, the spa becomes, in the language of Dr. Spencer Thomson, a health resort, not only for those who desire to restore lost health, but for their friends and others who, being well, desire to retain it. It is necessary that no expense should be spared in the sanitary arrangements of the spa. Last, though perhaps not least, it is requisite that the patients should, as far as possible, be surrounded by all those media which, whether acting through the mind or through

the body, most conduce to the comfort, tranquillity, and healthy occupation of both.

We will now attempt a brief sketch of the practical application of mineral waters to the treatment of disease.

The only classification of mineral waters adopted by systematic writers is that which is founded on some salient points of difference in the waters themselves, such as thermal, cold, saline, etc. Without condemning or wishing to disturb this system, it strikes me that, looking at them from another point of view, mineral waters might be also classed in accordance with their physical effects; a plan which may serve to fix the attention of the profession to their remedial value, and to the selection of those adapted to special cases. I would suggest the following:—

1. Diluents.

2. Evacuants, whether acting chiefly on the stomach as emetics, on the bowels as purgatives, on the kidney as diuretic, or on the skin as diaphoretic.

3. Tonics.

4. Deobstruents and alteratives.

It may be stated, as an objection to this plan, that most mineral waters possess the qualities of more than one such class; but this is an objection common to most artificial classifications, especially those of therapeutic agents, many of which will be included in a variety of classes, according to their dose and the circumstances of their administration. It is obvious that all water belongs to the first class, that of diluents, whether mineral or not, and that those are the most simply and completely diluents which contain the smallest amount of foreign matter. Thus, the waters of Malvern would stand pre-eminent in this class. So wide, however, is this field of observation, that a book might be written on the uses and abuses of diluents.

The second class—evacuants—is a very large one. The most obvious evacuant effect of mineral waters is upon the alimentary canal, and in this respect, perhaps, sea water as an emetic, and the waters of Epsom as a purgative, stand foremost. Next to these, most saline and sulphurous springs. It is doubtful whether any natural mineral waters are simply diuretic or diaphoretic, or, by the same rule, whether they are simply purgative. The *modus operandi* of many of these, like that of most remedies, may be considerably varied by circumstances, over which the intelligent practitioner will be called upon to exercise a judicious control. Amongst these controlling influences, apart from the idiosyncrasy of the patient, the most obvious are: the quantity taken; the manner of taking; the period of taking; the temperature; and the conduct of the patient after drinking.

Of the third class, it may be asserted that all remedies are more or less tonic, which, by removing or diminishing diseased action, give increased tone and vigour to the system; but in the stricter sense of the word it can only be applied to those which produce such effects directly, and not indirectly. Amongst such agents, the chalybeate mineral waters occupy the most prominent place. Recent researches have detected the presence of arsenic in very small quantities in many chalybeate and some other mineral waters—a tonic of no mean importance, and there can be little doubt that in the course of time other ingredients will be found in some of the waters in use or yet to be discovered.

The fourth class—that of deobstruents and altera-

tives—though the most complex, is, to my mind, the most important; complex, because it embraces, more or less, all the other classes. All diluents are, to a certain extent, alteratives; and evacuants which remove certain fluids and solids from the system are largely deobstruent and alterative; whilst tonics, too, may be fairly classed as alteratives, and often as deobstruents. Whilst, therefore, almost all mineral waters and all remedies may be considered alterative or deobstruent, it is just in the ratio in which they possess the least amount of those more obvious powers of evacuants and tonics, that they come most strictly under this fourth class.

It is just these qualities of mineral waters that constitute their speciality in a most marked degree, and which are least imitable by art. The rougher and more obvious action of mineral waters as evacuants or tonics admits of far easier imitation than these alternative effects. This point is admirably illustrated in the case of Epsom, so greatly celebrated for its races, yet now scarcely known as a spa; although, in the designation of Epsom, it has given a name, known to the whole civilised world, to that valuable salt, sulphate of magnesia, now chiefly procured from dolomite or the waters of the ocean. The remarks above made on the various action of mineral waters, according to their mode of administration, especially apply to this order. Different waters in this class, closely allied by their more chemical contents, or even the same waters, differently handled, will often be found to have widely varying effects on the system. Nor need this excite our surprise more than those every day facts we observe in the use of other remedies,—calomel, opium, colchicum, and a host of other drugs, produce entirely different effects in accordance with their dose and circumstances of administration. In the use of stimulants, tonics, etc., we are often puzzled, amongst substances chemically closely allied, to select the one which will suit the case or the idiosyncrasy of the patient.

The diluent action of nearly all mineral waters must materially influence their other sensible qualities, and none more so, perhaps, than those which belong to the alterative and deobstruent order; whilst the state of the solution of their mineral contents must, according to the laws of endosmose and exosmose, exercise most important influences in relation to their absorption, permeation of tissues, metamorphosis, and excretion. Hence, perhaps, it occurs that the waters most in public favour are by no means necessarily the most rich.

That the quantitative analysis of mineral waters is a difficult and delicate task, is shown by the variety of results often arrived at by different analysts; whilst this great difficulty meets the qualitative analyst, that, having no exact clue as to what he is to seek for, he is liable to overlook some of its ingredients. As to the synthesis of mineral waters, Messrs. Chatin, Poggiale, and Lefort, who constituted a commission appointed by the Société de Pharmacie of Paris, frankly admit that, in the present state of our knowledge, the exact imitation of a natural water is not possible.

It is obvious, therefore, from many circumstances, that a mineral water, whatever it may be (and especially if belonging to the latter class) cannot be regarded, in a therapeutic point of view, as identical with an ordinary prescription. To the distinctions

already laid down must be added others not less important. First, their use generally implies change of air and scene—no trivial agent in the treatment of disease. Then those of the home habits prejudicial to the patient's recovery, are easier thrown off and changed, and the doctor's hands are strengthened. Early rising and retirement to rest, and regular exercise, with all which domestic duties interfere at home, may be better enforced. To the latter the patient is often tempted by the mere novelty of the situation and surrounding scenery and circumstances. Much anxiety and care is left behind, as are all the toils of business and of pleasure (for pleasure too has its toils). The patient is resolved to make the restoration of his health his only business—a resolution how often urgently but vainly enforced upon him by his friends and medical attendant. He starts from home determined to get well; and his determination is half the battle. What profound pathological and therapeutic truths are contained in these few words no one knows better than myself; and, long before circumstances placed my lot in a spa, I have received the grateful thanks of many whom I have almost driven from the desk, the bank, the counting-house, the shop, the pulpit, and, dearest of all, their homes, to seek in change of air and scene, and the use of mineral waters, that which they had vainly sought for at home, but which they have happily brought back with them—renewed vigour, energy, and health.

With regard to thermal springs, a theory has been set up that their heat differs in sensible qualities as well as in its physical effects from artificial heat communicated by our ordinary processes of warming. During a tour amongst the German baths some years ago, I made several experiments to test this statement, which I believe, in common with Dr. Althaus and others, to be a mere fiction. Whether any occult differences of physical action exist between them, I will not pretend to say, but should feel equally sceptical on this point. One very important fact in connection with thermal baths is the general equable warmth of all parts of the building, resulting from the warmth of the water, a condition that has been carefully imitated in our Pump rooms.

It has been asserted that the mineral waters of our own country have been losing favour in popular esteem. I am not aware that such a statement admits of statistical proof, but am inclined to think it not without some foundation. Endless theories have been set up to account for this state of things, which, like the parenthetical remarks of Sir Walter's Scott's old lady, are "no way material to the story." One source of this change lies in the fact that during the French Revolution and the succession of wars that came out of it, the English, ever fond of foreign travel and research, were pent up at home, and on the removal of this restriction a great rush was made to the continent in search of pleasure, excitement, novelty, change, and also of health. This movement was facilitated by the rapid development of steam-travelling by land and water, and encouraged by the comparative cheapness in those days of continental living. Another theory, not perhaps without foundation, is the rapid rise of many of our spas to large fashionable and populous cities; and it is to be feared that not only the profection, but the governing bodies, have too often neglected the springs, the real "*fontes et origo*" of their greatness and success. This is a great mistake for all

parties, for nothing can be more advantageous for a spa than a large house accommodation, varied in size, locality, aspect, etc. But Dr. Granville, of whose labours and writings on the subject of mineral waters I cannot in the main speak too highly, and who by the way has most dwelt upon the decadence of popularity of the English spas, has largely contributed to fulfil his own assertions. In his *Spas of Germany*, published antecedently to his *English Spas*, he gives the following extraordinary advice: "Haste away, and make the trial" (of German spas) "by any means. Do not waste your life and your purse in swallowing endless drugs, and ringing the change of remedies and doctors, pent up in a hot-house in London during the summer months, or in being lifted in and out of the carriage, the prey of some chronic and insidious disorder, which baffles your vigilant physician's skill; or in being sent from Brighton to Tunbridge, and from thence to Leamington or Cheltenham, merely to return again to Brighton or London exactly as you left it, having in the meantime tried as many doctors as places, and as many new places and new remedies as doctors, to no purpose. Fly, I say, from all these evils; proceed to some spring of health, and commit yourself for once to the hands of nature—of medicated nature—assisted by every auxiliary which an excursion to a German spa brings into play; and depend on it that either at the first, or at the second, or third occasion, you will have reason to rejoice that you have exchanged art for nature." Such remarks need no comment. One great cause of the popularity of foreign spas may be found in the greater simplicity and gaiety of life of foreigners, and in their unwillingness to take, and of their doctors to give, much medicine. Foreign medical literature, too, is far richer than our own on the subject of mineral waters.

I have endeavoured to give a brief sketch of the therapeutical powers of some of our English springs; and, whilst unwilling to detract from any, and admitting the superiority of many foreign sources, I must confess that the number of cases amenable to cure under their influence, which could not have been cured at home, is not very great; and I should form rather a hopeless prognosis in the cases of those persons who, having failed of cure here, fly from home evils to plunge themselves into a maze of German spas. *Ceteris paribus*, the home cure is the best, where the patient gets home fare, home habits, and home surroundings; and in those chronic forms of malady, in which he annually resorts to some spa, not for the cure of maladies which have been long beyond cure, but for their alleviation, for change, for repose, and for the mitigation of suffering and prolongation of life, it is comfortable for him and his friends to feel that, with the aid of electricity and steam, a few hours may bring to his bedside the familiar faces of the long-cherished family doctor, and of loving friends and relatives. And, further, though entertaining the profoundest respect for the learning, skill, and kindness of many foreign physicians, it must, I think, be conceded that they are less conversant than ourselves with the habits, feelings, and constitution of our countrymen.

Acting, I presume, on some such views as these, confident in the virtues of its springs, and hopeful for the future, Buxton took the initiative in putting its house in order, and is now, thanks to the munifi-

cence of the Duke of Devonshire, in a more finished position as a spa than at any previous period of its history. Leamington has followed, I trust not unworthily, in the wake of her sister spa, and has already expended sixteen or seventeen thousand pounds in placing her sanitary springs and appliances in a more useful and commodious form before the public. So far from being actuated by any purely selfish motive, I believe that both places would rejoice to see their example followed by every watering-place in the kingdom.

Leamington derives its name from the river Leam, a small stream which empties itself into the Avon about one mile to the west of the town. Its situation is so central that an oak tree on the boundaries of this parish and Lillington is commonly asserted to be the centre of England. Its average altitude is about two hundred feet above the level of the sea. The existence of the saline springs of Leamington is noted by Dugdale, Fuller, Camden, and Speed; and Dr. Loudon asserts that "Guidot, a physician of Bath, examined the waters of the old well scientifically as early as the year 1688; and that several analyses of its contents were given in the following century by different physicians." It was not, however, till the end of the last century that any really scientific researches were recorded on this subject. About this period, Dr. Lambe, F.R.C.P.L., was engaged in practice at Warwick. Somewhat eccentric in some of his practical views, Dr. Lambe was not the less a scientific man, an intelligent observer of Nature, and an accomplished physician; and was, moreover, one of the most elegant medical writers of his day. The springs of the neighbouring village did not escape his observation; and, having carefully studied and analysed the waters, he published an account of them in 1797, in the fifth volume of the *Transactions* of the Philosophical Society of Manchester—a society embracing the respected names of Priestley, Dalton, Watt, etc., and not, perhaps, inferior to any contemporary association in Europe. About the same period, the elder Kerr had obtained a justly merited reputation at Northampton. One of, if not the most successful provincial practitioners of the day, Dr. Kerr was too sagacious not to see the practical advantages of this neighbouring spa, and was in the habit of sending many of his patients to it during the summer months.

From this period, the growth and prosperity of Leamington were truly extraordinary. The village which, at the close of the last century, numbered about three hundred souls, has now grown into a spacious and handsome town of not much short of twenty thousand inhabitants. Abundant notice of these springs exists in the works of most systematic writers upon mineral waters, whether English or foreign; but I am not aware of more than two monographs upon the subject written by resident practitioners. In the year 1828, the success of Leamington being then well established, Dr. Charles Loudon published his *Practical Dissertation* on the waters of Leamington Spa, a work which is in every way creditable to its author, who, so far from exaggerating, rather underrates the value of the spa. Later, a short pamphlet was published by Dr. Middleton. It may not be uninteresting to state, that not only has that popular estimation which has been found to invest this and most mineral springs suffered no abatement in this instance, but that the waters have always

been highly esteemed by the great bulk of resident practitioners, and have by many of them been freely used in the persons of themselves, their families, and their patients.

The great bulk of the town of Leamington occupies the north side of the river from which it takes its name, on a gentle declivity sloping to the south. The lower and middle portions of the town are mainly situated on the "lower-level gravel"; the upper and western portions of it, on the keuper or sandstone rock; the extreme northern and north-eastern, on the red marle which intersects the keuper rock. In its earlier days, Leamington tended to spread to the south; and those parts of it adjoining and to the south of the old London Road are frequently spoken of as "the old town". These parts are mainly situated on a deep bed of gravel, and slope to the north, and are marked by a considerable difference in temperature and climate, as compared with the other portions of the town.

Deficient in any striking architectural features—due, perhaps, to its almost unprecedented rise, which led to a hurried and ill-digested effort to accommodate its rapidly increasing requirements—it nevertheless has the rudiments of what will ere long be a fine Parish Church; a handsome Grammar School; a fine substantial building in "The Regent Hotel"; and a handsome pile of buildings in its Pump-Room and Baths. It also contains a spacious Club House, with a fine tennis and racket court; and a Hospital, partially founded and largely endowed by my late revered friend, Dr. Samuel Wilson Warneford, in gratitude for the benefits he had derived from the waters, and with a noble and generous desire of extending their benefits to the humbler classes. In furtherance of this charitable disposition, the Pump-Room Company give annually six hundred baths for the use of the hospital patients. The streets are wide, spacious, and airy; its house accommodation of the first class, meeting the requirements of the most wealthy and fastidious on the one side, or those of the most moderate means on the other. Its beautiful public gardens, comprising some twenty acres, and situated in the very centre of the town, will not escape your attention. Its numerous boulevards, and the general interspersed of fine timber and shrubs throughout the town, give it quite the character of the *rus in urbe*; whilst its cleanliness and thoroughly excellent drainage and water-supply contribute to make of one of the prettiest towns within my experience also one of the most salubrious. Its climate, by many asserted to be relaxing, is really a very medium one, and consequently well suited to the majority. In a town frequented by visitors from such various quarters, it is curious to observe how each one criticises its climate in relation to the parts they have previously inhabited. Thus, in a single morning's round, I have been told by different persons that they find the place "relaxing", "bracing", "hot", "cold", "damp", "dry", etc. Its rainfall is considerably under the average; and its streets, whether from the nature of the soil, good drainage, or other causes, have the property of drying up with the greatest rapidity—a consideration by no means unimportant to the invalid. There is a certain softness in the air: and I have found it admirably adapted to many cases of phthisis, chronic bronchitis, and asthma, especially during the winter months. Due probably

to its soil, rather than its atmosphere, it will be frequently found, in the early spring and winter, that whilst, in Leamington and its immediate environs, the ground remains soft, it is frozen at no great distance from the town.

Besides the Pump-Room, Leamington contains four other sources of mineral water—Lord Aylesford's well, and one under the railway viaduct, both thrown open to the public for drinking purposes only; Wood's in Bath Street, and Hudson's in High Street, to which are also attached bath-rooms. The two latter, in common with the Pump-Rooms, contain sulphurous as well as saline springs. It is greatly to be regretted, that an excellent chalybeate spring, of which the analysis is given, has been allowed to go to decay; but I hope ere long to see this spring restored. It may be remarked, that Leamington possesses an inexhaustible supply of mineral water—always a great advantage in any spa, but especially so where bathing is carried on to a large extent. The Leamington waters (for I shall speak of them generally) belong to the class of mild evacuants; their chief evacuant action being on the alimentary canal; they act also on the kidneys, and in some few instances I have found them inconveniently diuretic, without some modification of their use. They are also slightly diaphoretic; and actively so, when their internal administration is combined with their external use in the form of baths. They also pre-eminently belong to the class of alteratives and deobstruents; and it is chiefly in this respect that they are so valuable—modifying the secretions of the liver, kidneys, skin, and all the excretory glands, as also of the mucous membrane of the alimentary canal, and acting strictly as a blood-remedy. The specialty of the action of most mineral waters probably depends more on those minute traces of certain subordinate components in them, than on those that constitute their chief bulk; and I am disposed to think, judging from their effects, that our waters owe much of their virtue to the presence of small proportions of iodine and bromine, as also, in some cases, of iron. The best period for their administration, is the spring, summer, and autumn. They are not inadmissible in the winter, if it be mild and open; but should only be given occasionally, or in short courses of five or six days. In intensely cold weather, I never recommend their use. They should always be taken on an empty stomach, from three-quarters of an hour to an hour before breakfast, in quantities varying in the adult from ten to thirty ounces. I most frequently give from twelve to eighteen ounces; and advise the dose to be divided into two or three draughts, with an interval of a few minutes between each, which promotes their absorption and assimilation, and prevents the inconvenience so often arising from too rapidly swallowing any large bulk of fluid. In some few cases of very weak and irritable stomach, they agree better cold; but as a general rule, I prefer to use them about new milk warm, as most conducive to their absorption and diffusion through the system. It is always preferable that they should be taken at the spring itself, when the weather and the physical powers of the patient will admit of it; if not, they may be brought home to the patient's house. In warming the waters, great care should be taken not to drive off their gaseous contents; and this is best contrived, by drawing them into a stone bottle, carefully corking down,

and then placing it in hot water. Their administration should, if practicable, be followed by a little gentle exercise, and that, if possible, in the open air. On the principle, I suppose, "that you cannot have too much of a good thing", the older attendants used to persuade their votaries to swallow enormous quantities of the waters, to the prejudice of their stomachs, and to the hindrance of their alterative effects by exciting too great alvine and renal excretion.

Some patients, from the first, rather like the water than not; but any distaste they may at first feel for it speedily passes off, especially when it agrees. I have very generally found that its use is followed, in the course of half an hour or so, by considerable increase of appetite, which, however, should be appeased by a simple breakfast, with or without a little broiled bacon, an egg, or a slice of meat, according to the requirements of the system. The duration of a course of the waters should never be less than two weeks, and may often be advantageously carried on to four or five. I have often been compelled from circumstances to give much shorter courses, and have occasionally, from the steady benefit obtained, carried on their use for a much longer period; but, in the main, it is preferable to continue their use from two to four weeks, then lay them aside, and resume them at the end of a week or two, or later in the season, or in the following season. Patients who have been greatly benefited, frequently visit the Spa several seasons in succession with great advantage. On the whole, the Leamington waters are but little injurious when not beneficial; but they should not be used without caution, especially in large quantities: since their accumulation in the system is liable to induce congestion of the abdominal viscera, brain, etc. I have been called to many patients, who, having come here with general instructions to drink the waters, have done this without advice, and have become exceedingly unwell, with fulness and distension of the stomach, loss of appetite, nausea, and even vomiting, with headache and vertigo. The surcharged system often relieves itself by free purgation; if it has not begun to do so, all disagreeable symptoms usually pass off rapidly on the administration of a dose or two of aperient medicine, pills being preferable. I have often had the curiosity to learn the subsequent effects of this mismanaged course of waters, and have found that the patients have got great benefit from them afterwards, in spite of the temporary inconvenience. They are inadmissible except as an occasional mild laxative in confirmed phthisis, and during the febrile stages of chronic maladies. In all congestive maladies attended by febrile symptoms, it is proper that these should be first reduced, and then the administration of the waters generally becomes useful.

The following is a synopsis of some of the cases in which the Leamington waters have been found useful within the range of my own experience. I should state, however, that in many of these cases the mineral and other baths have also been largely used; particularly in the cutaneous, rheumatic, gouty, and some of the hepatic and dyspeptic affections; in most skin-diseases; especially lepra, psoriasis, eczema, acne, acne rosacea, urticaria simplex and in veterata, prurigo, and in many anomalous and secondary eruptions; in gout and rheumatism, and more particularly in the sequelae of its acute forms; in obesity; in hypo-

chondriasis, hysteria, and some cases of paralysis; in a variety of hepatic affections, with or without jaundice; in a great variety of forms of dyspepsia; in chronic obstinate constipation; in most forms of hæmorrhoids; in many cases of kidney affection, especially congestion and lithiasis; in some cases of diabetes complicated with hepatic congestion; in some cases of chronic bronchial affections and asthma; in many instances of uterine disturbance, especially in menorrhagia and other functional disturbances associated with liver derangement, and in amenorrhœa connected with torpid bowels, debility, and deficient nutrition.

Time will not permit me to say much about the environs of Leamington. It may, however, be generally remarked that its soil is rich and fertile, abounding in luxuriant crops and fine timber, especially the oak; undulating rather than hilly, although the Campion Hill in the town, Blakedown, Clogw, on the road to Stratford, and the hills of Offchurch, Hatton, etc., are sufficiently high to command very beautiful and very extensive prospects; whilst the Burton and Edge Hills, some ten to fourteen miles off, constitute a lofty and extensive range. The scenery is eminently English, and much enriched by the warm tints and colouring of the soil. For the many interesting objects with which the town is surrounded I must refer you to the guide-books, and content myself with remarking that the beauties of nature have been amply enriched by art in the many noble parks and grounds by which we are surrounded, the charms of which, as well as of many of the neighbouring mansions, ruins, and towns, are intensified by the most interesting historical associations. The noble churches of Coventry and some other places will afford gratification to the admirers of ecclesiastical architecture, whilst the railways bring within an easy day's excursion the ancient and noble city and university of Oxford, the capital of learning; and the more modern busy manufactures of Birmingham, the capital of industry, machinery, and progress. The naturalist will not find the neighbourhood uninteresting; its botanical riches are fully average, and it contains a great variety of soils. It is especially rich in the carices, grasses, rosaceæ, and orchidaceæ. It is curious that, whilst improved drainage and the cultivation of commons have robbed the neighbourhood of many varieties that abounded formerly, the railway cuttings and embankments and the importation of ballast have introduced many plants hitherto rare in the district. The geological interests of the neighbourhood are not inconsiderable, embracing the study of the drift gravels, the lias, the new red sandstone, the Permian, and the coal-fields of Nuneaton and its neighbourhood.

Bathing may be defined as the immersion of the body into any medium. It may be general or local. We may be said to live in an air bath, but that immediate contact of this surrounding medium with the skin is more or less impeded by clothing. Hence the common air bath, which under the name of actinism has attracted the recent attention of Dr. Warren of New York, and some other physicians; modifying its temperature, we get the hot air and Turkish bath; cold air, not generally spoken of as a bath, but with whose local use in arresting hæmorrhage, and local and general application in fainting, etc., every one is familiar; next we come to various gases,

of which oxygen and carbonic acid are the most in use.

But the most common vehicle of bathing is water—hence the hot, warm, tepid, and cold bath, embracing a range of temperature from one hundred and twenty degrees Fahrenheit or upwards, down to thirty-two degrees, at which point water becomes ice, the local use of which is well known. The application of water for the purpose of bathing may be further modified in the shape of vapour—the vapour bath; or it may be thrown with force in large masses on the body—hot or cold douche; or in minute subdivision of this element in the shape of the warm or cold shower-bath, hydrophers, etc.

Endless other media have been used for the purpose of bathing, amongst which are muds of various kinds; nutrient elements, such as animal broths, milk, whey, and even blood, which has lately been considerably in vogue in Paris.

What has been said of the history of medical springs is equally applicable to the history of bathing, which may be traced back to the prehistoric periods, with this remarkable exception, however, that whilst almost all waters worth calling mineral are somewhat inviting to the palate, they have seldom been used excepting as remedies; whilst baths have constituted not only the remedies, but the luxury and fashion, not of individuals only, but of whole classes, nay, even nations. That baths, therefore, under such indiscriminate use, should have often proved useless, and even injurious, is no more chargeable to medical science than would be the abuse of foods, stimulants, and medicines, so highly beneficial in the hands of skilled practitioners in medicine.

The use of baths amongst the Romans, popular before, attained its height after their conquest of, and consequent introduction into, Greece. Their preference seems to have been for the warm bath, whether hot air or thermal springs. Like the Greeks, they established their watering-places, to many of which we find allusions in the literary pages of the day. So necessary had the bath become to the comfort of this extraordinary people, that we find they carried with them their habit over the whole tract of Europe and portions of Africa and Asia; and even in their military expeditions the Roman generals selected stations, if practicable, where they could find thermal springs. The emperor Augustus having been cured of fever under the care of Antonius Musa by cold bathing, this plan became so much in vogue, that even newly born infants were immersed in cold water; a custom in vogue even up to the time of Galen, by whom it was much condemned. Marcellus, son of Octavia, having suddenly died after taking a cold bath, this practice very much abated, and under the reign of Nero hot baths were again preferred. The Romans did not, however contribute much to the scientific and practical knowledge of the use of baths or mineral waters. With the decadence of the Roman empire the use of the bath much declined, although it is probable that the numerous bath establishments which they left in this and other countries (of which many interesting vestiges still remain) was subsequently resorted to by the inhabitants of their neighbourhood. With the renaissance of the sciences sprung up also a more scientific use and literary account of mineral waters and baths, the founder of which appears to have been the learned Monk Clement de Gratz in 1495.

When we regard the enormous extent of surface

presented by the skin, and when we further examine the minute anatomy of this complex structure and its functions, we need not be surprised that the bath is a most powerful agent. Looking at the most obvious points in the anatomy and function of the skin, namely, its boundless supply of capillary blood vessels and nerves, so that it cannot in any place be touched with a pin's point without our perception, or pricked without bleeding, and at the rapid and sudden changes in the amount or character of this blood and nerve-supply, as evinced by the sudden change of colour from dark livid blue to the brightest crimson, or to perfect whiteness, and to the various degrees of diminished, increased, or perverted æsthesia—it may readily be supposed that influence directed to this great organ by accident or art must be most powerful for good or for evil.

The first subject of study, then, in connection with the use of baths, which would suggest itself would be their direct influence upon the vascular and nervous structures of this organ; next the reaction of these effects upon the entire vascular and nervous system.

Again, no one organ probably plays so important a part in the whole question of animal heat as the skin. The truth of this is too obvious to require illustration, and the practical application of it in the rough is almost an instinct of nature.

Regarded as a secretory and excretory organ, none is more important to our well-being than the skin. Looking only at the enormous bulk of fluid exuded from its surface, it is obvious that next to the question of supplies, nothing can more powerfully influence the bulk of the blood, and with the bulk its proportionate qualities, than cutaneous action. This fact is so obvious, that no trainers for racing or fighting have lost sight of it from the earliest times.

The bath was much used in training amongst the ancient Greeks and Romans, the common method of exercise and heavy woollen clothing of more modern times is beginning to be partially supplied by the use of the Turkish bath, as applicable to horses as well as men.

Passing from the mere quantity to the quality of the cutaneous excretions and exhalations, we find the skin to be the outlet not only of many foreign substances taken into the system, but of many chemical compounds originating in the complex laboratory of life, whose removal is essential to life's continuance. Thus it supplements the kidneys in the removal of nitrogenous, and the lungs so largely in the removal of carbonic acid gas, that an impermeable varnish spread over its entire surface is speedily followed by death.

That the skin is a powerful absorbent organ there can be no doubt, from a host of every day observations. Divested of its cuticle or varnish, we are enabled to adopt almost any medication with the greatest facility and even rapidly through this organ; and, when we reflect that this cuticle so readily admits of transudation from within upwards, as in the case of the perspiration and its constituents, I cannot see how one can doubt the possibility of a current in the opposite direction, under favourable circumstances. If, indeed, such were not the case, why do we so constantly apply remedies to the skin, and with such marked result? The inunction of mercurial ointments, the application of belladonna to the skin, or of atropine to the conjunctiva, narcotic lotions, and poultices, are of daily occurrence.

I have several times succeeded in mitigating pain and procuring sleep by opiate fomentations to the legs, where no opiate could be borne internally; and have long been in the habit of applying alkaline fomentations to joints affected by acute gout and rheumatism, with the most beneficial results. Some years ago, a very celebrated foreign surgeon fell under my care, suffering under hypochondriasis verging on insanity, whose urine was positively loaded with enormous oxalates. As no persuasions would induce him to take remedies, his medical attendant and myself got him to keep compresses of very dilute nitro-muriatic acid in the armpits—a practice which was followed in a few days by an entire disappearance of the oxalates. Bathing, therefore, in its widest sense, may be regarded as a part of the system of endemic medication—a subject yet in its infancy, and one of vast interest and importance. The obvious limits of my present task obliged me to treat the whole of this subject in a spirit rather of suggestion than of illustration; and I trust enough has been said for this purpose.

Apart from the wide relations of the skin and its functions with the whole frame, this organ itself becomes the seat of a great variety of diseases, on whose treatment we must bring to bear all the resources of our art, but which present opportunities of topical medication unparalleled by any other forms of disease.

It now remains to say a few words on the facilities presented by Leamington for what may be termed the bath-cure. Apart from other private baths, the Pump-Rooms contain, besides a spacious promenade-room, some fourteen ordinary baths of various dimensions, chiefly used for saline baths at different temperatures, but equally applicable for sulphureous, plain water, and other medicated baths. It further contains shower, vapour, and douche baths; a spacious swimming-bath; and a very perfectly contrived Turkish bath. Some few other varieties of bath I hope to see soon constructed, as the local douche baths for the uterus, electro-magnetic baths, etc.

As several of these baths are comparatively modern, we must regard the saline Leamington water baths as not only the specialties of our spa, but as hitherto the main staple feature of it. These, occasionally used cold as a mere plunge-bath, are more frequently resorted to in the form of tepid and warm baths, varying from 84 to 100 degrees; 96 to 98 degrees being, perhaps, the most common temperature. Their primary effect is very soothing and calming. Persons entering the bath in pain very generally state that their pains either cease entirely, or are much mitigated when they are in the bath. They are usually followed by slight lassitude and drowsiness, with increased action of the skin. It is advisable, after their administration, for the patient to get home quickly and without risk of chill, and to assume the recumbent position on a bed or sofa, lightly covered with a woollen shawl or blanket, to promote the drowsiness and action of the skin. After half an hour to an hour, some light food should be taken. I have frequently observed that general restlessness and insomnia speedily yield to their use; and that the patient feels more tranquil, and gets better nights. I have also very frequently found that torpor of the bowels is greatly relieved—perhaps, perhaps, from some absorption of the saline

materials of the water; partly from the general influence of the bath on the nervous and vascular systems. After a few baths, especially where they thoroughly agree, this lassitude is followed by increased mental and bodily energy, greatly improved appetite, and a more normal state of all the secretions. It is seldom desirable to repeat the warm bath more than alternate, often not more than every third, fourth, or fifth day, especially in persons much debilitated; and it will usually be found that in such cases, with improvement of general health, the bath may be oftener used with advantage.

Looking at the statistics of the Leamington Hospital, it is found that the number of bathers for the five years ending December 31st, 1859, amounted to 654, giving an average of about 130 bathers per annum. The number of baths used amounted to 7,565, which allows an average of about twelve baths to each patient. Many, of course, bathed much fewer, and many a much greater, number of times. From January 1st, 1860, to December 31st, 1863, the number of bathers amounted to 454; whilst the number of baths is not recorded. Both these statements are probably rather under than over the mark, especially the latter one, which refers to the period in which the Pump-Rooms were being restored. The cases in which these baths were used, and generally with advantage, were skin-diseases of various classes; rheumatism and gout, and their sequelæ; and in many forms of dyspepsia, deranged liver, uterine affections, paralysis, scrofula, periosteal and some forms of secondary syphilitic affections.

Of the shower-bath it is unnecessary to say much, because no form of bath is, perhaps, so generally in use in private practice, whether tepid, as a soothing calming remedy, or cold, to produce shock, as in many cases of hysteria or other nervous affections, or as a tonic. Its temperature, bulk, and weight of fall require careful adjustment, as its success is mainly dependent on just the right amount of reaction. As a shower-bath, saline is preferable to plain water. In either case, care should always be taken that the patient's feet are placed in warm water.

The saline douche presents many advantages over the plain water douche, as being more stimulating to the part to which it is applied, and also from the partial absorption of the ingredients of the water. Its force, always commencing at a minimum, may be gradually increased; and it as well as its temperature will perhaps be best regulated by consulting the comfort of the patient. The application of the douche, occasionally useful in internal maladies, is too well known in the treatment of chronic thickening of the fibrous tissues, connected with rheumatism, sprains, etc., to need further comment.

The vapour-bath is an important element in a bathing establishment, and often presents great advantages over the ordinary warm bath. As a mere sudorific, it will often answer when the other fails, and may with safety be carried to a much higher temperature. It is also a convenient mode of applying other specific remedies to the skin, as sulphur, mercury, iodine, sedatives and narcotics, and is especially useful in many forms of skin-disease.

The swimming-bath rarely falls under the notice of the profession as a remedial agent, but is more frequently resorted to as a pleasure and luxury. That tolerably frequent immersion of the body into

water, as a measure of ablution and cleanliness, is salutary, and that swimming is a useful accomplishment and most healthful exercise, cannot be doubted. As a luxury, cold baths, of whatever kind, are frequently abused by too frequent and too prolonged use.

It is, therefore, no mean advantage to possess a spacious swimming bath, whose temperature is maintained at a point which always renders its use safe and agreeable, and which is rendered still further salutary by a large admixture of saline water. Under these advantages, many may safely learn to swim; and many expert swimmers may occasionally indulge in this their favourite exercise, whose health precludes them from remaining in perfectly cold water.

Whilst on this point, let me venture a few words of caution on the subject of sea-bathing. Change to the sea-side has of late years become almost a mania throughout Europe, and especially throughout England. That such a change is frequently beneficial cannot be questioned, and especially so when judiciously and advisedly adopted in many cases of general debility, arising from over-taxed mental or physical work, from too prolonged existence in crowded and perhaps relaxing cities, in the convalescent stages from accidents and acute maladies, etc. The profession must not be held accountable for the vast majority of visitors to the sea coast, who select such locality from their own choice and quite apart from any medical advice; nor for those who bathe in the sea under the same circumstances.

But the profession should bear in mind that sea air is by no means advisable in some cases, and those pretty numerous; I would especially cite phthisis, hepatic congestion with over-secretion of bile, and all maladies complicated with febrile disturbance. I have frequently had occasion to repent my permission rather than advice to phthisical patients to visit the coast; and could cite endless cases of hepatic derangement and febrile cases that have been sadly damaged by a sojourn at the sea-side. One seriocomic instance occurs to my mind, in which an atrobiliary patient was married to a lady of the lymphatic temperament. At the latter stage of many of her maladies, she was always set up by a trip to the sea-side; from which her husband always retorted more or less of an invalid, and used humorously to charge me with a determination to gain a patient in himself, on the loss of one in the cure of his wife. In the case of phthisical patients, merely as a tonic, I have often seen advantage from a visit to the sea-side; but, as a general rule, I think it can seldom be advised for more than a week or two; and it is far better to repeat such short visits from time to time than to risk their prolongation, however much good they may seem to be producing.

Going back to the subject of sea bathing, I feel bound to say that within my own experience it is doubtful whether the great good which comes out of it, when judiciously advised and carried out, is not more than counterbalanced by the mischief accruing from it under its reckless unadvised use in the comparatively healthy, or its careless use by invalids. Many cases are benefited by sea air in which sea bathing is utterly inadmissible; and no year passes in which I have not seen deplorable instances of more or less severe mischief coming out of cold bathing, whether in fresh or in sea water. An absurd prejudice pervades the public mind that sea water can do no

harm; truly it is less prejudicial than fresh water, but its beneficial action, whether in health or disease, depends entirely upon the same principle, namely, that of shock and reaction; and if carried on too long to admit of the latter, will induce, if by slower, yet by no less certain degrees, the same form of mischief. I generally premise the cold sea bath by the use of tepid baths gradually lowered in temperature, and for many years have been in the habit of writing down full directions for the plan of bathing for such of my patients as may use this remedy.

My own experience is as yet too limited to warrant my speaking largely on the subject of the Turkish bath; but it is fair to state that the doubts and anxieties with which I first regarded it have greatly subsided, and it continues to gain upon my confidence. In many cases of chronic gout and rheumatism, and especially in the sequelæ of these maladies, in some pulmonary affections, in several cases of diabetes, in sciatica, tic douloureux, obesity, some forms of dyspepsia, sluggish liver, and sluggish bowels, I have had the opportunity of seeing great benefit from this mode of treatment. It must, however, be borne in mind that its success depends upon securing free evacuation by the skin. In some few cases where it has failed to induce perspiration, the plan has proved rather worse than useless, a mishap, perhaps, less due to the system than to its management.

In some chronic maladies it is extremely probable that a more prolonged residence, if I may be allowed the term, in the bath is required than is implied in the mere prescription of an occasional bath. I have known of greatly improved health in those attacked or threatened with pulmonary disease who have been employed as Turkish bathers. Many years ago, I was called to a person labouring under pleuropneumonia at the point of death. I had at the time much reason to fear that tuberculosis was at the root of his malady, and his protracted restoration and great emaciation did much to confirm my fear. A year or two subsequently he set up a Turkish bath, in which he spent many hours daily, with a gradually progressive improvement of his general health, weight, and strength, and an entire immunity from any chest-symptoms.

On the wider application of the Turkish bath as the only means of maintaining health, preventing disease, and securing cleanliness, and on the Turkish bath as a fashion, or a mania, as the case may be, it is not for me to speak in this place. It is somewhat repugnant to the English notion to be told that we are a dirty set of fellows; that our baths, our sponges, our soap, and flannels, only increase our filth by rubbing the dirt in; and that cleanliness can only be obtained, not "by the sweat of our brows" only, but that we must be washed from within outwards by myriads of rippling streams of perspiration.

But the Turkish bath deserves our study as philosophers and physicians; and, in truth, we must study it more, or how can we answer the every day question put to us—what do you think of the Turkish bath; will it do me good? As a remedy I am free to confess that the Turkish bath, as at present conducted, is a great addition to our therapeutic resources, and promises still further advantages; and I for one should be sorry to see it thrown back into the oblivion which has hung over it in most civilised nations for so many centuries, by the zealous but injudicious encomiums of its supporters!

Original Communications.

PUERPERAL FEVER.

By ROBT. ELLIOTT HUNTLEY, M.D., Jarrow-on-Tyne.

I BELIEVE there still exists in the profession doubt as to whether there be one form of puerperal fever which is exclusively confined to the practice of a particular medical man, and the cause of which is in some mysterious way connected with his person.

Having recently had an opportunity of becoming acquainted with this disease, it will, perhaps, not be devoid of interest, if I give some account of it as it occurred in my practice, more especially as I think my cases present a few features deserving of particular remark. I regret that I did not take more copious notes; but such as I have will be sufficient for the end in view.

On December 14th, last year, I attended the case which first showed symptoms of the disease. On the fourth day after delivery, she had a severe rigor, followed by fever, which profuse sweating did not seem to relieve. Her pulse was 100, full, but without force. The lochia were free; the bowels loose. She complained of great prostration. At the end of a fortnight, she gradually began to improve, but made a very slow recovery.

Dec. 16th. Case ii. This patient made a good recovery.

Same day. Case iii. On the third day, she was seized with rigor. When I saw her a short time afterwards, her pulse was 120, weak. She had great thirst and heat of skin; no discharge. The bowels were not open. She complained of great pain and tenderness at the lower part of the bowels. This pain increased, and extended over the whole abdomen. Vomiting came on, which could not be allayed. Tympanitis set in, and she sank on the fifth day of the disease.

Dec. 19th. Case iv. Similar in every respect to the last. She died on the fourth day.

Dec. 20th. Case v. She made a good recovery.

Dec. 22nd. Case vi. Fever set in, with uterine inflammation. After a severe and tedious illness, the patient is now well. This patient's child, a day or two after birth, was attacked by erysipelatous inflammation of the scalp, ending in suppuration, mortification, and death. This proceeded from a slight abrasion on the occiput, received during labour.

At this period, I spoke to some of my friends on the expediency of my ceasing the practice of midwifery. I was advised to desist, if I was not more fortunate; but to continue awhile longer.

After this, Cases vii, viii, ix, and x, to December 28th, did well. I took every precaution against contagion, and trusted that I had now seen the last of the disease.

Jan. 1st. Case xi. Difficult labour. Forceps used. The patient had slight fever.

Jan. 2nd. Case xii. The patient had a slight attack of fever. There was no inflammatory complication.

Jan. 4th. Case xiii. The patient had a rigor on the fourth day. Pulse 120, full, but soft. There was profuse sweating; no signs of abdominal inflammation. A few days after the commencement of these symptoms, the left calf became inflamed; pus quickly formed, and a large quantity was let out. Both knee-joints, arms, and left thigh were affected

in the same way; and the case presented all the appearances of pyæmia.

Same day. Case xiv. Fever; no inflammation. The patient showed signs of amendment at the end of a fortnight.

Same day. Case xv. The patient made a good recovery.

Jan. 7th. Case xvi. The patient had fever, with slight abdominal tenderness.

Jan. 9th. Case xvii. The patient was attended by a friend, and was visited afterwards by me. No bad symptoms occurred.

Jan. 14th. Case xviii. This was a severe case, accompanied by abdominal inflammation. The patient recovered.

Jan. 14th to 19th. Cases xix, xx, and xxi made a good recovery.

Jan. 22nd. Case xxii. This patient had fever, not complicated with inflammation.

Jan. 22nd to 25th. Cases xxiii, xxiv, and xxv were attended by a friend, and visited afterwards by me. No signs of fever were met with.

Jan. 25th to Feb. 12th. Cases xxvi, xxvii, xxviii, and xxix made a good recovery.

Feb. 16th. Case xxx. This was a shoulder-presentation. On the third day, the patient was attacked by peritonitis, and died on the seventh day of the disease.

Feb. 16th. Case xxxi. There was slight fever.

Feb. 21st. Case xxxii. This patient also had slight fever.

About this time, Cases xiii and xxx died; and I was so depressed in mind by such a continuance of misfortune, and the dire results, that I determined to leave home for a time. I procured a gentleman, Mr. Wilson, to attend for me in my absence; and started for Ireland on the 26th, leaving under his care Cases xxxi and xxxii. Case xxxi was long ill, and nearly succumbed. Case xxxii ran a short course, and died about the tenth day.

Commencing on February 26th, Mr. Wilson attended twenty-four cases, not one of which exhibited any sign of puerperal fever, although he had been in daily attendance on the two cases left under his care. I may add, also, that on two occasions he was required to introduce his hand into the uterus.

I again used means to rid myself of the noxious influence; took Turkish and hot baths, and changed my clothes a second time.

I returned home on April 3rd. On the 8th, I attended Case xxxiii; she took the fever. On the 22nd, I attended Case xxxiv, with a like result. Both these cases recovered, but were much debilitated.

I again discontinued the practice of midwifery for a similar time, and with a successful result.

With regard to the treatment adopted, the fever being asthenic, beyond the application of a few leeches in those cases complicated with inflammation, I did not consider myself justified in taking away blood, though I am aware it has been highly recommended by high authorities in some forms of puerperal fever. At first, I tried repeated doses of opium; but I soon lost faith in that drug, and placed my reliance more on a tonic and stimulating plan, with free purging where the bowels were confined. Warm fomentations and turpentine stupes were used as outward means.

I believe that the worst cases are beyond all hope of success from any treatment.

I cannot say that primipara were more liable to this disease than others.

Those cases in which there was no peritonitis were generally characterised by profuse sweats.

There are four medical practitioners in our town

besides myself, not one of whom had this disease in his practice. Can any one say this is mere coincidence? Surely there can be no other explanation of the origin of the disease in these cases, than that the *materies morbi* was in some manner connected with my person.

Was it connected with my clothes? This does not seem to me reasonable; for I changed them twice during my attendance. Moreover, Mr. Wilson would have then been nearly if not quite as liable to carry the contagion; and any one who has met with this disease can realise the facility with which, *ceteris paribus*, it could be transmitted by this means, owing to the peculiarly offensive smell which emanates from those affected.

Do I know any source from which the contagious principle might have been derived? Small-pox has been suggested to me as a probable one; and it coincides with this explanation, inasmuch as we have had this disease for months prevalent here in its very worst form. But here we are met by the difficulty, "How did it happen that I was the only one to have puerperal fever, seeing that all were exposed to the cause?"

Burns or scalds, from the suppuration which succeeds them, would seem likely to furnish the means of transmission. About December 12th, a case of this description came under my treatment; and, owing to the timidity of the patient's wife, I was required to dress the case during the first few days. Yet, considering the frequent ablutions which medical men necessarily use, and the continuance of contagion so long after exposure to the supposed cause, I cannot believe that this is a satisfactory explanation. It seems unlikely that the *materies morbi* could continue to exercise its influence with such unabated vigour, unless it were reproduced. Is it not possible that it may be derived from no extraneous source, but generated in the system of the accoucheur?

It is my firm conviction, that it is the hand of the accoucheur which communicates the disease; and the perspiration the channel through which it exerts its deleterious effects.

It is worthy of note, that the few cases attended by my friend recovered without any bad symptom, though I visited them afterwards.

It may be thought strange that the cause missed taking its effect in so many instances; but we see an analogous exemption from other diseases known to be contagious. Even in vaccination, where the intention is to transmit the disease, cases are met with which seem to be for a time exceedingly difficult to take effect.

Case XIII appears to have been a type of the rest, and determines the nature of the disease to have been phlebitis. I venture to express an opinion that there are three diseases classed under the term "puerperal fever", each having a distinct origin:

1. Sporadic cases, such as arise from conditions solely connected with the person affected;
2. That form of the disease which I have attempted to define, communicated by the accoucheur—phlebitis;
3. The true epidemic, allied to typhus fever.

I should not omit to mention that, about two years ago, I had three cases of puerperal fever under treatment at the same time, when I was not aware that it was prevalent apart from my practice. I should also state that my health has been uniformly good, so that I could not adduce any evidence from this fact in support of my view of the origin of this disease. I have come to entertain this opinion by a negative process of reasoning.

AUTOPSY OF A CASE OF LATENT CARCINOMA OF STOMACH AND LIVER: WITH A FEW REMARKS.

By PAUL BELCHER, Esq., L.R.C.P.Lond.

THE examination was made on July 5th, 1865, twelve hours after death. The deceased was forty-one years of age, married, and had had one premature still-born child. The body was much emaciated; and the decay of the muscular was even more striking than of the adipose tissue. The rigor mortis was slight, and overcome by the gentlest effort.

The thorax, liver, stomach, duodenum, small intestines, and spleen, were examined. The organs in the thorax were healthy, except the apex of the left lung. This was firmly adherent to the ribs posteriorly for the space of an inch square. It was infiltrated with an evidently cancerous exudation, in which all lung-structure was lost. The stomach was distended by gas, and contained a little semi-digested food, looking like egg-flip. Its lesser curvature, and also the approximating edge of the liver, were a mass of carcinomatous matter, of a dirty white colour, and nodulated externally. The convex surface of the liver, as it was exposed *in situ*, presented three chief cancer-deposits, of a size varying from a hen's egg to a cob-nut. One of these was very striking in appearance, from the arborescent injected appearance of the surrounding structure. After removing *en masse* the stomach, liver, and duodenum, the former, when opened, presented an immense dirty white fungous-looking infiltration occupying all the lesser curvature, and in which the pylorus was lost. The oesophageal opening and the larger curvature were normal. The duodenum, except at its very commencement, was healthy; and the pancreas was not observed to be diseased. The structure of the liver, where the cancer had not encroached, was paler than natural; the capsule separated easily, and its total bulk was not much increased. The cancerous masses with which the liver was crammed were of firm consistence, almost crying under the knife. The spleen was free from disease.

REMARKS. The history of the case of Mrs. M. is an instructive one, and illustrates the fact that a fatal amount of cancer may be developed so quietly and insidiously as to give but few and uncertain tokens of its presence. We may call it a case of latent cancer. Fourteen years ago, Mrs. M. was a remarkably fine, blooming, healthy woman, and as strong as she looked. She had been married some years, and there had been no issue. About the date mentioned, she began to fall off slowly, but progressively and surely. She had little medical advice, however; and there was no tangible evidence of distinct disease; no lung-disease; no heart-disease; no uterine disease; nothing that you could put your finger upon and say, "There is her complaint." She lost in appetite and flesh *pari passu*; ate little meat; felt weak, and sometimes dyspeptic. And so she went on year by year. About five years ago she became my patient—as fragile-looking a one as any would care to "take to". She had the aspect of one who was nursing a fatal disease, but rather that of a tuberculous than cancerous dyscrasia. She complained of ordinary dyspepsia, with sickness often matutinal. She had not been regular in her uterine functions for a year or more; now too much, now too little, and so on haphazard. She had had no catamenial relief for two months. I examined, and found the uterus healthy; but suspected pregnancy. She gained considerably in flesh and strength, and eventually was prematurely confined at between the sixth and seventh months.

She soon relapsed into her habitual ill health—the debility and want of appetite. At one time, considerable anasarca of both legs appeared, for which she took quinine and iron with diuretics, and which soon passed off. So she went on till, a month ago (during her husband's illness from hæmoptysis), overcome by anxiety and nursing, she seemed visibly to fade away. There had been a little hæmorrhage from piles: no other fresh symptom. A week before her death, she took to her bed; had vomiting and intense pain, horrid fætor of the breath, tenderness, and an undefined thickening in the præcordial region. She had, moreover, percussion-dulness, harsh respiration, and bronchophony at the posterior part of the left lung apex.

This was her history. So vague were her symptoms, that not till the week before her death did I venture to express my diagnosis, which in every particular was confirmed by the autopsy. At what date was the first cancer-germ? Was it cancer *quia* debility, or debility *quia* cancer? There is no hereditary history of cancer; and I have little doubt that the commencement of cancer-formation and the debility were simultaneous; that the exudation was remarkably slow, and the symptoms more than usually obscure.

I must add, that a sister, twelve years younger, is wasting away as Mrs. M. did; and “there is no disease, only debility.”

Reviews and Notices.

CONTRIBUTIONS TO ASSIST THE STUDY OF OVARIAN PHYSIOLOGY AND PATHOLOGY. By CHARLES G. RITCHIE, M.D., etc. 8vo., pp. 208, with Woodcuts. London: 1865.

IN medicine, as in every other branch of science, theory and practice are mutually dependent. Now theory is in advance, teaching us how to direct our treatment. Now we collect our facts, and by inductive reasoning string them into a theory.

Probably few of the surgeons who have practised ovariectomy reckoned among the advantages of the operation that it would provide a store for the labours of the pathologist; yet such is the case. Art has opened up a wide field to science; and there is now no internal organ for the study of whose morbid anatomy more opportunities exist than the ovary. Instead of wearily waiting for the chance of getting an ovarian case into the *post mortem* theatre, all that is necessary for the pathologist is to make interest with one of our busy surgeons, and he will be supplied almost *ad libitum*. Dr. RITCHIE was fortunate enough to have Mr. Spencer Wells as his purveyor of ovarian tumours, and he now publishes the results at which he has arrived.

“The great mass of ovarian disease is due to slight errors of nutrition. More serum is poured into a vesicle than is normal. The secretion is retained, instead of being got rid of, or is poured into a cavity which was not intended to receive it. Cells go on multiplying *ad infinitum*, and thus produce hyperplastic growths. Changes which normally occur in the contents of the vesicle, after they have been discharged, take place within the vesicles themselves, either in a perfectly regular series, or slightly modified by their novel situation. Such are the different situations in which ovarian cysts are produced.” (Page 183.)

It has long been known that some of the more

simple forms of ovarian cysts are due to simple dropsical enlargement of Graafian follicles. Rokitsansky proved this by discovering ova in some of the smaller cysts. Dr. Ritchie has also discovered ova in ovarian cysts; and he has thus been able to demonstrate that not infrequently a space becomes hollowed out in the ovary, the walls of which space are formed by ovarian tissue with Graafian follicles, in which healthy ova may be found.

Dr. Ritchie argues, that if the cyst—perhaps a foot in diameter—has walls of ovarian tissue, it is evident that ovarian tissue is in excess; that there is hyperplasia of the ovary, or adenoma. He is here at issue with the later German authorities, who, while admitting that a healthy ovary may contain thousands of germ-follicles, still maintain that no new germ-follicles are produced after birth.

However, this is not the chief point which Dr. Ritchie wishes to establish. His chief object in writing the book before us is to show that some ovarian tumours are due to development of ova while still in their ovisacs; that they are unsuccessful attempts at reproduction; and that they ought to be classed along with “moles”, which are found in the uterus. In proof of the correctness of this supposition, Dr. Ritchie first compares skin-cysts of the ovary with skin-cysts found in other parts of the body. He shows that these two varieties of skin-cysts have “an apparent but no real analogy”; that they differ in every respect, except that cutaneous structures may be found in each. He then gives a detailed description of a dermoid ovarian cyst which he examined after its removal by Mr. Wells from a virgin, and in which he found hair, skin, bone, and cartilage.

Dr. Ritchie next proceeds to show that dermoid cysts identical with those of the ovary may be found in the uterus, where there can be no reasonable doubt that they are “so-called blighted ova”.

Having proved that an unimpregnated ovum may go on to the formation of such highly organised structures as bone and cartilage, it is by no means rash to hazard a conjecture that it may stop short at an earlier degree of development, and form a cystic tumour, the analogue of the hydatid mole found in the womb. And this is what Dr. Ritchie believes to be the case.

The question of the malignancy or non-malignancy of ovarian tumours has often been discussed. Some of them are undoubtedly cancerous; some of them are as undoubtedly benign; but many are very doubtful.

In speaking of dendritic growths, Dr. Ritchie says: “There is a great deal of doubt as to their nature; but, on the whole, I am inclined to look upon them as a kind of epithelioma, having some affinity to, or some tendency to degenerate into, true cancer.” He, however, confesses that as yet we are almost entirely ignorant of the relation of cancer to ovarian disease.

Dr. Ritchie has considerably lightened the labours of future investigators by giving an historical summary of the different opinions which have been held on ovarian physiology and pathology at different periods and by different writers. This summary is carried down to the latest date, embracing the antagonistic views of Grobe and Plüger in Germany, and giving the results which were recently arrived at in this country by Dr. Wilson Fox.

The volume also contains a reprint from the *Medical Gazette* of 1842-45, of a series of valuable papers on ovarian physiology, written by Dr. Ritchie of Glasgow, the present writer's father. In these papers was first enunciated the doctrine that active changes are constantly going on in the ovary, from the very earliest to the very latest period of life. This doctrine is the foundation of modern ovarian pathology; and, as it has been recently revived in Germany, we are not astonished that Dr. Ritchie should have taken the best means of proving that it originated in Great Britain. As ovariectomy is pre-eminently a British operation, so are British physiologists and pathologists leading contributors to our knowledge of the physiology and pathology of the ovaries; and the Ritchies—father and son—will always hold honourable positions among the men of our time who have upheld the scientific position of our country. No book has been issued for years past which more thoroughly associates the daily practice of our art with the science which ennobles it.

1. PUBLICATIONS OF THE ANTHROPOLOGICAL SOCIETY OF LONDON. London: 1864 and 1865.
2. ETHNOLOGICAL JOURNAL. No. 1, for July. London: 1865.

As a publishing Society, great credit is due to the Anthropological for its activity. It has already placed in the hands of the English student of man a group of interesting and instructive works—translations of Waitz's *Introduction to Anthropology*, Vol. 1; Vogt's *Lectures on Man—his Place in Creation, and in the History of the Earth*; Paul Broca, on *Human Hybridity*; Pouchet, on *Plurality of Races*; Blumenbach's *Life and Anthropological Writings*; etc. The publication of other works, by Retzius, Gratiolet, and Quatrefages, is promised. It is to be hoped that in future, as translators, the Council will select competent men; for this cannot be affirmed without reservation in reference to all they have published.

We hail with peculiar satisfaction, and as a valuable contribution to the literature of the subject, the appearance of the venerable Blumenbach's *Life and Anthropological Writings*. In these volumes will be found many conflicting opinions, and advocates both for the unity and plurality of the human species.

Waitz's *Introduction* bears strongly the impress of the German mind; it is exhaustive, and full of collected and classified information. Vogt's *Lectures* are of a very different character, and contain many startling statements and views. Waitz has a firm conviction, and is a strenuous supporter, of the unity of the species; while Vogt not only advocates the plurality, but the simian origin of man. Following in the wake of Waitz, Paul Broca on *Human Hybridity*, and Pouchet on the *Plurality of Races*, will repay perusal.

The *Quarterly Review* of the Society excites public attention to the subject, and will do so whilst it contains, as in the present number, such sensible papers as that of the Bishop of Natal upon missionary enterprise.

But there has just appeared the first number of a new monthly, the *Ethnological Journal*, as an independent aspirant for public patronage; and, judging from the ability displayed, it is likely to achieve success. Its first article, on Ethnology and Anthro-

pology, will be read with deep interest; for it is an able exposition. In it, the Introductory and the two Annual Addresses of the President of the Anthropological Society, Dr. Hunt, are severely but not unjustly criticised. Dr. Hunt, instead of "imitating the noble example set to him by M. Broca of Paris, who, rather than diminish by a single atom the glory due to his predecessors of any name, would, in his generous admiration, even exaggerate their merits," does not hesitate to assert that, before he founded the Anthropological, "no Society ever before attempted in this country to found a science of man or mankind." Thus he ignores the objects and labours of the Ethnological, and its first President, Dr. Prichard, who not only placed ethnology on a scientific basis, but of whom it has truly been said, in relation to all the collateral departments of inquiry, that he acquitted himself in each, whether physical geography, anatomy, physiology, psychology, history, or philology, as if each of these alone had occupied his attention. The reviewer justly observes:

"We shall search in vain for a genuine science of man until we thoroughly appreciate the fact that the study of race is its very essence, and must ever remain its principal occupation. A fortunate accident may ere long fix, as far as such things can be fixed, the proximate epoch of man's first appearance upon the earth. His zoological place and relations are questions so nearly under control, that they may even be already decided in the minds of some of our clearer thinkers, and the same may probably be true of the great problem of the origin of species; but race and its relations, its harmonies, contrasts, interblendings, and antagonisms, its growth, and its decay—this is the great staple of the science, this its practical anthropology; it is education, legislation, social organism, philanthropic plans—in a word, the great future business of man upon the earth as a ruler and a worker; and this anthropology is, emphatically, ETHNOLOGY."

We are opposed to the multiplication of societies having the same objects in view. Nor can we help saying, had Dr. Hunt roused into more efficient activity the Council of the Ethnological, and independently established a publishing society, like the Ray, or our own, the Sydenham, he would more effectually have served the science of man, than by founding his new society, the Anthropological.

THE ELECTIONS. The opportunity afforded by the elections to advance medical claims has not been without some result wherever local associations or individuals have brought their influence to bear on candidates. In the county of Dublin, Mr. Hamilton and Colonel Taylor have, in reply to the circular note of the Irish Medical Association, declared that they "will give the superannuation of medical officers their fullest attention and support." In the city, Mr. Guinness has pledged himself to support a superannuation measure, and Mr. Pim feels well disposed towards the opinions set forth in the circular. Dr. Ball declares that he "will give his best assistance to elevate the status of the medical profession and procure for its members full and adequate remuneration." In provincial districts the profession have secured the support of Mr. Sergeant Armstrong, Mr. John Pope Hennessy, Mr. Maguire, Sir Colman O'Loughlin, Mr. Tottenham, Mr. J. O. Lever, Dr. Brady, and Mr. Spaight, besides several other candidates whose support has been secured by the individual efforts of medical men throughout the country. (*Dublin Medical Press.*)

British Medical Journal.

SATURDAY, AUGUST 5TH, 1865.

SMALL-POX AND VACCINATION.

ON a recent occasion, we alluded to the prevalence of small-pox in Liverpool, where, it will be remembered, of nearly five hundred deaths from variola in one year, not fewer than ninety-six occurred in persons said to have been vaccinated. The re-appearance, from time to time, of epidemic small-pox, with more or less intensity, in different parts of the country, and the somewhat frequent occurrence of fatal *post-vaccinal* small-pox, have naturally excited the anxious attention, not only of the profession, but of the general public as well; and, it is to be feared, with the result of diminishing, to some extent at least, confidence in the protective power of vaccination. It would be difficult to over-estimate the vast importance of determining, as accurately as possible, the causes to which this apparent failure of vaccination as a complete protection against small-pox, are to be referred; and of endeavouring to trace them to their origin, as a means of recognising and suggesting the steps to be adopted for their removal. Whilst we add new lustre to the memory of our countryman, the immortal Jenner, we are, at the same time, in proportion to the success of our efforts, conferring incalculable benefits upon the community at large.

A complete analysis, or a detailed investigation, of the whole subject of vaccination in all its bearings, is, of course, very much beyond the compass of our limits. We must, therefore, confine ourselves to salient points of interest; and these we shall endeavour to illustrate as clearly and as comprehensively as space will permit.

Jenner himself believed that vaccinia and variola were identical, the one being a mild and the other a malignant type of the same disease; and, therefore, he affirmed, that cow-pox was not the preventive of small-pox, but small-pox itself; so that an individual who had been efficiently vaccinated, was in precisely the same position, in reference to liability to a subsequent attack of small-pox, as if he had taken that disease itself, either naturally or by inoculation. The observations and experiments of Ceely, Seaton, and numerous inquirers, in this and other countries, have so far corroborated the view held by Jenner, that quite recently we find Mr. Simon summing up the result of an exhaustive inquiry into the whole subject with these propositions; viz., 1, that vaccination, performed in infancy in the best manner, gives to most persons throughout life a complete security from small-pox; and 2, that, if vaccination were uni-

versally performed in the best known manner, deaths by small-pox would be among the rarest entries in the register.

Assuming the foregoing doctrines to be sound—and the accumulative evidence upon which they are founded, if we could reproduce it here, would, we feel sure, be found to be irresistible—how are we to account for the fact, that small-pox is still frequently an item of considerable magnitude in the death-registers of this country? The conditions most commonly assigned as the causes of the apparent failure in the protective influence of vaccination are, first, the degeneration of the vaccine virus, and consequent diminution or loss of its protecting power, in its descent from the cow and in its successive transmissions through the human body; and, secondly, the gradual decadence of the protective influence of cow-pox in the system with the advancing age of the individual, which, in the absence of systematic re-vaccination, leaves large numbers of the community unprotected during the greater portion of their lives.

As to the first of these alleged sources of failure—namely, the supposed impairment of the lymph by its passage through numerous human bodies—although there are considerable differences of theoretical opinion on the point; and, although the result of numbers seems to favour the possibility of its deterioration from that cause; yet, on the other hand, we have the weighty evidence of the National Vaccine Board, strengthened by the concurrent testimony of the Vaccination Committee of this Association, by that of Ceely, and of numerous other independent inquirers, in favour of the opposite view—namely, that vaccine lymph, when carefully managed, loses none of its pristine vigour by successive transmissions through the system.

It is quite true, that “lymph direct from the cow is very energetic in its action on the human system, and that this intensity gradually decreases for several successive removes from its original source. This, however, is simply the effect of transplanting the disease from the brute to the human subject; and the subsequent decrease in activity is not progressive, but ceases after a few removes, when the disease has become, as it were, humanised; it then assumes a definite and typical form, from which there seems to be no further tendency to deviate, so long as surrounding circumstances are favourable to its proper development.” (On Vaccination, by A. B. Steele. BRITISH MEDICAL JOURNAL, 1862, vol. I, p. 276.)

It has been noticed by Ceely that, in what has been called retro-vaccination—that is, when human lymph has been re-communicated from man to the cow, and again transmitted back to man, it is found to have lost some portion of its activity; the phenomena appear later, smaller vesicles are produced, but ultimately, after successive re-inoculations on man, it

regains its original infective power. It is within our personal knowledge that, at one of the stations of the Vaccine Establishment, the lymph now in use was obtained originally from Jenner himself, and has never since been changed, and after upwards of fifty years has lost none of its activity. On the whole, therefore, we may conclude that, so far as the quality of lymph is concerned, there appears to be no necessity for a recurrence to the cow for its renewal, unless there should be a total failure in the supply of human lymph, a contingency that can scarcely be anticipated in this country.

The second point—namely, how far it is true, that the protection conferred by vaccination becomes gradually weaker, and at length dies out with the advancing age of the individual—must still be considered an unsettled question. We may, however, safely affirm, that the somewhat fanciful theory, which assigns seven years as the usual period of its duration, has no foundation in well ascertained facts; and may, therefore, dismiss the notion that, in order to secure immunity from small-pox, it would be necessary to vaccinate each individual once in every seven years; an undertaking which would probably be found, if not altogether impracticable, yet so irksome to the public, that many persons, rather than submit to it, would run the risk of small-pox infection.

By those who entertain a belief in the gradual impairment of the prophylactic influence of cow-pox, much dependence is placed on the frequency of *post-vaccinal* small-pox, and on the no less commonly successful result of re-vaccination. It has, however, been shown, by careful observation on a large scale, that re-vaccination will produce the ordinary local effects of primary vaccination in an equal ratio on those who bear regular cicatrices of good vaccination within the period usually assigned for the duration of its protective influence, and on those who have been protected by an attack of small-pox itself. (*Brit. and For. Med. Review*, vol. VII.)

Successful re-vaccination is not necessarily a proof of renewed susceptibility to small-pox; for, as Mr. Simon has observed,

“Inoculation of lymph, whether vaccine or variolous, is, so to speak, a finer and more delicate test of susceptibility to the small-pox poison, than is the breathing of an infected atmosphere; so that many persons, when lymph of cow-pock or small-pox is inserted in the skin, evince evidences of susceptibility, which no atmospheric influence would have elicited from them.”

The impossibility of determining, especially in the case of adults, whether the first vaccination has been efficient or otherwise; the greater proclivity to small-pox, whether natural or after vaccination, between the ages of 15 and 25; and the increased liability to infection during an epidemic in persons protected either by small-pox or vaccination—are

circumstances which will account for many of the facts which have been cited as proofs of the non-durability of the protective power of vaccination. We must not, however, be understood to deny altogether the possibility of a gradual impairment of vaccine protection from lapse of time, and as the result of physiological changes in the healthy body. Indeed, the observations of Mr. Marson at the Small-pox Hospital, and the records of the continental armies, appear somewhat to favour the conclusion that, in some instances, vaccination protects only up to puberty or thereabouts. Therefore, although we strongly incline to the opinion that the protection afforded by thoroughly efficient vaccination is as permanent as that conferred by small-pox itself, yet so long as any doubt remains upon a matter of such vast importance to the public safety, we hesitate to suggest the abandonment of a measure which may give any additional security; and, therefore, we think that re-vaccination should be adopted whenever there is reason to doubt the efficiency of the primary vaccination; and even in the case of persons who have been well vaccinated, who are over puberty, and who may be unusually apprehensive, or specially exposed to risk of infection in epidemic seasons, or in any other way.

The most important consideration of all in connection with the subject, and that upon which we desire to dwell most impressively, is a due attention to the efficient performance of primary infantine vaccination. It is not the insertion of lymph into the arm, nor the production merely of a vesicle, which constitutes vaccination. The vesicles produced must have a specific character, and go through a definite course indicative of a particular constitutional affection; and it is only when this character is perfect, and this course has been normally run through, that there is protection.

Of inefficient and spurious vaccination, there was plenty in Jenner's time; and he taught and wrote much about it. And the result of inquiries instituted by government during the last few years, reveals the fact, that a very large amount of bad, and a still larger amount of second-rate, vaccination still prevails in many districts; and there is but too much reason to fear that the protective powers of vaccination have been impaired to an incalculable extent by imperfect vaccination; and it is in this direction that efforts are most needed in order to secure to the population of the country which gave birth to Jenner all the benefits of the priceless legacy his genius has bequeathed to mankind.

We may perhaps avail ourselves of an early opportunity of returning to the subject, for the purpose of directing attention to the measures which appear to us calculated to remedy the defects of the system of vaccination in this country.

BEEF-TEA.

We are glad to find that the attention of the profession is at length being excited to the subject which has of late on several occasions been referred to in this JOURNAL; viz., the dietetic value of beef-tea. Dr. Edward Smith, in the second edition of his work on *Food*, just issued, has fully confirmed all that we have said on this subject. We will give, in his own words, his estimate of the value of "essence of beef"; and we sincerely hope that his authority may induce our medical brethren to reconsider the very serious question, whether we are, or are not, labouring under a very erroneous impression as to the utility and value of beef-tea as an article of the sick man's diet. Dr. Edward Smith says:

"Preparations of meat called *essences* are now largely introduced into England, and are attracting an unusual share of public attention. They are prepared from fresh meat in such a manner that the fibre and fat are left behind, and only osmazome, or the flavouring property of meat, certain salts, and a very small quantity of albumen, remain. The quality of this food is determined by the first mentioned substance; and with a teaspoonful of the essence about a pint of soup may be made, which, although *thin* to the palate, is as full of flavour of meat as when beef-tea is prepared at home. The salts are not perceptible to the senses; but they consist, in part, of phosphates, and are very valuable. The albumen is necessarily in very small quantity, from the small amount of the whole essence which is used; but of the latter only a part consists of albumen.

"Hence, what is the dietetic value of this preparation? No combination of nutritive elements can be offered to the body in a form more concentrated than its own flesh; and, as has been shown in this work, the flesh of animals is almost identical in composition with our own flesh. It is true that flesh consists of water to the extent of 77 per cent., and that only 23 per cent. of the whole is nutritive material; but the solid elements cannot be obtained in a nutritive form without water, neither could they be digested in a solid state. Hence, whilst for the sake of argument it may be allowed that the bulk of flesh may be reduced without lessening its nutritive value as a food, this reduction can be carried only so far as to leave one-fourth of the whole, or 4 oz. in 16 oz. But it is affirmed that 1 oz. of the essence of beef is derived from 30 oz. of beef, and yet it contains the nutritive parts of the larger quantity.

"Can this be so? A large amount of fibre with fibrine, gelatine, and fat, and some albumen, is left behind; and it is affirmed that the former is not nutritious because dogs fed exclusively upon it do not live. There is a serious and obvious fallacy in this. That fibre is digestible, is proved by the fact that in fresh meat nearly all of it is digested—only a minute quantity passing off by the bowel; and that it is highly nutritive is proved by its chemical composition. Hence it is a folly of the grossest kind to throw away this material. That it will not alone support life is quite certain, from the facts that salts necessary to life, and fat highly important to life, have been removed; but this does not in the least prove that it is not of great value as a part of a dietary.

"As fibre and fat constitute by far the greater proportion of the solid parts of flesh, it follows that the so-called *essences* contain but a very small proportion of the nutritive parts of flesh, and that they can scarcely be regarded as nutrient foods.

"When one teaspoonful of the essence has been dissolved in about a pint of hot water, and seasoned with salt and pepper, it forms an agreeable and stimulating food; and in this respect, as also in the small quantity of nutriment which it offers, it must be ranked with tea, coffee, and chocolate. It may be advantageously thickened by adding a little sago; and vermicelli, macaroni, and various Italian pâtes, are agreeable and proper additions.

"Its proper place is that of a luxury, and in some states of disease it is also a valuable food; but in health the quantity of nutriment contained is too small to be computed, and its action upon nutrition is rather indirect, by stimulating the vital actions, than direct, by supplying food. It is manifestly better for the housewife to make beef-tea from shins of beef, so as to obtain much gelatine, or from gravy beef, and to serve up the solid part as food at the same meal. Our continental neighbours eat their *bouilli* and *potage* at the same meal, and so should we."

THE question of who will succeed to the vacancy in the Court of Examiners, made by Mr. Hodgson's retirement, is one which of course interests the profession at large, as well as private individuals. We remember once hearing a gentleman, who is now a member of the Council, say that no man is fit to be an examiner in anatomy who is not practically engaged in teaching anatomy. Without agreeing fully with his then strongly made assertion—which we suppose the gentleman alluded to will himself carefully illustrate by steadily refusing an Examiner's post when his turn comes—we may nevertheless fairly suggest that what was said on this score by Sir B. Brodie and Mr. Lawrence is right and proper. Sir B. Brodie strongly urged that a few younger men than Councillors are—men engaged in teaching anatomy, and well up to the anatomy of the day—should be elected to the Court of Examiners, to assist age and experience in the particular of anatomical examinations. Now, why should not the Council seize upon this occasion, and elect some such Fellow? Why should not the Council inaugurate a promise of better doings in the future, by so carrying out the Charter's injunctions and plain intentions? We suppose we may safely answer the suggestion by saying that the Council will do nothing of the kind, but will follow the old routine of appointing one of themselves to the vacancy; that they will continue to illustrate the truth and correctness of the position which has been for years past assumed by this JOURNAL—viz., that the College can never, and will never, be properly and satisfactorily governed, so long as Examiners have a seat in the Council—so long as Examiners virtually elect and re-elect themselves to office. We have for years maintained that the only cure for College evils is a new Charter—a Charter which shall not only not tempt men beyond what they are able to bear, but which shall force them to do the right and reasonable thing.

THE 21st ult. was the "Founder's Day" at Epsom College; and a gratifying day it must have been to the founder of that splendid monument. There are now two hundred boys in the school—its full number. That the education of the boys is well carried on is proved by the gratifying instances of success which many of them have met with at Cambridge and elsewhere. The prizes on the occasion were given by the Bishop of Winchester, and are as follows.

"Hodgkin (Good Conduct). Dinham; Sterry (Good Conduct and Divinity). Dixon; Carr (Scripture). Pope; Brande (Good Conduct). Wodehouse; Brande (Essay, "History of the Reformation"). Lever; Watts (Natural Philosophy). Allwork; Engledeu (Essay). Wall, ma.; Engledeu (Latin Verse). Lever; Greek Verse, Hay; Elocution, Yates (1), Lever (2).—Classics: 6th Form, Newton, mi.; 5th Form, Wall, ma.; Upper Remove, Sloman, ma.; Lower Remove, Wall, mi.; Upper 4th, Smith; Lower 4th, Lowe, min.; Upper Middle, Collins, mi.; Lower Middle, Williams, mi.; Upper 3rd, Blackmore, Sharples; Lower 3rd, Scannell; Upper 2nd, Greaves; Lower 2nd, Milne; Upper 1st, Sloman, mi.; Lower 1st, Newstead.—Mathematics: Bull.—Arithmetic; 1, Collins, mi.; 2, Allwork.—Divinity: 1, Elcum; 2, Duke.—English: 1, Adams, Elcum; 2, Sloman, ma.—French: 1, Tait, Taylor, mi.; 2, Locke, Wall, min.—German: 1, Elcum; 2, Allwork.—Italian: Newton, mi.—History: 1, Elcum; 2, Taylor, ma.—Drawing: Gall, Mott, ma.—Choir: Unwin.—Drill: White, ma."

Well does Mr. Probert merit all the good things said of him on the occasion.

SIR CHARLES LOCOCK, as our readers are already aware, has not been returned for the Isle of Wight. Mr. Mitchell Henry and Mr. Snee have also been unsuccessful candidates for parliamentary honours. Mr. Clement of Shrewsbury has alone of the new aspirants been successful. It is something, however, to know that medical men are at last beginning to canvass constituencies for a seat in Parliament; and it may be fairly surmised that, now the example has been seriously set, it will again be followed. Mr. Mitchell Henry is certain before long to find his way into Parliament. A few men of his and of Mr. Clement's medical knowledge in the House of Commons would do more to right the wrongs of the profession than a score of Medical Councils will ever effect. What is wanted is, that the wrongs alluded to should be explained in the House of Commons—i.e., to the country—by men who thoroughly understand them. Nothing can ever compensate the profession for the want of a sufficient voice of authority in the legislature of the country. What is the use of all our private efforts and Medical Council deliberating, if we get no hearing with the Government? The smallest village lawyer and country clergyman have their woes re-echoed to the country through the House of Commons. Every trade has its exponent there. Cotton-spinners, brewers, bakers, shoemakers, bill-brokers, discounters, railroad men,

cattle-markets, the Stock Exchange, Westminster Hall, the Church—in fact, every profession and trade has its influence more or less powerfully exerted in the House of Commons, except that of medicine. Everything touching doctors and physic is a subject most distasteful to our men of legislation. On no subject mooted in the House is there amongst men of education so general and so gross ignorance and prejudice invariably expressed as on physic and physicians; and the reason of all this plainly is, that we have no one there to look after our interests. It is quite time the old-fangled notions adopted by Sir B. Brodie and other authorities, that men of medicine had no business to interfere with politics; that their duties lay in a very different direction; that the legitimate field of their exertions was the sick-room and private life; that their influence should be exerted only through their operations in private life,—it is quite time all such notions were abandoned. They were well enough in the time when the famous George the Third was king. In those days, the famous Lady Hester Stanhope, as we read in her memoirs, rebuked her private physician for having had the presumption to give an opinion on a matter of politics. She told him, in plain terms, in future to confine his attention and remarks to the legitimate and proper objects of his business—viz., the contents of a certain chamber utensil. We do most sincerely hope that throughout the kingdom our medical brethren will in the future do their best to further the object we speak of—viz., the obtaining, when possible, medical candidates for Parliament, and exercising their influence on candidates for Parliament by urging upon them a promise of fair consideration of all matters medical.

VISITATION OF EXAMINATIONS.

At a meeting of the Branch Medical Council of Scotland, on the 14th ult., the following orders, etc., were agreed to.

"The subject of the registration of medical students having been considered, the Registrar was directed—

"1. To issue the necessary forms of application to the universities and other licensing bodies in Scotland.

"2. To prepare a register for medical students, in conformity with the recommendations of the General Medical Council.

"3. To take means, by handbills and advertisements, to make the 'recommendations of the General Medical Council, in reference to the registration of medical students,' known to the students at the various medical schools in Scotland.

"It was agreed: that Dr. Christison and Mr. Syme should be deputed to visit the examinations held by the Royal Colleges of Physicians and Surgeons of Edinburgh; that Dr. Andrew Wood and Dr. Alexander Wood should be deputed to visit the examinations held at the University of Edinburgh; that the members of the Branch Council now present should visit the examinations held at the University of Glas-

gow, and at the Faculty of Physicians and Surgeons of Glasgow; and that the Registrar should write to the Dean of the Medical Faculty of the University of Aberdeen for information as to the dates at which the medical examinations are there held, in order that steps may be taken to exercise the supervision contemplated by the General Medical Council in their resolution of 6th April, 1865."

THE LATE JOSEPH DICKINSON,
M.D., F.R.S.

It is with sincere regret that we announce the death of Joseph Dickinson, M.D., F.R.S., of Liverpool, which occurred at Waterloo, on July 21st, somewhat suddenly, although a protracted illness had prepared his friends for a fatal issue.

As a consulting physician, Dr. Dickinson had for many years enjoyed the confidence both of the public and the profession to an extent which secured for him a more extensive and lucrative practice than falls to the lot of most provincial practitioners. His success in consultation practice was probably due not more to his scientific attainments than to his high sense of professional rectitude and honour, and a constant regard for the reputation and position of those with whom he was called upon to act.

His literary acquirements were recognised in the scientific world by his admission as a Fellow of the Royal Society, and locally by his appointment as President of the Liverpool Literary and Philosophical Society, and of the Royal Institution. In the course of his professional career, he filled the offices of physician to the Dispensaries, to the Fever Hospital, and Workhouse; lecturer at the Royal Infirmary School of Medicine, on *Materia Medica* and the Practice of Physic; and for several years he was one of the physicians to the Royal Infirmary; and, when declining health obliged him to resign, he was elected consulting physician, and in that capacity retained his connexion with the institution to the time of his death.

He was the author of a *History of the Flora of Liverpool*, and contributor of several papers and reports to the medical and scientific journals. As a member of the British Medical Association, and President of the Lancashire and Cheshire Branch, he took an active part in its proceedings. On the occasion of the annual meeting of the Parent Association in Liverpool in 1859, he was selected to deliver the Address in Medicine; but, unfortunately, an attack of illness compelled him at the last moment to relinquish the task, which, under other circumstances, would doubtless have reflected credit upon himself, and added much to the interest of the proceedings.

His death may be said to have been premature, as he had only reached his fifty-fourth year. He had twice married; his second wife survives him. He lost his first wife under peculiarly distressing circumstances. Some years ago, a failure in health obliged him to relinquish practice, and to undertake a lengthened tour into Upper Egypt; and Mrs. Dickinson, who accompanied him, unfortunately contracted fever, and died abroad. A striking proof of the high estimation in which Dr. Dickinson was held by his patients, and by his professional brethren, was afforded by the fact that, although on the occasion alluded to he was entirely absent from the scene of his labours for more than twelve months, yet, within a very short time after his return, his practice was as extensive as it had ever been at any period of his career.

Association Intelligence.

THIRTY-THIRD ANNUAL MEETING OF THE BRITISH MEDICAL ASSOCIATION.

THE Annual Meeting for 1865 commenced at Leamington on Tuesday last. A full report will be given next week; but in the meantime we will give a short account of the proceedings up to the afternoon of last Wednesday.

According to notice, the Board of Directors of the Medical Provident Society met at twelve o'clock on Tuesday; the Committee of Council of the Association at half-past one; and the General Council at three o'clock.

The members of the Association held their first general meeting at 8 P.M., when Dr. PAOET, the retiring President, opened the business with the following remarks.

"Gentlemen, I congratulate you on the prosperity of our Association—its prosperity both financial and social. I congratulate you on our meeting in this beautiful and pleasant place—this famous health-resort—where, under the able and genial guidance of our new President and his colleagues, we may observe the various aids in the restoration of health which here abound—the *adjuvantia* of the Leamington doctors. I mean not the mineral waters alone, but the cheerful walks, the charming scenery, and the many objects of interest, the contemplation and enjoyment of which are, as we all well know, as truly remedial in the influence, and at least as pleasant, as many of the articles in our *Pharmacopœia*. Gentlemen, the time is come for my retirement from the office of President, in which your favour placed me. Accept my thanks—many and hearty thanks—for the kindness which bestowed on me that high distinction, and for all the many courtesies which have been shown to me during my year of office. Believe me, I shall ever hold them in grateful remembrance. And now, my good friend Dr. Jeaffreson, let me wish you joy on succeeding to this same dignity. 'Tis one of the popular honours of a free country. Our profession does not, like the other learned professions, look to the Crown or State for its highest honours and rewards. But our aspirations are not less worthy—are not less lofty—when we seek our highest honours in the approbation of our professional brethren."

Dr. JEAFFRESON then took the Chair, and delivered the address which is published at page 107 of the present number.

The Report of Council was then read by Mr. WATKIN WILLIAMS, General Secretary; and its discussion was adjourned to the following morning. The following is a copy of the Report:—

"Your Council has much pleasure in meeting the members of the British Medical Association in the beautiful town of Leamington, and trusts this, the Thirty-Third Anniversary, will be found as agreeable a meeting as the most successful of its predecessors.

"The Committee of Council has, as usual, held its quarterly meetings in Birmingham, and each time under the presidency of Sir Charles Hastings; to whom the Association generally, but more especially the Committee of Council, owes a deep debt of gratitude for the efforts he has made during the past year to serve the Association, though suffering from very serious illness.

"Your Council rejoices to find Sir Charles in im-

proved health, and heartily hopes that his valuable life may be spared for many years.

"Since the last annual meeting, a very important addition has been made to the Association, by the formation of a new Branch for the counties of Durham and Northumberland. A large increase in the number of your members may be expected in this district.

"The number of members on the books in 1864, was 2,400. During the year 30 died, 65 resigned at the commencement of this year, and the Council, in accordance with Law xvi, have erased the names of 70 members for non-payment of arrears.

"This year 133 new members have been added; so that the Association now numbers 2368.

"Your Council has again to record its grateful acknowledgments of the very valuable services rendered by the Honorary Secretaries of the several Branches.

"At a large meeting of the Council held at Cambridge last year, a very hearty and unanimous vote of thanks was accorded to Dr. Markham for his excellent and able management of the JOURNAL. Your Council has much pleasure in bearing witness to the efficiency of the JOURNAL during the past year; fully justifying the resolution passed at Cambridge.

"The following is the Financial Report for 1864, published in the JOURNAL in accordance with Law xxiv.

"Financial Statement for 1864. It is very satisfactory to be enabled to report a very improved condition of the finances of the Association, as compared with that of last year. The accounts have been audited by Dr. Melson and Mr. Hadley; and they find that after payment of all bills due from the Association, the Treasurer held a balance of £243:16:8½ on the 31st of December 1864; whereas, in December 1863, there was a balance of £8:0:3½ due from the Association to the Treasurer. This result is the more gratifying, as some extra sums have been paid, not of an ordinary kind, which have added to the amount of the expenditure.

"The following is the statement of the accounts.

"1864.—RECEIPTS.		£	s.	d.
Subscriptions		2561	2	0
Advertisements and Sales		693	11	6
		3254	13	6
"1864.—PAYMENTS.		£	s.	d.
Balance due to Treasurer		8	3	6½
JOURNAL EXPENSES:				
Mr. Williams (Printing)		1752	0	0
Mr. H. Acland for Lectures &c.		5	0	0
Mr. H. Acland Office Expenses		81	15	10
Mr. Davidson (Commission)		70	10	1
Mr. G. E. Paget		3	12	6
English Journal		200	0	0
Dr. Henry Sub-editor		50	0	0
Contributors		267	18	0
Dr. Henry Salary		5	0	0
EXTRA JOURNAL EXPENSES:				
Mr. Williams and Clerk		167	0	0
Mr. Williams (Petty Cash)		54	10	5
Cambridge Reporter		12	12	0
Mr. Williams Branch Expenses		17	12	9
Paterson's Stationer		14	15	10
Amputation Expenses		3	7	0
Collecting Expenses		9	11	4
Mr. Moore Gold Medal and Dist.		41	0	0
Provident Fund		25	0	0
Sundry Payments		4	3	0
		2850	16	6½
Balance		246	16	8½
		3094	13	6

"CHARLES HASTINGS, Treasurer."

"In accordance with a resolution passed at Cambridge, a memorial was presented to the Council of the Royal College of Surgeons in favour of voting by

proxy by Fellows of the College, similar to that presented in 1863. This year the Secretary received a reply to the effect that the Council of the College saw no reason to alter the decision it had arrived at the previous year. Your Council recommend that the Association should not falter in the course on which it has entered, but persevere until so just a demand shall have been granted.

"Public Service. Your Council has directed a Memorial to the First Lord of the Admiralty and the Secretary for War to be prepared and laid before the meeting, for approval, before presentation.

"Poor-Law Medical Reform. Poor-law Medical Reform has made but little actual progress in the past year, but your Council thinks that there is a disposition to a more friendly feeling to the Poor-law medical officers, and suggests that a committee be formed to report on the proceedings of the Poor-law Board.

"The Council congratulates the profession that a member of the medical body has been added to the list of the Poor-law inspectors—Dr. Edward Smith, F.R.S., a member of your Association.

"The Council trusts that this act will be followed by the appointment of members of the medical profession on the Poor-law Board.

"The Charter. Your Council begs to report that a committee has been actively engaged during the past year in drawing out, and considering the means of obtaining, a Charter of Incorporation for the Association. The report of the committee, together with the petition and draft of the Charter, have already been made public in the JOURNAL. The Council is of opinion that the cost of the Charter will be about £300, and has every reason to believe that the Charter may be obtained by united and unanimous action on the part of the Association. The Council invites discussion on this important subject.

"Since the last annual meeting, the MEDICAL PROVIDENT SOCIETY has been established. A report will be presented by the Board of Directors.

"Medical Benevolent Fund. This valuable society has continued its useful work with increased efficiency, having during the past year obtained considerable addition to its funds. A report will be read by the Treasurer.

"To Mr. Toynbee and his fellow-labourers a large debt of gratitude is due from the Association.

"The Hastings Prize Medal. This medal has been awarded by the adjudicators—Dr. Acland, F.R.S., Dr. G. E. Paget, and Dr. Parkes, F.R.S.—to Dr. T. Herbert Barker, of Bedford.

"The Address in Medicine will be delivered by Professor Stokes, M.D., D.C.L.

"The Address in Surgery will be delivered by Professor Syme, F.R.S.Ed.

"The Committee of Council has this year instituted open discussions on subjects of professional and public interest. The Council believes that this new arrangement will prove generally acceptable, and trusts that the members present will vigorously support this effort."

"The Report of the Medical Provident Committee was read by Dr. HENRY, Secretary to the Society. The document will be given in the next number of the JOURNAL.

Mr. WATKIN WILLIAMS was, on the motion of Sir CHARLES HASTINGS, seconded by Dr. RICHARDSON, unanimously re-elected General Secretary to the Association.

Medical Provident Society. Mr. PROPERT proposed, and Dr. WESTALL seconded—

"That Dr. Richardson be re-elected Chairman, and that John Clay, Esq., be elected Vice-Chairman, of the Medical Provident Society."

Considerable discussion followed, in the course of which an amendment was proposed by Mr. HUSBAND of York, and seconded by Mr. A. B. STEELE, that the election of its officers should be left entirely in the hands of the Provident Society.

The amendment was defeated by a large majority; and the motion was carried.

A vote of thanks was unanimously given to Mr. FINLAISON, Actuary to the National Debt, for his graceful and generous conduct in regard to the Provident Society.

On Wednesday morning, a large number of members partook of a sumptuous public breakfast, at half-past eight A.M.

The new Council assembled at ten o'clock, and elected the Committee of Council for the next year.

The members met at eleven A.M.; when Dr. PAGET proposed, and Mr. CLAYTON seconded, a resolution providing for the placing the President-elect on the Committee of Council. The resolution was unanimously carried.

The Report of Council was, on the motion of Dr. PAGET, seconded by Dr. MACKESY, put to the vote and adopted.

The Charter. Mr. STEELE opened the discussion on the Charter. He believed that the Association would be benefited by it; but saw a difficulty in obtaining the necessary funds. He therefore proposed—

“That the question of the Charter be deferred to the next annual meeting of the Association.”

Mr. WOOD seconded the motion; but at the same time strongly approved of the Charter.

Dr. RICHARDSON moved as an amendment—

“That the Committee of Council be requested to continue their efforts to obtain a Charter of Incorporation, and that the matter be left in the hands of the Committee of Council.”

He considered that the Charter was necessary for ensuring the stability of the Association. The Committee of Council had already entered into some expenses; and why should they not go on with that which they agreed to last year. As to the cost, he believed that the balance in their hands would be sufficient; and if not, he had no doubt that a necessary sum would be raised from the liberality of members.

Dr. TUNSTALL seconded the amendment. If the Association is to represent the profession, it ought to have a Charter at once. The Charter dealt only with general principles, and left much to details.

Mr. STEELE, with the consent of his seconder, withdrew his resolution.

Dr. STEWART advised that the members should be invited to communicate to the Committee of Council any suggestions they might have to make. Several members had made remarks to him on the Charter which showed that they had not read it, although it was published in the *JOURNAL* a fortnight ago.

Dr. J. SEATON asked whether the passing of the resolution would bind the Association to the Charter.

Sir C. HASTINGS explained that the Charter would still be subject to such alterations as might be thought necessary by the Committee of Council. It was impossible to do anything wholly unobjectionable; but the advantages of the Charter greatly exceeded its disadvantages. We had great power already with the Government; but this influence would be greatly increased if we could go to Government as a body incorporated by Royal Charter. As to finance, he agreed with Dr. Richardson that the promise was one of a larger balance at the end of next year. But, if it were not so, could it for a moment be doubted that the money would be obtained from the more wealthy members?

Mr. HECKSTALL SMITH hoped there would be no mistake as to what was delegated to the Committee of Council. He understood that it was desired that the meeting should approve of the principle of obtaining a Charter, but should leave the Committee of Council to carry out all beyond this.

Dr. GIBBON made some observations on the advantages of the Charter. As to expense, he believed the expense would not be merely £300, as a building would be wanted. Could not an union be formed with another society? He suggested that the matter should be referred to the Council.

Dr. RICHARDSON explained that this was inconvenient. All suggestions made by members would be carefully considered, and adopted if possible.

Dr. MACKESY thought it would be irregular to include Ireland without consulting the Irish Medical Association.

After a few remarks from Dr. STEWART and Mr. Z. LAURENCE, Dr. Richardson's motion was put to the vote, and carried.

Vote of thanks. Dr. SIEVEKING proposed a vote of thanks to the General Council of the past year.

Dr. RADCLIFFE HALL seconded the motion. Thanks were especially due to Sir Charles Hastings for having, even during illness, performed his duties as President of the Council. The services of the Committee of Council were also specially referred to by both speakers.

The resolution was unanimously carried.

Poor-law Medical Relief. Dr. HENRY proposed the motions of which notice has been given in the *JOURNAL*. He explained that his object was, not that the Association should at once pledge itself to details, but that it should sanction the appointment of a Committee to investigate the whole matter, and, if possible, to complete the work so well commenced and zealously carried on by Mr. Griffin.

Dr. G. B. MEAD, who had given notice of another resolution on the same subject, seconded the motion, and eloquently supported the necessity of action on behalf of the Poor-law medical officers.

After some remarks from Mr. STEELE, Mr. PROPERT, Mr. LORD, and other members, the motion was put to the vote, and carried unanimously.

Dr. HENRY proposed, and Dr. MEAD seconded—

“That the following gentlemen be requested to act on the Committee, with power to add to their number:—Dr. Sibson; Dr. Sieveking; R. Griffin, Esq.; Dr. R. Fowler; Dr. Anstie; Dr. Druitt; Dr. W. H. Colborne; C. F. J. Lord, Esq.; and Dr. Herbert Barker.”

The motion was carried; the names of the proposer and seconder being added.

Parliamentary Committee. Dr. RICHARDSON proposed the motion of which he had given notice. He wanted to see medical men in Parliament, without respect to party. He wanted a small Committee to be appointed, to have its centre in London, and to raise from the wealthy members of the profession a sum of money, and place it in the hands of the Association, to be applied to bringing medical members into Parliament as opportunities might offer.

Dr. MACKESY seconded the resolution. He believed there was a great want of medical representatives to bring forward the claims of the profession in the House of Commons. He referred to the efforts of the Irish Medical Association in the same direction; and suggested that the claims of the profession to a special representation were worthy of consideration.

Mr. CLAYTON thought no more effectual means could be found for injuring the Association than the introduction of religious or political matters. He opposed the resolution.

Dr. GIBBON proposed as an amendment that the £50 be granted to the Parliamentary Committee of the Metropolitan Counties Branch. He referred to the action of the Committee in throwing out the India Medical Service Bill, etc.

Mr. ZACHARIAH LAURENCE seconded the amendment.

Dr. RICHARDSON said that, in consideration of what appeared to be the general desire of the meeting, he would withdraw his resolution.

The members then adjourned for luncheon. At 2 P.M. the President again took the chair.

The Hastings Medal was presented to Dr. Herbert Barker by Sir Charles Hastings.

The Address in Medicine was delivered by Dr. Stokes.

A vote of thanks to Dr. Stokes was proposed by Dr. SIBSON, seconded by Dr. SLACK of Leamington, and unanimously carried.

Place of Meeting in 1866. Sir CHARLES HASTINGS announced that a numerous signed invitation had been received from Chester, and proposed that the meeting should be held next year in that city, with Dr. Edward Waters as President. The resolution was seconded, and carried unanimously.

The BRITISH MEDICAL JOURNAL. Mr. CARTER proposed the resolutions of which he had given notice; and they were seconded by Mr. GAMGEE.

Dr. DAVEY proposed his resolution as an amendment to Mr. Carter's. It was seconded by Mr. ZACHARIAH LAURENCE.

The Rev. Dr. BELL then proposed his amendment, which was seconded by Dr. SIBSON, and supported by Dr. COWAN of Reading. Dr. Bell's amendment was carried by an overwhelming majority; only ten or twelve members, in a large meeting, declining to vote in its favour.

(The resolution and amendments have already been given in the programme of the meeting.)

ALPINE PLANTS. A more useful, though not so interesting Alpine ascent as that of the Matterhorn, has lately been made by M. Martins, Professor of Natural History at Montpellier. In a scientific ascent of Mont Blanc, M. Martins collected no less than 82 species of plants near the Grands Mulets, 24 of which were phanerogams, 26 mosses, 2 hepaticae, and 30 lichens. (*Lithæum*.)

THE VALUE OF NOTE-TAKING. My custom has been to take short notes at the bedside of the patients in the day, and to expand them, with the aid of my memory, in the evening. After an experience of nearly fifty years, I am satisfied that no one can be well acquainted with his profession, either as a physician or surgeon, who has not studied it in that manner. It is only by these means that a case can be thoroughly and scientifically investigated, or that that minute and accurate knowledge of it can be obtained which is necessary to a right diagnosis. I have always, during the many years in which I was a teacher and a hospital surgeon, endeavoured to impress on the minds of my pupils the necessity of making and preserving such written records of their experience; and I have often been pained to observe how small a proportion have followed the advice which I gave them. The great mass of students, whose period of professional education is limited, are so occupied by the great (and, as I think, unnecessary) number of lectures which they are now required to attend, and in running from one class-room to another, that they really have neither the leisure nor the physical powers necessary for pursuing, in any efficient manner, the practical study of disease in the wards of the hospital. (*Sir E. Brodie's Autobiography*.)

Special Correspondence.

LIVERPOOL.

[FROM OUR OWN CORRESPONDENT.]

From the Report of the Medical Officer of Health, it appears that in Liverpool the mortality, especially from zymotic diseases, although much diminished since the commencement of the summer, is still much above the average.

During the quarter ending June 30th, the average number of cases of typhus in the hospital at one time was 217, and the death-rate 16.5 per cent.; small-pox 33 cases, death-rate 12.5; measles 11 cases, death-rate 23.7 per cent. Infantile diarrhoea has begun this year earlier and more severely than usual. It is attributed by the medical officer of health "not only to the intense summer heat, but also to the singular dryness of the season, by which there has been an absence of the usual flushing of the sewers by rain." There has been a considerable amount of diarrhoea amongst adults also, for the most part of a mild character; and we have not heard of any cases at all approaching to cholera. The mortality from zymotic diseases has shown a rapid and sudden increase during the month of July; but this is mainly due to infantile diarrhoea, which in one week caused no less than seventy-four deaths. It is probable that amongst the squalid, ill-nurtured children of the extreme poor, many deaths registered as diarrhoea—that being the last and most prominent symptom—might, if they could be accurately traced to their origin, be more strictly attributed to some of the various forms of cachectic disease, such as marasmus, tubercular meningitis, and so on, to which this class of the population are so generally liable.

It is most unfortunate that just at this crisis, when every sanitary precaution seems called for to avert a possible invasion of cholera, the water-supply has been discovered to be altogether insufficient for the wants of the town. The extensive and costly reservoirs at Rivington are so nearly exhausted as to contain not more than a few weeks' supply; and I suppose this very serious failure of one of the most gigantic schemes of this kind in the kingdom is to be accepted as an argument against the principle of storing surface water as the main supply of large populations. Luckily, the sandstone beneath our feet still yields us a supplementary supply; and, as the necessity for immediate steps is fully recognised by the local authorities, there is no doubt that some efficient measures will soon be adopted to secure an ample provision of this most essential element.

The Select Vestry have recently introduced into the Workhouse Hospital a staff of trained nurses, some of whom have been sent from Miss Nightingale's Training Institution, and who are all paid for the services which, under the old regime, were performed by paupers, who received no further remuneration than certain indulgences, supplemented by

a species of black mail clandestinely levied upon the unfortunate patients or their friends. This may be fairly regarded as a step in the right direction; and the parochial authorities of Liverpool deserve some credit for having taken (we believe) the initiative in this matter. The general management of this enormous pauper establishment, the population of which is about three thousand, has always been very creditable, especially as to the medical department; and we venture to say that, if our contemporary sends down his special commissioner to Liverpool, he will find more to approve than to censure, and will probably give to the Liverpool Workhouse the first place on the list, not only as the most extensive, but as the best conducted establishment of the kind in this country.

Reports of Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, JUNE 27TH, 1865.

JAMES ALDERSON, M.D., F.R.S., President, in the Chair.

A SECOND SERIES OF FIFTY CASES OF OVARIOTOMY: WITH REMARKS ON THE SELECTION OF CASES FOR THE OPERATION.

BY T. SPENCER WELLS, F.R.C.S.

THE author had constructed a table showing at a glance the result of the fifty operations; the recoveries being to the deaths in the proportion of two to one. The most favourable age for the operation appeared to be before twenty-five or above forty. The conjugal conditions of the patients seemed to have little effect on the result. Hospital cases had been more successful than private cases. The result of the operation depended but little on the season of the year in which it was performed. Adhesions of the tumour to the abdominal wall and intestines were of little importance; adhesions to the bladder, iliac vessels, ureters, or rectum, were very unfavourable. A short pedicle was also very unfavourable. There was no doubt that the cases where the stump of the pedicle could be kept external to the peritoneum were much more uniformly successful than those in which the stump was allowed to sink into the abdominal cavity. Of this latter class of cases, the least unfavourable were those in which the ends of the ligatures were cut off short. The size of an ovarian tumour did not of itself affect the result; but size and solidity together, by affecting the length of the incision necessary for the removal, appeared to be of some importance. A short incision was much more favourable than a long one. The probable result of ovariectomy could be estimated with far greater accuracy by a knowledge of the general condition of the patient than by the size and condition of the tumour.

REMARKS ON SOME RECENT EVIDENCE AGAINST THE INTERNAL ADMINISTRATION OF MERCURY IN SYPHILIS: WITH CASES TREATED BY THE AUTHOR.

BY CHARLES R. DRYSDALE, M.D., M.R.C.P. LOND.

The author observed that, as a Commission was endeavouring to arrive at some conclusion on this vexed question, he thought the present a fit time to invite discussion on the subject. He believed, in

common with Mr. Syme and M. Ricord, that this disease had always existed; and that before the time of Paracelsus it was mild, probably on account of the absence of mercury from the materia medica of the ancients. Dr. Ferguson, in his letter from Evora in 1812, had shown what terrible mutilations were caused by mercury amongst the British; whilst the Portuguese, treated without it, had no phagedæna. M. Ricord had for some twenty years been chief of an eclectic school, which, discarding the drug in soft sores, advised "six months of treatment with a daily dose of mercury (which influences the accidents we have to combat), followed by three months of iodide of potassium." Of this treatment Mr. Syme had written, that "it injures the health not less effectually than the process of poisoning it professes to have so advantageously replaced." Dr. Hughes Bennett said: "The idea that mercury is a specific for syphilis, and the incalculable mischief it has occasioned, will constitute a curious episode in the history of medicine at some future period." Mr. Weedon Cooke and Mr. Spencer Wells said that syphilitic bone-disease did not occur without the use of mercury.

The author had recently received from Dr. Boeck of Christiania two works: the one entitled *Recherches sur la Syphilis*, by Dr. Boeck; the other, *Aperçu des différentes Méthodes de Traitement employées contre la Syphilis Constitutionnelle à l'Hôpital de l'Université de Christiania*, by Dr. Bidentkap. Dr. Boeck, in his *Recherches*, had shown that primary sores took, on an average, far longer to heal under mercury than without it (sixty-two to thirty-eight days); and also that the number of secondary appearances was far greater when it was used (twenty-four to fourteen). Dr. Bidentkap mentioned that for the last ten years there had been experiments, in Christiania, as to the treatment of constitutional syphilis, resulting in entirely expelling the drug. Besides syphilisation—employed by Dr. Boeck, and which, Dr. DRYSDALE observed, had, in his opinion, for sole merit its freedom from the use of mercury—Dr. Bidentkap gave a detailed account of 192 cases treated by means of two expectant methods: (1) sweating; (2) derivation—i. e., the raising of pustules by tartar-emetic ointment over the body. In these 192 cases thus expectantly treated, no worse symptoms were observed than eruptions, alopecia, sore-throat; with only five cases of iritis, which got well without mercury; and two cases of peritonitis; and no bone-disease. Dr. Bidentkap wrote: "The very rare cases of tertiary syphilis are met with among patients who have undergone a mercurial course elsewhere, especially abroad. Formerly, on the contrary, obstinate tertiary cases formed the majority of those treated at the hospital. It appears, then, that the exclusion of mercury from therapeutics has been the cause of it."

Professor BÄRENSPRUNG of Berlin, in his work on *Hereditary Syphilis* (Berlin, 1864), after enumerating mucous tubercles, sore-throat, and exanthem-like eruptions, had written: "The above rapidly described alterations are those of which, in the majority of cases, the picture of syphilis is entirely composed. These may remain for weeks or months, or vanish for a shorter or longer period, or finally disappear for life. At least, I can certify that, in the now countless cases where I have treated syphilis without mercury, and which I have seen completely recover, there have never appeared any other forms than those papular and exanthematous ones, with, in a few cases, iritis, periostitis, and orchitis; but in no single instance has destructive perforation or necrosis appeared, provided that no extraordinary circumstances prevailed which have the property, like mercury, of altering the character of syphilis. . . . A

rapid and well-marked mercurial cachexia is not the sole, but the most frequent, cause of phagedæna. . . . Tertiary syphilis is not mercurial cachexia; it is syphilis in a constitution modified by mercury."

Dr. Drysdale observed that his own experience completely corroborated the remarks of Bidentkap and Bärensprung. He gave the details of several cases recently treated by him without mercury, with immunity from any but trifling lesions.

In conclusion, Dr. Drysdale said he believed that syphilis in adults was not always, but almost always, a very mild disease, when treated without mercury; that rupia was extremely rare when no mercury was used; that bone-disease did not occur unless in mercurially treated cases; and that, in short, the internal administration of mercury in syphilis, or in inflammatory diseases, had neither any rational theory to appeal to, nor was it supported by the experience invoked in its defence. He trusted that the verdict of the profession would soon be against the internal use of mercury in syphilis.

Correspondence.

TYPHUS AND TYPHOID FEVER.

LETTER FROM A. B. STEELE, Esq.

SIR,—The President of the Midland Branch, in his annual address published under your impression of July 15th, denies the distinction between typhus and typhoid fever, and regards this most important and well established advance in our pathological knowledge as "excessive refinement in the classification of disease," founded upon "the limited experience derived from the treatment of disease as it occurs in London."

Now, whatever may be the phenomena of the fevers of Leicester, which, according to Dr. Barclay, do not present "the distinction between typhus and typhoid as is observed in London," I can only assure him that in this town, where the field of observation, as regards fever, is greater even than in the metropolis, the difference between typhus and typhoid is recognised by almost every practitioner of observation who has had much experience in the treatment of these diseases. In Glasgow and Edinburgh, and in Dublin, the other great centres of fever, the leading authorities, men of known accuracy and talent—such men, for instance, as Christison, Gairdner, Corrigan, and many others—are all satisfied as to the reality of the distinction between typhus and typhoid.

It is, in fact, difficult to understand how any physician acquainted with the literature of the subject, and who has had sufficient opportunity of testing the validity of recorded opinions by clinical observation, can continue to dispute one of the most important and to my mind most clearly established doctrines of the present day, which, so far from resting solely on the dicta of metropolitan physicians, may be regarded as the generally accepted view of the profession of this country, as well as that of America, and probably many other countries. It was in Paris that the distinction was first noticed by Dr. A. P. Stewart; and his views have since been amply verified by the recorded observations of Jenner, Murchison, Tweedie, Watson, and are, I venture to say, fully accepted by nineteen out of twenty practitioners whose powers of observation and opportunities of clinical experience entitled their opinions to credit. It is true that some few physicians even of repute are still sceptical; but surely it is more reasonable to suppose that the few have failed to recognise the distinction,

than that the many have discovered a distinction which has no real existence.

One source of error in the reasoning of those who deny the separate existence of the two forms of fever seems to be a misapprehension of the diagnostic signs; and Dr. Barclay appears to have fallen into this error. He says, for instance: "We see cases in the same family with spots and without, with typhus rash and with abdominal symptoms, and the converse; while at the same time, and under the same roof, there are others with the mulberry rash, the petechiæ, and the abdomen perfectly free." From this statement, I infer that he rests his objection on these two points:

1. That a case may present the characteristic eruption of typhus, and at the same time abdominal or enteric symptoms may exist.

2. That the distinctive eruption of typhoid fever may occur with little or no enteric complication or disturbance.

Such instances are well known to all experienced observers in fever, but yet in no way invalidate the soundness of the distinction between the two forms of disease. As a rule, and in a vastly preponderating number of cases in typhus, diarrhœa is absent; the eruption is diffuse; the accession is more or less abrupt and defined; the duration definite, seldom beyond twenty-one days; and the symptoms for the most part involving the cerebro-spinal and vascular systems; the patient presenting the peculiar dull heavy aspect which the term typhus implies, with more or less duskeness of the skin, and suffusion of conjunctive from congestion of the capillaries, and a tongue coated or brown and dry, with sordes on teeth and gums. In typhoid, on the other hand, the accession is prolonged, insidious, and undefined; the duration indefinite, extending often much beyond three weeks. The patient has a bright eye, often a hectic flush; surface free from rash, excepting a thinly scattered eruption of elevated bright red spots, confined to the anterior surface of the abdomen and chest. The tongue is fissured, with red edges, indicative of gastric irritation. Diarrhœa is almost always a prominent symptom; and the nervous system, as a rule, much less seriously involved. In short, the etiology, the history, the progress, duration, and symptoms of the two diseases, are prominently distinct. At the same time, we have certain exceptions. For instance, diarrhœa and abdominal complication sometimes accompany typhus; and, again, the eruption is occasionally so ill defined as to be difficult to recognise, and in rarer cases is altogether absent; while, in some cases of well-marked typhoid, there is almost entire absence of abdominal symptoms, and occasionally the head-symptoms run high. But a careful investigation into the history and a comprehensive view of all the diagnostic signs will rarely, I believe, fail to enable the practitioner to decide the nature of the case.

The importance of the subject must be my apology for trespassing upon your valuable space.

I am, etc., A. B. STEELE.

Liverpool, July 15th, 1865.

THE LATE DR. DANIELL'S valuable contributions to our knowledge of the economic botany of Western and Central Africa and China are well known. His latest paper, on the kola nut, a new source of theine, recently appeared, and further communications on the same subject were promised. Incessant labour in some of the most unhealthy parts of the world had effectually broken up a strong constitution, and the Doctor died on June 26th, at the comparatively early age of 47.

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND. The following gentlemen, having undergone the necessary examinations for the diploma, were admitted members of the College at a meeting of the Court of Examiners, on July 25th.

Anderson, William, Newcastle-on-Tyne
Ashton, John Henry, L.S.A., Margate
Berry, Other Windsor, Canonbury Road, Islington
Butler, William Harris, Old Charlton, Kent
Creighton, Thomas, Morpeth
Gimson, Thomas Stevens, Cleveland Street, Fitzroy Square
Hett, Geoffrey, Brigg, Lincolnshire
Hoffmister, William, L.S.A., Cowes, Isle of Wight
Hope, John, South Shields
Humphrey, Arthur, Balham Hill, Surrey
Jackson, Robert, Catchgate, Gateshead
Jones, Edward Scott, Weston-super-Mare
Lowndes, Frederick Walter, Southport, Lancashire
May, Willoughby, Barnstaple, Devon
Oldham, Samuel, Burslem, Staffordshire
Pugh, Richard, Llandover, South Wales
Reid, Kenneth, Montreal
Stafford, Thomas Edward, Long Benington
Stuart, Robert, Woolwich
Thorp, Disney, Maldon, Essex
Williams, Eytan Owen, Llanrhaidar, Denbighshire

Admitted on July 26th—

Andrews, Richard James, Wisbeach, Cambridgeshire
Beck, Marcus, Isleworth, Middlesex
Branson, Henry John, Sydney Street, Brompton
Denne, Henry, Sandwich, Kent
Elphinstone, Robert, Streatham, Surrey
Gowing, Benjamin, Lowestoft
Grindrod, John Albert, Rochdale
Haydon, Nathaniel Thomas John, Bovey Tracey
Heald, Samuel Linley, Brighouse, near Normanton
Hicks, William Tatman Goodman, Taddington, near Dunstable
Hill, Frederick Adolphus, Wooksey, Somersetshire
Kinnear, Richard, Weston-super-Mare
Kinsey, Robert Henry, Canterbury
Lyddon, Charles, Exeter
Morgan, John Thomas, Aberystwith
Palmer, Clement, Haddiscoe, Norfolk
Richardson, Arthur, Chatteris, Cambridgeshire
Rust, Henry Robert Glover, Weathersfield, near Braintree
Rutherford, William, Edinburgh
Sanders, George Cooper, Moulton, near Northampton
Weekes, Henry, Brompton, Kent

Admitted on July 27th—

Cadle, James Frederick, Usk, Mounmouthshire
Druikard, William Beverley, Trinity Square
Hughes, Pringle, Middleton, Northumberland
Nankivell, Herbert, Penzance
Powles, Revett Coleridge, Ipswich
Ransford, Gifford, Brompton, Middlesex
Rinz, Charles Gore, Clifton, near Bristol
Seaman, Albert Baird, Isle of Wight
Smith, Charles James Hardy, Kenilworth Town
Tibbitts, Herbert, L.R.C.P. Lond., Charterhouse Square
Turner, Ellery, Beverley, Yorkshire
Underhill, Francis William, Tipton, Staffordshire
Watson, George Samuel, Hammersmith
Wolston, Walter Thomas, Priddy, Brixham, Devon
Willie, John, Edinburg

Admitted on July 28th—

Coghlan, Edward Francis, Limerick
Finden, Woodford, Talbot Square, Hyde Park
Greening, Frederick Joseph, Bromsgrove, Worcestershire
Morrison, John, Stirling, N.B.
Saunders, Thomas J., London
Todd, John, Mile End Road
Williamson, Ninian Alexander, Edinburgh
Wood, Thomas Arthur, Isle of Man

At the same meeting of the Court—

Johnson, Arthur Borough, H.M.S. *Implacable*, Devonport
Mockridge, John, H.M.S. *Encowen*, Southampton
Murphy, Alexander, H.M.S. *Cumberland*, Sheerness
Riding, William George, Royal Marine Depot, Deal

Passed their examinations for Naval Surgeons. These gentlemen had previously been admitted members of the College: their diplomas bearing date respectively June 13th, 1856; August 13th, 1858; June 28th, 1855; and July 9th, 1855.

It is stated that out of eighty-three candidates who presented themselves at the pass examination, seventeen were referred back to their studies for six months. This is the last meeting of the Court for the present session.

UNIVERSITY OF LONDON. Preliminary Scientific M.B. Examination. 1865. Pass Examination.

First Division.

Anderson, Tempest, University College
Baines, Albert Henry, Guy's Hospital
Blackley, John Galley, Owens College
Brailey, William Arthur, Guy's Hosp. and Downing, Cambridge
Butcher, William Deane, St. Bartholomew's Hospital
Cass, Henry, University College
Colson, Edward, Guy's Hospital
Dessé, Ethelrid, University College
Dreschfeld, Julius, Owens College
Flowers, William Field (B.A.Oxf.), Guy's Hospital
Harris, Robert, Guy's Hospital
Hurlstone, Adam Payton, University College
Maxwell, Theodore, University College
Nettleship, Edward, King's College
Orme, Temple Augustus, University College
Price, William, University College
Rallton, Thomas Carlton, Owens College
Ridge, John James, St. Thomas's Hospital
Roberts, Richard Lawton, University College
Robertson, Dalrymple Kinloch, St. Bartholomew's Hospital
Scott, Peter Thomas, Guy's Hospital
Shipman, George William, Guy's Hospital
Waller, Arthur, St. Thomas's Hospital

Second Division.

Allechin, William Henry, University College
Batt, Charles Dorrington, St. Bartholomew's Hospital
Black, John Gordon, College of Medicine, Newcastle-on-Tyne
Darby, John Thomas, University College
Davison, William John, Newcastle College of Medicine
Dukes, Clement, St. Thomas's Hospital
Hall, Francis de Havilland, Private tuition
Johnson, William Murray, King's College
Turner, William, Guy's Hospital

APOTHECARIES' HALL. On July 27th, 1865, the following Licentiates were admitted:—

Batenson, James, Chesterfield
Dunn, John Roberts, Warbleton, Sussex
Husband, Henry Aubrey, Green Vale, Jamaica
Popham, Henry Home, Hornsey Road, Holloway
Stell, Frederick, Cumberland Infirmary, Carlisle
Wilmot, Robert, Stratford-on-Avon
Wine, Algernon William, Scarborough
Wood, Thomas Arthur, 119, Goswell Street
Wynne, John Frederick, Oswestry

At the same Court, the following passed the first examination:—

Brookes, R. Charles, Westminster Hospital
Cant, William Edward, St. George's Hospital
Colquhoun, Frederick Stuart, London Hospital
Cook, James Wood, Guy's Hospital
Crowther, Edward L., Guy's Hospital
De la Cour, George Francis, King's College Hospital
Dyer, Thomas Birch, Guy's Hospital
Lettis, Thomas, University College Hospital
Mann, William Slingsby, Birmingham
Spearman, George, Guy's Hospital
Thomas, John Davies, University College Hospital
Walters, James Hopkins, Guy's Hospital
Warlow, Henry, Guy's Hospital

As Assistant:—

Williams, Howell, Cardiff

APPOINTMENTS.

ARMY.

AVENT, Assistant-Surgeon N., 66th Foot, to be Staff-Assistant-Surgeon, vice T. Seward, M.D.
BAYFIELD, Staff-Assistant-Surgeon S. J., to be Staff-Surgeon, vice T. P. Matthew.
BRACKEN, Assistant-Surgeon J. H. N., Royal Artillery, to be Staff-Assistant-Surgeon, vice S. J. Bayfield.

ROYAL NAVY.

MACIVER, Donald, M.D., Assistant-Surgeon, to the *Victory*, for service in Haslar Hospital.
STONE, John S., Esq., Acting Assistant-Surgeon, to the *Victory*, for Haslar Hospital.

VOLUNTEERS. (A.V.=Artillery Volunteers; R.V.= Rifle Volunteers):—

CEELY, J. H., Esq., to be Surgeon 1st Administrative Battalion Buckinghamshire R.V.
COOPER, G. V., Esq., to be Honorary Assistant-Surgeon 15th Wiltshire R.V.
PRIDHAM, C., Esq., to be Honorary Assistant-Surgeon 1st Devonshire Light Horse Volunteer Cavalry.

DEATH.

BURNIE. At St. James Street, Nottingham, on July 31st, Emma Tooke, wife of Thomas Burnie, Esq., Surgeon.

THE CONGRESS OF GERMAN VETERINARIANS takes place at Vienna on the 18th inst.

PROFESSOR DIETL has been chosen Rector of the University of Cracow.

DR. HERPIN. The death of Dr. Herpin of Geneva, after a long illness, is announced.

DEATHS FROM LIGHTNING IN FRANCE. 2238 persons have been killed by lightning in France between the years 1835 and 1863.

SIR JOHN FISHER has resigned the office of Head Surgeon of the Metropolitan Police, which he has held for fifty-one years.

DR. CUNDELL JULES, of James Street, Westbourne Terrace, last week saved the life of a boy who was drowning in one of the Hampstead Ponds.

DR. EASTLAKE has recently been made a corresponding member of the Hufeland Society, and an honorary fellow of the Medical Society in Berlin.

ST. MARY'S HOSPITAL. The Governors of St. Mary's Hospital, Paddington, have lately received a munificent donation of £1,000 from a lady residing in the neighbourhood.

SENATOR RAFFAELLE PIRIA, Professor of Chemistry at the University of Turin, one of the "forty" of the Italian Society of Sciences at Modena, is dead. He was born in Naples in 1805.

OPHTHALMIA IN THE BELGIAN ARMY. In twenty-five years—between 1814 and 1839—the Belgian army of 60,000 men has produced 100,000 cases of ophthalmia.

PROSECUTION FOR ILLEGAL PRACTICE. The Bourges Tribunal lately condemned a *Pharmacien* for making up and selling drugs without the order of a physician, and for practising medicine, 500 francs and the expenses. We may say "they manage these things better in France."

MR. WAINWRIGHT, a surgeon-dentist, appeared in the Sheriff's Court to recover his fee for extractio dentis. Defendant swore that he pulled out a sound one by mistake; and therefore his honour decided that the dentist could not recover, and mulcted him also in costs.

EFFECT OF ELECTRICITY ON THE BODY. M. Boudin gives two instances in which the corpses of individuals killed by lightning seemed to be charged with electricity like Leyden jars, for in each instance people going to the assistance of the deceased received violent shocks.

ST. BARTHOLOMEW'S HOSPITAL. Mr. Lawrence has resigned the office of Surgeon to St. Bartholomew's Hospital, in consequence, we regret to say, of illness. Mr. Wormald will, therefore, now be Senior Surgeon; and Mr. Luther Holden will take office as Surgeon. Mr. Willett and Mr. Baker are candidates for the office of Assistant-Surgeon.

FORFARSHIRE MEDICAL ASSOCIATION. The annual meeting of this association was held in Arbroath, on July 13th, 1865. Dr. Lawrence said that the Minutes read had suggested the question of medical ethics, and it seemed doubtful whether with its present laws the Association was entitled to take up such a subject as was there alluded to; that on a former occasion he had procured a copy of the laws of the Manchester Medico-Ethical Society, and that if the members thought it desirable, he would with the assistance of these consider the subject, and be prepared to bring some definite proposal before the next general meeting. This was agreed to, and Dr. Lawrence was requested to have the result of his deliberations submitted to the Council, and printed and circulated amongst the members previous to the general meeting.

TYPHOID FEVER IN PIGS. Dr. W. Budd states that typhoid fever has destroyed 10,000 to 15,000 pigs in the south-west of England during the last eighteen months.

CONVICTION FOR MALPRAXIS. John Jerard was lately indicted for the manslaughter of Mary Ann Johnson. The prisoner, who is nearly 70 years of age, has been for upwards of twenty-five years in practice as a surgeon at Bardney in Lincolnshire, and has had considerable experience in attending the poorer classes. On April 25th he was called in to attend the deceased, the wife of a labouring man, in her confinement, and the present charge arose out of his conduct on that occasion. The substance of it was that the defendant, finding the woman in a very critical state, did nothing at all at a time when action was imperatively necessary, until she died from ulceration and the exhaustion consequent upon a very protracted labour. The learned judge (Mr. Justice Mellor) summed up the case with great care to the jury, who, after a short deliberation, returned a verdict of *GUILTY*. His lordship, after observing that to a man in the prisoner's position the conviction itself was the greatest punishment that could possibly befall him, sentenced him to three months' imprisonment.

INFANTICIDE. Mr. Simon said, in his evidence before the Committee on the Chemists' and Druggists' Bills: "There are some country districts of England where child killing by opium is monstrous. Every one knows that in some of the manufacturing districts, where mothers are employed and children are neglected, the mortality of infants is twice or thrice what one would call the nominal rate of dying, and that a considerable share of this undue mortality is caused by dosing with preparations of opium. But it is not equally well known that in certain country districts the same amount of mortality of infants is to be observed; and when the particulars of this are inquired into, it appears that the conditions are very similar to those which operate in the manufacturing districts, and that even a greater proportion of the mortality is caused by the domestic administration of opium." "I should not like you," Mr. Simon continued, "to suppose that I think much of it is intentional. I do not think that, but there is a carelessness as to the result that is hideous. On this subject the committee would find the facts given in my last annual report, and especially with reference to the marsh districts of England. The women work in gangs, and travel about the country, leading often a very reckless and rollicking life, and leaving their children a great deal to chance as they travel about. The children fare very badly, as the children do in manufacturing towns. To be kept quiet they are drugged with opium. The peasantry have a tradition that opium is useful in their ague, and have got so familiar with it that many of the adults are opium eaters. Having this local knowledge of opium, they use it to children very largely, the children dying monstrously. The mothers—namely, the agricultural gangwomen—appear often to be very reckless whether the children live or die. The children are an encumbrance to them."

INFLUENCE OF THE MOTHER ON THE FÆTUS. A correspondent of the *Edinburgh Medical Journal* says that in his midwifery experience of nearly three thousand cases, he has "met with only two deformities of any kind whatever." These cases are the following: "Nearly two years ago I attended a very shrewd and intelligent young woman, about twenty-three years of age, of a thin, spare, strumous habit, and exceedingly nervous temperament, during her first confinement. The labour was severe and tedious, and the

child of great size and unusually muscular. It is either Mauriceau or La Motte who says that this is a very common circumstance in cases where there is great and irreparable deformity. In the case I am relating, the infant had a fearful-looking double-fissured hare-lip, with a broad and long cleft in the palate, and from this distressing and unlooked-for casualty there was an unusual silence in the apartment immediately after the birth; but the mother instantly suspected that there was something wrong with her child, and at once guessed, not only the nature, but the extent of the deformity. The second case occurred a little more than twelve months afterwards. The mother was a very accomplished and well-educated person. It was her fourth child. The other three were all well formed. The labour in this case also was more tedious than usual, and the child stout and muscular. Immediately after birth there was the same ominous silence, and from the same cause as in the last case, which was not at all lessened by my demeanour, impressed as I was with a feeling that certainly some fatality was attending my midwifery practice. Almost in the same language, and in a moment, the mother exclaimed that her infant was deformed, that she was sure it was so, exactly as in the case of her neighbour's child."

PRESERVATION OF THE REMAINS OF EXTINCT SPECIES. Almost all the hard parts of animals—the bones and so on—are composed chiefly of phosphate of lime and carbonate of lime. Some years ago, I had to make an inquiry into the nature of some very curious fossils sent me from the north of Scotland. Fossils are usually hard, bony structures that have become imbedded in the way I have described, and have gradually acquired the nature and solidity of the body with which they are associated; but in this case I had a series of *holes* in some pieces of rock, and nothing else. Those holes, however, had a certain definite shape about them, and when I got a skilful workman to make castings of the interior of these holes, I found that they were the impressions of the joints of a back bone and of the armor of a great reptile, twelve or more feet long. This great beast had died and got buried in the sand; the sand had gradually hardened over the bones, but remained porous. Water had trickled through it, and that water being probably charged with a superfluity of carbonic acid, had dissolved all the phosphate and carbonate of lime, and the bones themselves had thus decayed and entirely disappeared; but as the sandstone happened to have consolidated by that time, the precise shape of the bones was retained. If that sandstone had remained soft a little longer, we should have known nothing whatsoever of the existence of the reptile whose bones it had incased. How certain it is that a vast number of animals which have existed at one period on this earth have entirely perished, and left no trace whatever of their forms, may be proved to you by other considerations. There are large tracts of sandstone in various parts of the world, in which nobody has yet found anything but footprints. Not a bone of any description, but an enormous number of traces of footprints. There is no question about them. There is a whole valley in Connecticut covered with these footprints, and not a single fragment of the animals which made them has yet been found. Let me mention another case, while upon that matter, which is even more surprising than those to which I have yet referred. There is a limestone formation near Oxford, at a place called Stonesfield, which has yielded the remains of certain very interesting mammalian animals, and up to this time, if I recollect rightly, there have been found seven specimens of its lower jaws, and not a bit of anything else, neither limb-

bones nor skull, or any part whatever; not a fragment of the whole system! Of course it would be preposterous to imagine that the beasts had nothing else but a lower jaw! The probability is, as Dr. Buckland showed, as the result of his observations on dead dogs in the River Thames, that the lower jaw, not being secured by very firm ligaments to the bones of the head, and being a weighty affair, would easily be knocked off, or might drop away from the body as it floated in water in a state of decomposition. The jaw would thus be deposited immediately, while the rest of the body would float and drift away altogether, ultimately reaching the sea, and perhaps becoming destroyed. The jaw becomes covered up and preserved in the river silt, and thus it comes that we have such a curious circumstance as that of the lower jaws in the Stonefield slates. So that, you see, faulty as these layers of stone in the earth's crust are, defective as they necessarily are as a record, the account of contemporaneous vital phenomena presented by them is, by the necessity of the case, infinitely more defective and fragmentary. (*Huxley.*)

THE TRANSMUTATION OF RAYS. Eminent experimenters were long occupied in demonstrating the substantial identity of light and radiant heat, and we have now the means of offering a new and striking proof of this identity. A concave mirror produces beyond the object which it reflects an inverted and magnified image of the object; withdrawing, for example, our iodine solution, an intensely luminous inverted image of the carbon points of the electric light is formed at the focus of the mirror employed in the foregoing experiments. When the solution is interposed and the light is cut away, what becomes of the image? It disappears from sight, but an invisible thermograph remains, and it is only the peculiar constitution of our eyes that disqualifies us from seeing the picture formed by the calorific rays. Falling on white paper, the image clears itself out; falling on black paper two holes are pierced in it, corresponding to the images of the two coal points; but falling on a thin plate of carbon *in vacuo*, or upon a thin sheet of platinised platinum, either *in vacuo* or in air, radiant heat is converted into light, and the image stamps itself in vivid incandescence upon both the carbon and the metal. Results similar to those obtained with the electric light have also been obtained with the invisible rays of the lime-light and of the sun. Before a Cambridge audience it is hardly necessary to refer to the excellent researches of Professor Stokes at the opposite end of the spectrum. The above results constitute a kind of compliment to his discoveries. Professor Stokes named the phenomena which he has discovered and investigated *fluorescence*; for the new phenomena here described I have proposed the term *calorescence*. He by the interposition of a proper medium so lowered the refrangibility of the ultra-violet rays of the spectrum as to render them visible; and here by the interposition of the platinum foil the refrangibility of the ultra-red rays is so exalted as to render them visible. Looking through a prism at the incandescent image of the carbon points, the light of the image is decomposed, and a complete spectrum obtained. The invisible rays of the electric light, remoulded by the atoms of the platinum, shine thus visibly forth, ultra-red rays being converted into red, orange, yellow, green, blue, indigo, and ultra-violet ones. Could we, moreover, raise the original source of rays to a sufficiently high temperature, we might not only obtain from the dark rays of such a source a single incandescent image, but from the dark rays of this image we might obtain a second one, from the dark rays of the second a third, and so on—a series of complete images and

Addresses and Papers

READ AT

THE THIRTY-THIRD ANNUAL MEETING OF THE BRITISH MEDICAL ASSOCIATION.

[Held in LEAMINGTON, AUGUST 1st, 2nd, 3rd, and 4th, 1865.]

THE ADDRESS IN MEDICINE.

BY

WILLIAM STOKES, M.D., D.C.L.,

REGIUS PROFESSOR OF PHYSIC IN THE UNIVERSITY
OF DUBLIN.

GENTLEMEN,—Before entering on the subject of the Annual Address, it is right that I should offer to the Association my thanks for the honour done to me in the request that I should deliver the Address in Medicine in 1865. It is unbecoming for any one to speak of his own labours; but, if I have a claim to your consideration, it is that, for the whole of my professional life, I have sought to improve the social position of medicine in this country. How far those efforts have been successful, is not the question here; but that this has been my object, I may simply aver. And here let me declare that which I believe to be true, that the cause of medicine, taken in its broadest sense, whether as to its social, political, or scientific relations, is to be advanced more by the cultivation of the minds, the morals, and the manners, of those who are engaged in it, than by all other influences whatsoever.

But, in your selection of a member from Ireland, I feel that you have honoured its School of Medicine—a school of which all portions of the United Kingdom may justly be proud—a school of which the leading feature has been its devotion to practical medicine, surgery, and midwifery; that is to say, that the application of every discovery in physiology, chemistry, and pathology, to the purposes and ends of the healing art in its widest signification, is, and has always been, the great object of our teachers.

There is a fitness, at all events, in a member of that school appearing before an Association mainly composed of the workers in medicine, who bear the burden and heat of the day, and the chill, and darkness, and storm of the night, bringing, as they best may, health and counsel and comfort to the suffering man.

If we look at the contributions to medicine by the Irish School for the last half century, we shall find that, with a few exceptions, they consist of works, reports, memoirs on clinical medicine, surgery, and midwifery, or of researches in pathological anatomy, mainly having reference to the diagnosis of disease. As compared with other schools, we have not much to show in the way of discovery in pure anatomy, in animal or vegetable physiology, in microscopic anatomy or pathology, or in organic chemistry; but what the School has done, or attempted

to do, is, on the one hand, to enlarge our knowledge of medicine and surgery by careful clinical study of the characters and history of disease; and, on the other, guided by a sound eclecticism, which neither rejects nor blindly adopts a newly announced principle or observation, to test it by the light of experience, and find how far we can give it a place among the aids, the practical aids, of the healing art.

This character or tendency of the Irish School may be traced to traditional and accidental causes. Among the latter, one may be the existence of so large a number of hospitals in Dublin, which, with a population of about 300,000, has not fewer than twenty-one hospitals, each with its distinct staff, the members of which are appointed for life. In this way, the attention of a large number of the young men of the profession was, as they became hospital officers, necessarily turned to clinical study.

Medicine, in its great quality as a practical art, advances in many directions; of which two may be indicated as the most important.

One is the discovery of new facts, whether relating to physiology, pathology, or therapeutics, each of which, even although its practical bearing be not apparent, enlarges the boundaries of the field of certainty.

The second is the application of those new facts, on the one hand, to testing the value of methods long in use; and, on the other, as a guide in exploring the wilderness of the unknown which stretches around us, which we are seeking to discover, and which we hope in time to reclaim.

For example, it has been long admitted that internal solutions of continuity are so often attended with new, unforeseen, extraordinary, and, above all, sudden symptoms, that their occurrence may be taken as characteristic of this class of internal lesions, as applied to the viscera. Laying hold of this fact, we inquire, Does this formula apply to solutions of continuity of the fluids—say blood? Now, it is found, that new, sudden, and extraordinary symptoms referred to a particular organ, may often so occur, and yet be without change perceptible to any mode of investigation. But the researches of Virchow show that, even here, the truth of the principle is established; for there is, in one sense, a solution of continuity, not indeed of the tissues of the suffering organ, but in the current of the fluids which supply it. An embolus suddenly obstructs an artery, and causes symptoms having a common character, though, of course, varying according to the organ affected—symptoms which are new, sudden, extraordinary, often violent. Here the embolic pathology confirms principles already in use so far as the solids are concerned, and extends their application to the fluids.

Take it, again, as a lamp for guiding us to new knowledge, and therefore new power. The embolic pathology has at once discovered, as it were, a new set of diseases. It was long known, that interruption of the arterial supply would induce the death of parts for which that supply was intended, as in the disease described by Mr. Pott. Here the deficiency is caused either by feebleness at the centre of circulation, or disease at the extremity of the arterial tree. The process, as might be expected, was slow and gradual. But, in this newly discovered class of diseases, we observe the sudden obstruction of a nutritive artery from an embolus, which often proceeds

from a disease of one of the valves of the heart; so that, from the sudden occurrence of paralysis of function, we may be led to suspect the existence of an embolus, and to seek for its source. But what if we could see the embolus in the central artery of the retina, as Liebreich did, in a case of sudden and complete amaurosis, and so was led to the diagnosis of a disease of the heart never before suspected to exist?

Here the new observation or discovery exhibits its twofold value. It confirms an important principle already acted on—it leads to a new mode of discovering changes far remote in nature and in seat from that which is the immediate subject of inquiry.

If we look at the collective mass of our brethren over the world, we may distinguish two groups, with lines of demarcation not indeed very sharply defined, but yet sufficiently distinct to justify their separation into categories. In one we find the workers in experimental physiology, in pathology, and in animal chemistry. I use the latter term, because it is not yet established that the laws of the inorganic chemistry are identical with those which operate in the living body. In the second category, we place those who practise the healing art as their daily calling, among whom is to be found a large mass of thinking men, who fulfil the great function of testers of the value of newly announced discovery—men whose minds, originally strong, and essentially of an eclectic mould, are trained and shaped by working on a more extended field, and by having to employ a more difficult, because less mechanical method.

Now, it is in this class that we find that great body of observers, among which medicine can point out most of her representative men; and this is true for all time past, and for the present also. The observers of disease in the living man, and the faithful recorders of its phenomena, these are or have heretofore been the men who have made medicine a science worthy of respect, even before the introduction of physical means of diagnosis; even further, before anatomy was known—before physiology had shed its light upon life in health or in disease—before chemistry was a science—on to the time of Morgagni and Bonetus, who studied the changes of organs in disease,—before the microscope, before the employment of those beautiful instruments and methods which in our day have done such wonders in advancing the certainty of our art—the ophthalmoscope, the laryngoscope, the endoscope, the galvanometer, and spectral analysis.

But all men are not, and cannot be, both observers and recorders. In the highest and in the lowest classes of our profession, the lets and hindrances of the daily work are so many and so great as to prevent the mass of practitioners from adding the fruits of their observations to the written records of medicine: whether it be from want of opportunity, of ambition, or of time or taste for writing, they simply work, apparently contented with the knowledge provided for them. But even in the hands of such the science does not stand still: for in their individual cases, at all events, it roots, and grows, and flowers; and so, it may be unconsciously to themselves, they acquire more and more the power of dealing with disease. For observation, even though it be best rendered fruitful by study, has its silent influence on our afterthoughts and actions, even when the special fact or circumstance is forgotten. So it happens that in this class there are many who

advance the cause of medicine, inasmuch as they are in themselves exponents of its advance, and must influence more or less all with whom they come in contact.

We are now to study that state of mind by the help of which medicine is made useful. To acquire and improve this *mens medica*, as it has been termed, should be the labour of our lives. To find out its nature will not be a mispending of our time.

You will easily anticipate me, when I say that the condition of mind implied by the term in question is that which makes the good physician. It is not the age of the world that produces such a result, for there have been great physicians and surgeons from the earliest historic times. It is not—to put this in other words—it is not the number of established facts in medicine, nor the amount of such facts known to the particular individual, but it is the power of rightly using those which he does know.

And hence we can at once perceive, that what makes the great physician is less the possession of knowledge of isolated facts, no matter how numerous these may be, than that greater quality of judgment based upon observation—a function of the mind, which, like many others, may be indefinitely cultivated and developed, so that in its exercise it may become (if I am permitted to use the expression) an acquired instinct. This power of balance and of combination—ready for use at all times and in all emergencies, exercised rapidly, almost unconsciously, and leading its possessor to do that which is best and safest under the circumstances—is that which stamps, not only the great physician and surgeon, but all those who are leaders in government, in arms, in art, or in the liberal professions. We can conceive a practitioner at the present day who knows all the ascertained facts in physiology and pathology, and who may be, notwithstanding, inferior to many who have lived more than a thousand years ago. There is no more decided evidence of an unexpanded mind in our profession, than the decrying the knowledge and usefulness of our predecessors. This was the fault of Paracelsus and Broussais, and in the present day we do not want examples of it.

Looking at the state of medicine in our day, and putting aside the consideration of its vast advances in power and usefulness, as derived from discoveries in physiology, pathology, and diagnosis, we observe that there are some great questions still waiting their solution—questions combining considerations so wide, that they may be said to apply to every branch of the healing art. I will indicate one of such questions—namely, that of the change of type; first, as regards essential diseases; next, as to local affections.

There are many of us who can remember the treatment of fevers and of acute diseases in our student days, characterised by a free use of general and local bleeding, and the employment of other decided antiphlogistic methods. Such practice has now fallen, at least in these countries, into disuse; and even on the continent the employment of an opposite method has been gaining ground.

We can hardly conceive a revolution in practice more complete. Venesection is now, from being the most frequent, the rarest of operations. In place of the loss of blood, we have the exhibition of stimulants; in place of a system of almost starvation, we have the careful use of nutriment.

This change has given rise to the charge against

our predecessors and teachers, that they were bad practitioners, ignorant of true pathology, little better than blind followers of traditional error. Not only has their power of observation been questioned, but their morality and honour have been assailed; for it has been suggested that the doctrine of change of type was an invention to cloak their former errors.

It is interesting to note that this is not the first time that charges of the same kind have been brought against the profession. Of these, the most remarkable was that of Broussais, who arraigned all existing and former practitioners for not treating fevers and acute diseases by local bleeding and starvation. Can there be stronger evidence than this, that our modern practice is not a novelty? All his predecessors were in error, because they practised as we do now. I say that this charge was remarkable, inasmuch as its author's views largely influenced European practice for many years.

But the thinking man finds it hard to believe that the fathers of British medicine were always in error, and that they were bad observers and mistaken practitioners. They, indeed, have rested from their labours, but their works remain; and he who reads the writings of Sydenham, of Haygarth and Fothergill, of Heberden and Fordyce, of Gregory, Cullen, Alison, Cheyne, or Graves, must have a very inapprehensive mind, if he fail to discover that there were giants in those days, and that the advocacy of such ideas only indicates a state of mind not consonant with the modesty of science.

The declaration that it has been or can be proved by a more advanced pathology, that bleeding never was the proper remedy for fevers and inflammations, has as yet no scientific ground. It is not yet given to us, notwithstanding all our advance in normal and in morbid anatomy, in the physiology of health or in that of disease, to be able to say, from the most minute examination of the dead organ or structure, what were *all* the conditions which attended it during life, in health or in disease—what were its local vital phenomena, what was its accompanying constitutional state. The words of Goethe, so well rendered by Dr. Anster, convey a deep practical lesson to those who would base medicine on anatomical change:

“Alas! the spirit is withdrawn—

That which informed the mass is gone.

We scrutinise it when it ceases to be itself,

Finger and feel it, and call this

Experiment analysis.”

But let us ask, Which is the most probable of these two suppositions? First, that our predecessors, including such as I have named, were bad observers, incapable of divining the truth, and blind adopters of an antiquated and mischievous method; or, secondly, that the type of disease has changed, and that in our own time. It happens, fortunately, that we can examine two living witnesses of great authority in this matter, and can refer to the works of two more who have left us their written testimony. Dr. Watson and Dr. Christison are still among us, in health and intellectual vigour—long may they be so; Dr. Alison and Dr. Graves have been but lately removed.

Now, all these testify that the character of diseases has in our time changed from a sthenic to an asthenic type; that is to say, from a condition in which inflammatory reaction was the prominent feature, to

another where that state was absent, or, if present, only ephemeral—a condition observable in essential and in local disease, in which the antiphlogistic treatment was well borne, and productive of great relief, to one in which a tonic and stimulant and supporting system was found the best method of guiding the disease to a happy termination.

It is very important to note that these views were not formed from any historical study of the recorded labours of others, but come before us as the actual observations of the great men whose names I have stated to you. They tell us that which they know—that which they themselves have seen. If we refuse this collective though separate and independent evidence—if we hold, with Professor Bennett and with Dr. Markham, that the doctrine of change of type is untenable—we must believe one of two things, either that these distinguished men were themselves deceived, or themselves deceivers. From this alternative there is no escape.

Let us hear Dr. Alison:—“When we reflect on these facts, we cannot think it unlikely, that the result of the inquiry which I have stated as so important, may be to show either that all causes capable of exciting diseased action in the animal economy, or, more probably, that the liability to diseased actions in the different departments of the animal economy itself, are subject to variations, which are made known to us only by the variation of such phenomena themselves; occurring merely in the natural course of *time*—an element affecting all vital phenomena quite differently from its agency on inanimate nature; and the effects of which, on living beings, we must take as ultimate facts, to be carefully observed, arranged, and classified, but which we are not to expect to be resolved into any others, which the study of this department of the works of Providence presents.”

When I read these words of Alison—the best man I ever knew—it is with a feeling of wonder how it has happened that men should forget what reverence is due to his memory; whether we look on him personally as a man of science and a teacher, or at his life as an exemplar of that of a soldier of Christ. It was my good fortune to be very closely connected with him during my student days in Edinburgh, and to attend him by day, and more often far into the night, in his visits of mercy to the sick poor of that city, to whom he was for many a year the physician, counsellor, and support. This was forty years ago, and at that time he recognised the change. Often has he said to me, “We cannot bleed this man; we must get him wine”; and the wine was got, and given with an open hand, so long as it was required. He used to say, “I am not anxious to put these poor people into hospital; they will get on better at home, if we are guided by looking at their constitutional even more than their local state.” This, however, has been well put by Dr. Watson, who dates the commencement of the change from that of the first presence of cholera in London in 1833. We can easily believe, however, that the change in question would not occur in all parts of these countries at the same time.

It is very important, however, to connect that which I have now detailed to you with the observations of Alison, published at the request of Dr. Christison in part in 1850, and afterwards in 1856, in another memoir, entitled *Reflections on the Results of*

Experience as to the Symptoms of Pulmonary Inflammation, and the Results of Blood-letting, during the last Forty Years.

In 1856, appeared Dr. Christison's *Memoir on the Changes which have taken place in the Constitution of Fevers and Acute Inflammation, in Edinburgh, during the last Forty-six Years*. This is a memoir eminently characteristic of its author; full of views and arguments which it becomes much more convenient to ignore than easy to confute. Dr. Christison shows, that the change of treatment in acute diseases is to be considered with reference to fever, as well as to local affections. He bears witness that the abandonment of bleeding in idiopathic fevers preceded by a good many years its abandonment in acute inflammation; and that this change in practice took place gradually, in all acute inflammations, not alone in pneumonia, because of the improved diagnosis of the disease, but in all others, in many of which no sensible progress in diagnosis had been made. Looking at the epidemics of fever in Edinburgh from the beginning of the present century, he shows conclusively that, in 1817-20, and in 1826-29, their characters were those of Cullen's synocha and synochus—inflammatory, relapsing, critical. Speaking of the epidemics of 1817-20, he dwells on the hard, incompressible pulse, the ardent heat of the skin, the florid hue of the venous blood, and the impetus with which it escaped almost *per saltum* from the vein, the vivid glow of the surface, and the distracting pain and pulsation of the heart and chest. Similar phenomena occurred in the epidemic of 1826-29; and, in both, bleeding was largely practised with the happiest effects; so that, in the epidemic of 1817-20, the mortality, which was at first one in twenty-two, fell to one in thirty—a result which disposes of the charge of malpractice against the profession. But, in 1834, Dr. Christison found that probably for two years previously a change had been going on:—synocha had disappeared; synochus had lost vehement reaction of its early stages; typical typhus was much more common; and what did not come up to Cullen's mark of fully formed typhus was what physicians would now commonly call mild typhus, with more of introductory reaction than we observe now, but with less than in the two epidemics of 1817-20, and 1826-29.

"Accordingly" (says Dr. Christison), "I doubted, and all the physicians of our hospital also doubted, whether blood-letting was applicable as a remedy to that fever. We could not bring about resolution by a sweating crisis with it; we could not lessen by it the depth of the typhoid prostration; and, worse than all this, our patients ceased to sustain free venesection, a few ounces of blood bringing on faintness, and the constitution refusing to rally afterwards."

Lastly, to prove that this statement is not the result of an afterthought of the present day, Dr. Christison refers to his clinical lectures, delivered between 1833 and 1835, to show that he then declared the necessity of a change of practice.

I shall not apologise for giving you another quotation. Speaking of the theory or generalisation of the facts ascertained, he says:

"In epidemic fevers, a change may take place in the constitutional part of the fever; and this change has been exemplified in Edinburgh during the last forty years, by a transition from the sthenic or phlogistic character in the first twelve years to the asthenic or

adynamic character in the twelve years which have just elapsed."

And he adds these remarkable words:

"If this change be admitted to have been proved, there is an end to all difficulty in accounting for the abandonment of blood-letting in the treatment of our fevers. In point of fact, I am able to state very positively, that the abandonment of bleeding in fever was suggested by the observation of a change in the constitution of fever, and in the effects of the remedy on it, and not by any other circumstance, whether extraneous or intrinsic. It is impossible to ascribe such change of practice, as Dr. Bennett has done in the instance of pneumonia, to an improved knowledge of disease. We have improved our knowledge of fever so far as to have been, for some time, well acquainted with the form of enteric typhus (dothi-enteritis), which was unknown, or not recognised, at the commencement of our epidemics. But this is a rare form of fever in Edinburgh, scarcely belonging to its epidemics at all. And as to our only undoubted epidemic fevers, typhus and synocha, with their intermediates, we cannot be truthfully said to be better acquainted with them in 1857 than we were in 1830.

"I have given, I hope, a sounder explanation; less flattering, perhaps, to the rising generation of physicians, but surely more honourable to physic itself, more creditable to medical observation and experience, more consonant with the advanced state of medical philosophy. My own convictions on the subject are so strong, that I regard nothing as more likely, than that in the course of time some now present will see the day when a reflux in the constitution of fever will present it again in its sthenic dress, and again make the lancet its remedy. And in that event it is not impossible that, while we are now charged with giving up blood-letting, because it was discovered to have never been the proper method of cure, we will hereafter be assailed by some new enthusiast in blood-letting, who, in imitation of Dr. Welsh, and regardless of the fate of his doctrines, will accuse us, with equal justice, of having made our late fevers asthenic and typhous by blindly withholding their fittest remedy."

In truth, the alternation of the epidemic character of sthenia and asthenia is established in the case of eruptive fevers, and by an observer who has been held up as a ruthless spiller of blood—Professor Gregory. He has described an epidemic of measles which occurred in 1807 and 1808 in Edinburgh, and which, he expressly states, was not to be treated on the antiphlogistic plan, but rather by tonics and stimulants. This fever was preceded by the inflammatory measles and scarlatina, in which the lancet was used with advantage until the type again changed, and the asthenic fevers, as we have had them for a quarter of a century, reappeared.

The change of type, too, of the local acute inflammations followed, as might be expected, that of the essential diseases; and the change in treatment resulted, not from any new light shed on the practice of medicine, not from any new views in pathology, not from our advance in diagnosis, vital or physical, but from the observation of the general symptoms on the one hand, and the results of treatment on the other.

I may now add the results of my own experience in this matter. I remember the period when the

change of type took place in Ireland: and am under the impression that it was observed earlier in Ireland than in Scotland, or at least in England. The great epidemic of fever in 1828 was a remarkable one from its compound nature, and seemed to be made up of synocha, synochus, and enteric typhus. But nothing was more remarkable than the vehemence of the inflammatory reaction in many cases; and it is a curious fact that this was sometimes seen at its highest pitch in the relapses, when it was often far more violent and dangerous than in the first attack. Local bleeding was largely employed. In many cases, venesection or arteriotomy had excellent results; so that, although there were abundance of cases with prostration, and others marked by the typhoid condition, the old sthenic character had not disappeared. The amount of wine used at that time in hospital was quite insignificant as compared with its consumption for the last twenty or twenty-five years. In Dublin, at least, this epidemic passed into one of intermitting fever; and it was then that I ventured on testing the nature of the practice recommended by Dr. Mackintosh of bleeding in the cold stage. The result of the experiment was against the use of the lancet; but I mention it, as indicating the time when it may be said that venesection was abandoned in our wards.

Thus, between 1822 and 1828, the sthenic character of essential and of local disease existed, and the lancet was freely used, often, as I believe, and as I have elsewhere stated, with too great freedom; but I well remember observing the frequent occurrence of the phenomena mentioned by Dr. Christison—the vehement action of the heart, the incompressibility of the pulse, the vivid redness of the venous blood, and the force with which it spouted, almost *per saltum*, from the orifice in the vein. I have myself taken as much as sixty ounces in a case of active congestion of the brain, with hemiplegia, before any impression was made on the arterial excitement: in this case, complete success followed. In rheumatic fever, too, we found the use of the lancet in the early stage of the disease to be productive of great relief. Venesection was seldom used more than once; but its effect was to shorten the duration of the disease, to lower the fever, to lessen the liability to the so-called metastases, and to render the whole case much more amenable to treatment. But I have not bled in rheumatic fever for the last quarter of a century: for the whole character of the disease has changed. We have not had for many years the bounding pulse, the exaggerated heat and sweating, nor the same liability to acute inflammations of internal parts. The action of the heart is often feeble; and the tonic and supporting plan seems called for from an early period. Another point worthy of remark is, that cardiac and aortic murmurs of the anæmic kind have for many years been much more frequently observed, both during the attack and in the convalescence, demanding the use of iron for their removal. Observations of a similar kind apply to other acute diseases; such, for example, as erysipelas and other affections of the skin. Before 1830, we had, as an ordinary disease, the acute phlegmonoid erysipelas, attended with inflammatory reaction, vivid redness, and great swelling of parts. The practice of free leeching gave great relief; so also did that of incisions. All these characters have, to a great degree, disappeared.

It is needless to add more examples; let us rather turn to another kind of evidence. Hitherto the change of type has been recognised and determined less by anatomical observation than by the observation of symptoms, and still more by the application of the therapeutic test. Remedial measures of a certain kind were found to fail and to be hurtful, where they were formerly safe and successful; and, conversely, the use of a supporting system of tonics and the free employment of stimuli were found necessary and safe where formerly they did injury. To the all-important subject of the value of therapeutic study as a means of elucidating the laws of disease, I may presently return. But I think that I am in a position, from actual observation, to declare that morbid anatomy adds its testimony to the truth of these views.

The Pathological Society of Dublin has been now established for twenty-six years, during which time it has held weekly meetings for six months of each year. As one of the Secretaries of that Society, I have had full opportunity of seeing and examining the recent examples of diseased structure brought weekly before the body—amounting to nearly 3,000 specimens—the collected products of the various hospitals of the city; and this result is remarkable, that the specimens of acute disease have had a character very different from that commonly met with in Dublin between 1820 and 1830. As a general rule, these specimens all showed appearances indicative of a less degree of pathologic energy. In pneumonia, for example, the redness, firmness, compactness, and defined boundary of the solidified lung was seldom seen; and that state of dryness and vivid scarlet injection, to which I ventured to give the name of the first stage of pneumonia, became very rare. In place of these characters, we had a condition more approaching to splenisation—the affected parts purple, not bright red; friable, not firm; moist, not dry; and the whole looking more like the result of diffuse than of energetic and concentrated inflammation; or we had another form, to which Dr. Corrigan has given the name of blue pneumonia, in which the structure resembled that of a carnified lung which had been steeped in venous blood.

Let us turn now to the serous membranes, and the same story is repeated. The high arterial injection, the dryness of the surface, the free production, close adhesion, and firm structure of the false membranes in acute affections of the arachnoid, pericardium, pleura, and peritoneum, with which we were so familiar before the time in question, ceased in a great measure to make their appearance. The exudations were more or less hæmorrhagic; the effused lymph lying like a pasty covering rather than a close and firm investment; it was thin, ill defined, and more or less transparent. In many of such cases, during the disease, as the late Dr. Mayne has shown in his memoir on pericarditis, friction-sounds were never presented. Serous or sero-fibrinous effusions tinged with colouring matter replaced the old results of sthenic inflammations, and all tallied exactly with the change in the vital character of the disease.

It has happened to me—and I mention this in evidence that we were not mistaken as to cases peculiar to the sthenic form—that a few instances of disease in its old inflammatory characters have appeared in isolated examples, and at irregular intervals of time; so that we at once recognised their

nature, and employed with success the old treatment in all its vigour—employed the lancet, although for many years its use had not been resorted to. This is very important, as showing that there are influences, the nature of which is as yet unknown, that affect the vital character of local diseases in an inconstant manner.

In an address of this kind, it is plain that this subject cannot be handled in an exhaustive fashion; it is enough that we touch upon a few of the larger subjects of inquiry. And now it will, I hope, be admitted that, with reference to the doctrine of change of type, we have brought to bear upon it the great sources of evidence as to the nature of disease.

Of these, the first is the study of vital symptoms—that study in which the older physicians so excelled, and which, from the very necessity of the case, they probably carried further than we now do, armed as we are with the many aids of physical diagnosis;

The second is the study of the characters of the anatomical changes induced by disease, and this in a comparative way, as referring to successive periods of time;

And the third is that which is derived from the results of therapeutic experiments.

Looking at the question from any one of these points of view, we come to the conclusion, that the doctrine of change of type is a true one; while, if we take all these facts, and observe how they point to the same conclusion, we must, to use again the words of Alison, accept the change of type as an ultimate fact in the history of disease.

But are we to conclude that this asthenic type of disease is always to continue? Are we to forget that in our own time we have witnessed its advent and growth? Is it not possible—nay, probable—that we or our successors may witness its disappearance, and, coincidentally, the return to an antiphlogistic medicine, regulated and tempered by the advances in diagnosis and pathology which have been meanwhile made? I have given you the opinion of Dr. Christison on this matter; let us now hear Dr. Watson:—

“I am firmly persuaded by my own observations, and by the records of medicine, that there are waves of time through which the sthenic and asthenic characters of disease prevail in succession, and that we are at present living in one of its adynamic phases.”

It is very important that the change of treatment of fevers and acute local disease be traced to its true sources. This change has not proceeded from any advance in our knowledge of physiology or of pathological anatomy, nor from any new principles of practice announced as applicable to all time, and therefore implying that our predecessors were groping in the dark, or wilfully and ignorantly following a system of traditional error. To each one of us the honour of our profession, which includes its scientific character and its power of development out of itself, has been intrusted. Medicine, like other professions involving human interests, has been continually assailed from without, and harmlessly. Attacks on her honour proceeding from her own children, no matter what amount of ability may be shown, while they inflict a deeper wound, ever recoil upon their authors. This has been well exemplified in the case of Paracelsus, who burned the books of the Greek, Roman, and Arabian physicians. It is well exemplified in the case of Broussais, who, in speaking of the Eclectics, spares no term of contempt. According to him, they

were guilty of shocking contradictions and absurdities, even of imposture. But, he says, “What matter for all this? Falsehood is no longer a vice. Its apotheosis has been made by this famous party, who think that they are to reign for ever.” He goes on to speak of their gratuitous suppositions, of their assertions void of truth, of false imputations, inaccurate quotations, and impudent denials and total perversion of the use of words. He is the only light, and in his devotion to truth he has scorned the miserable ambition of practising in gilded saloons, and the possession of the honours of the profession.

In common with Dr. Christison, I have to express my regret, if in the discussion of this great question I have to introduce something of the controversial element. Let us inquire whether the distinguished Professor of Clinical Medicine in Edinburgh, as well as Dr. Markham, have not in some degree followed the examples of Paracelsus and of Broussais, not indeed in violence of language and indiscriminate denunciation, of which they are incapable, but in the attempt to show that their predecessors were deficient in observation and erroneous in practice.

In the very limited analysis which I have given of Professor Christison's views on the subject of the change of type, and in the statement of such opinion as I have been led to form on the question, I have at least endeavoured to show that it is not one which is to be lightly disposed of. When I had determined on the general nature of a discourse fitted for this occasion and this audience, I felt a difficulty, on recollecting that in 1861 Dr. Markham, who then filled the place that I do now, had in his address argued against the doctrine in question. But, on referring to the *Gulstonian Lectures* of 1864, I was happy to find that Dr. Markham, when questioning the value of his predecessors' observations, does them the justice of declaring his belief, that, as they have advised their followers to try all things by the light of their own reasoning and observation, they will be the last who would object to the freest criticism of their opinions. Let me, who am one of those who hold views opposite to those of Dr. Markham, gladly reciprocate the compliment. It is but justice to Dr. Markham to remind you, that he holds that general and local bleeding are remedies of great value when employed on fit occasions, and that at the present day cases are sometimes injured from our timidity in using them.

It appears pretty certain, that the change in treatment of such physicians as Alison, Christison, Watson, and Graves, did not solely spring from the results of the therapeutic test; but that the study of the symptoms and general characters of disease was equally considered by them. In this change, too, they and their many followers in the three kingdoms have only done that for which a knowledge of the history of medicine has given abundant precedents. It would be well if it could be remembered that in the study of disease we are to look beyond anatomy, and beyond physiology—as Professor Autenrieth well observes, the “*constitutio morborum stationaria*” of Sydenham has been nearly forgotten, or else confounded with the permanent influence of the seasons, or accidental atmospheric changes.

“All diseases, contagious and non-contagious, acute and chronic (the latter, however, seldom except when attended with some degree of general excitement) have been observed to preserve a certain constitution

or general character, which continues for a number of years in succession, with occasional interruptions, until it is replaced by another constitution of a different kind."

"Again," he says, "accurate observations are still wanting to determine how this periodic constitution is confined to certain parts of the world, or extends over the whole, and whether its different species follow each other in a regular order of succession. If such should at any time be determined, it will enable the physician to foretell the character and most appropriate treatment of future diseases."

"The general indications, of course, vary with the nature of the prevailing constitution; and consequently during one period stimulating remedies, during another alvine evacuations, during a third venesection and the antiphlogistic plan, will constitute the most effectual treatment."

Let me now read another passage from Autenrieth. It is not very flattering, I admit; but it is well to know what other people think of us. This was written a quarter of a century ago.

"This very circumstance has caused much confusion in medical opinions, and has occasioned the reputation and the downfall of many an infallible system, each of which is in its turn consigned to oblivion, and perhaps again revived as a novelty at some future period. The English boast much of the astonishing improvements in science, and deride the ignorance of their predecessors, regardless of the old proverb—'Everything has its day.' Whenever, therefore, the periodic constitution undergoes an alteration, they either obstinately uphold their usual plan of treatment to the manifest injury of their patients, or else blindly embrace some system, to them new, but which really rests upon ancient and established principles. In general, they do not fail to make use of so much exaggeration in support of their opinions, and thus succeed in misleading so many, that none but very well informed physicians can distinguish the fallacy of their arguments."

"The medical history of Great Britain affords many striking proofs of the truth of these assertions, and is replete with examples of the singular obstinacy with which the English cling to opinions once formed, a circumstance which has materially contributed to obstruct their attaining to general views and impartial conclusions. Even to this day, a warm contest is carried on (less, however, in books than in the debates of learned societies) between the senior and the junior parts of the profession, the former still inclining to Brunonianism, while the latter attribute nearly all diseases to inflammation. Both, indeed, appeal to experience to prove the justice of their principles, and seem entirely to forget that, while the propriety of their practice, as applied to particular cases, remains unimpeached, the very nature of the diseases themselves may have been changed."

There is a statement made by Dr. Bennett in his great work on the *Practice of Medicine*, which is at least a startling one. It is, that in his treatment the mortality of pneumonia has been reduced by a large percentage. The mortality in Edinburgh, according to him, under the system of his predecessors, was no less than one in three—equal to that in the first outbursts of Asiatic cholera. The statistics belong to two periods—namely, from 1839 to 1849, and from 1812 to 1837. The mortality in the first division was even more than one in three. The re-

sults of other statistics are also given, of which the most valuable are those of Louis, who brings out the mortality of those bled moderately, and at an early period, as 1 in $7\frac{1}{4}$, and of those in which the blood was taken at any time from the first to the ninth day, as 1 in $3\frac{1}{4}$.

Now, it is unnecessary to remind an audience constituted as this one is, of the difficulties which attend medical statistics in general, and those relating to therapeutics in particular. When I began the study of medicine, pneumonia was considered to be far more manageable than other acute visceral inflammations; and that its rapid retrocession took place under the old treatment in a vast number of cases, no man can doubt who lived and practised in that time. But in these statistics of pneumonia I find an omission. If we look at the diagnosis of this disease in a purely physical point of view, we run the risk of committing the great error of confounding cases, the constitutional nature of which is widely different—cases on the one hand of original idiopathic pneumonia occurring from accidental causes, and cases in which the change in the lung is secondary to some form of fever. And this makes a most important difference. It is my conviction that many of the so-called cases of pneumonia which have occurred in the United Kingdom since 1830 were really examples of the latter form. But, further, it is certain that in many instances the occurrence of the pneumonia is attended with such a change in the constitutional symptoms as to deceive the practitioner, and hide from him the fact that he had to deal with a secondary, in place of a primary affection. In some cases we see a change from the essential to the symptomatic character, while in others this remarkable circumstance occurs that, coincidently with, or very soon after the development of the symptoms and the physical signs of pneumonia, the fever ceases; so that we have long come to the conclusion in the Meath Hospital, that many of these cases with every local symptom and sign, are in truth only examples of aborted fevers, ending critically in pneumonia, just as we see, in some cases of variola, the fever ceasing with the pustulation of the skin. If these things be true, how important is their recognition—how inconsequential the conclusions as to treatment, based on statistics from which such facts are excluded!

Let us now inquire to what sources Professor Bennett traces the changes in practice, and that success in the treatment which has reduced the mortality of pneumonia from one in three to one in thirty-six in complicated cases, while in the uncomplicated cases there was no mortality at all. They are stated to be the improvements in diagnosis on the one hand, and the adoption of a practice founded on the cellular pathology on the other. As to the first, how the improvement in the diagnosis of pneumonia could have led to the change of treatment of fevers, and cerebral or abdominal inflammation, is hard to understand—this has been well put by Dr. Christison—unless it could be shown that the failure of bleeding in pneumonia led men to think it would also be useless or injurious in other diseases. It must be remembered, however, that the change in treatment began first as to fevers; and it was the observation of the change of type in that class of diseases that led to the idea, and afterwards the demonstration of a similar change as to local affections.

But improvement in the physical diagnosis of pneu-

monia can hardly be said to have advanced since the time of Laennec. And it is clear that, looking at therapeutics, the influence on them of any such improvement is indirect, rather than direct. We know better the seat, the period of commencement, the periods of pathologic changes—their amount in some cases, and the complications with other forms and centres of diseased action; but we get little, if any, new light as to the proper remedy. Take any or all of the three great cases of intrathoracic inflammation. The physical signs as to character and succession are essentially the same in the asthenic or typhoid forms, as in those with the highest inflammatory reaction. Therefore, to say that the alleged improvement in treatment proceeded from the advance of the physical diagnosis, is a proposition which must be rejected.

The adoption of practice founded on the cellular pathology of Virchow is a much wider question. It is to be remarked here, that the therapeutic test of the value of these means is still to be applied. We find a treatment indicated as based on, or as directly flowing from, the new pathology. Yet what is this treatment? It consists in the use of certain measures, and the abstaining from their opposites; but neither in principle nor detail does it differ from that adopted by the older clinical physicians in asthenic local diseases, from the time of John Peter Frank downwards to that of Bateman in 1809, who was compelled to use venesection—a practice opposed to his former views. It is, then, no new treatment; and it, at all events originally, could not have been based on a pathology of which nothing was known at the time when it was first adopted. I do not say that, if the cellular pathology be finally demonstrated to be true, it will not—to adopt the expression of Dr. Bennett—be attended by cell-therapeutics as its necessary complement. New modifications of treatment may be discovered, and probably will be discovered; while on the other hand the old methods stamped by experience, and the discoveries of enlightened observation, may be brought to bear in confirming the new truths.

But, in the present state of our knowledge, it cannot yet be said that the views of Virchow have had any direct influence on the healing art—that is to say, they have not led us to any new remedy; they have not explained the action of many of the old ones.

I am not, you will believe me, speaking in a spirit of depreciation of the labours of Professor Bennett, and more especially those of Virchow. Looking at the practical results of Virchow's labours, we may separate the consideration of the cell-pathology from that which belongs to questions of another kind. The demonstration of the whole of embolic diseases, and the investigations of both Bennett and Virchow, as to the part played by the colourless globules of the blood, are priceless additions to medicine; not, however, as giving us directly any new means of cure, but as enabling us to avoid errors into which our ignorance of these things led us before. We shall not now confound a case of embolus of the pulmonary artery with asthma or with hydrothorax; nor, in a case of amaurosis from obstruction of the central artery of the retina, shall we be led to treat it as a symptom of disease of the brain. It is plain that, whatever be the result as to practical medicine of these labours, they are to be

held in the highest estimation, as evidencing the onward march of discovery in a certain direction—as enlightened efforts to place pathology on a more definite basis. Yet, I repeat it, the cellular pathology with reference to practical medicine stands in a position analogous to that of our vastly improved diagnosis. Supposing all that is announced by Virchow, Weber, and Bennett, to be established, still up to the present time it would give to the healing art only indirect assistance.

Let us permit the elements of tissues, the ultimate cell, or granule, to share with the great compound organs of the body the property of specific action; let us admit that there is no spontaneous generation of cells from an amorphous blastema, but that every cell proceeds from a cell; that cells are the ultimate elements of animal as of vegetable structure; that differences of function depend on differences of their contents; that every animal is a sum of vital unities, every one of which manifests all the characters of life, deriving, it may be, its stimulus and intensity from other sources, but itself alone performing its actual special duties.

Let us hold, further, the whole doctrine of neoplasms, which sets forth that every pathological structure has its physiological prototype; and that even cancer has not its specific difference, any more than pus, but that its supposed peculiarity is traceable to the stage at which we examine it; that the law of histological substitution be accepted physiologically, as when one tissue of a similar type replaces another; and pathologically, when a different tissue, but still one having its physiological prototype, comes into play. Again, if it be found to be true that all dyscrasæ have a local origin, and are dependent on a permanent supply from a local origin; that fibrine is not a constituent of living blood; that between the pus-cell and the colourless globules of the blood there is no difference, so that the term pyæmia must be given up as a condition susceptible of morphological demonstration, but implying a complex mass of conditions, the central point of which is not a purulent infection of the blood; that embolism is the key to the study of metastasis; and that inflammation is nothing, as Bennett teaches, but an alienation of nutrition,—if, I say, all these things be true, it does not appear that they furnish knowledge that would tell us why this or that line of treatment is from time to time found efficacious—a knowledge that would direct us in the cure, though to a certain degree it might to the prevention, of disease. In truth, such knowledge throws little light on the action of medicines, on the laws of periodicity, and on the great phenomena of essential diseases, as to their origin and specific character, spread, secondary lesions, their crises, and the influence of treatment on them. And therefore I conclude that, even if, under the treatment of a distinguished professor of this science, the mortality of a frequently recurring disease has been annihilated, that result cannot be as yet traced either to a new diagnosis or a new pathology, as exercised by him; nor, conversely, can the great alleged mortality of former times be attributed to imperfect diagnosis on the one hand, or to traditional errors in treatment on the other.

But let us ask, if it be true that the mortality of pneumonia has been in the latter years so much lessened, to what is this to be attributed? It may be, that we have to deal with a disease of less organic

activity or tension, so that in certain cases it may, like a fever, subside spontaneously; perhaps, too, like a fever, under its own law of periodicity. And it is probable, at all events, that the more a local disease corresponds in its vital character to the epidemic constitution, to use the words of Sydenham, the more will it appear under the laws of periodicity, for good or for evil.

It is very hard to predicate the limits to which the study of healthy and of diseased structure in its mechanical or chemical relations may lead us; and it is possible that even such investigations of the laws of organisation may result in giving us power to infer the existence of phenomena not yet discovered—to proceed, as Adams and Le Verrier have so gloriously done, from the seen to the unseen, and approach one degree nearer to the solution of the great problem of life in health or in disease—or, again, that of the action of medicines. But we must take heed not to leave any path of observation unexplored, nor to despise those investigators who, from necessity or choice, follow a less mechanical method, but who have made medicine progressive—every day less an art, and more a science. Every established microscopic observation in normal or in morbid anatomy—every faithful analysis of any solid or fluid in the body—every discovery as to the spectral phenomena of the blood or of the liquid secretions of any gland, nay, of any cell in the organism, though to a one-sided view it appears useless, is truly a precious thing.

And here it is fitting to remark, that there is nothing in the doctrine of cellular unity, of cellular independent action, and in all the processes of cell-growth, proliferation, and decay, which is inconsistent with the doctrine of change of type of disease. Dr. Bennett allows that change of type may be admitted as to essential diseases, but seems to hold that, as to acute or chronic organic disease, the doctrine is to be rejected. But, if there be a change of type in the essential diseases, it is difficult to understand why there should not be a change in character of the secondary effects of those diseases, whether these are met with in the nervous centres, in the thoracic or abdominal organs; so that we may have sthenic or asthenic cell-growths, cell-proliferations, cell-transmutations, and cell-decay; and all this without referring to the notion that, because local disease, as well as general, exhibits now a lower activity, therefore the physical state of man in health has deteriorated.

We are still very far from determining the laws of the so-called zymotic diseases; but this seems certain, that at the invasion of epidemics the strong man is struck down, and often exhibits the phenomena of the disease in the most aggravated forms. In the epidemic of 1827 in Ireland, nothing was more remarkable than this, that its virulent forms, especially that in which it so closely resembled the yellow fever of the tropics, were at first seen in the finest and strongest men. It is even probable that in these diseases the very vigour of the system may imply a greater malignity or activity of the processes which constitute the disease. The existence, then, of a changed type of disease may be admitted without the necessity for believing that the human species has degenerated.

Before concluding, it is right that we should consider the relations of therapeutics to medicine. It will be admitted by most thinking men that the study

of diseased or healthy organisation has revealed more of the effects than of the essence of disease. So subtle are the conditions by which the quality of life is preserved, that, in a vast proportion of instances of death, the most refined anatomy and chemistry fail in discovering a commensurate change, or in explaining why what was a living creature yesterday lies before us in a few hours a decomposing mass of clay. Hence, we must be cautious in extensively adopting any therapeutical system which is solely based on inference from visible organic change. In the present imperfect state of our knowledge, we must not neglect that study of therapeutics which is essentially experimental and inductive; and if there be one thing wanting more than another in our science, it is that men should know the nature and difficulties of therapeutical evidence. If, as I have often heard Professor Acland observe, only a few of our well instructed brethren who are in charge of public institutions, well aware of the established laws of disease, whether essential or non-essential, and good observers, were to take up any one remedy, whether new or old, say digitalis, and faithfully record on the one hand the character and history of the case, and on the other the results of the use of the particular medicine, or other therapeutical proceeding, we should ere long have such a mass of unbiassed statement of facts, that safe conclusions could be drawn. Until this is done, the position of therapeutics will be an inferior one. It will not be any trustworthy guide in practice, except in a few salient instances, and will be powerless in its other great function of being the key to, and the test of, pathologic conclusions.

To bring therapeutics up to this level, seems to be the great desideratum. We may fairly hold that the time is ripe for the commencement of its study with the view to its higher functions or development. Without placing limits to the material investigations in which we are aided by the microscope and by chemistry, we may believe that our knowledge of the intimate structure and composition of the solids and fluids of the body is so extended, as to give to the therapist reason for holding that he is now far better acquainted with the living organism than he was a quarter of a century ago; and that so he has a broader and more secure foundation to build upon. But the therapist must also possess assistance of another kind. He must know the principles of accurate reasoning; he must distinguish between the *post hoc* and the *propter hoc*; he must be content still to deal with vital phenomena as constituting a class of the nature of which our knowledge is so deficient, that we have still to study their modifications by external agents, experimentally, and without as yet much reference to their relations to structure or to vital chemistry; he must take into account the laws of periodic action in health and in disease, and determine, or seek to determine, as he proceeds, whether the simplest form of acute local as well as of general disease is not under some of these wonderful laws; he must study the question as to whether medicinal interference extinguishes morbid action, postpones it, or, by breaking its circle, as suggested by Professor Boeck, though this be followed by temporary good, deranges the process which is to end in its removal; he must well understand that certainty in medicine must be approached by the balance of probabilities, and have a full insight into the difficulties of medical statistics, which

result from the labours of more than one observer. Other circumstances will suggest themselves to you—as the influences of locality, of race, of age, sex, habit, and previous history. I will not dwell on them, further than to remark that, had Broussais attended to one of them, in particular, he would not, I think, have fallen into the error of declaring the non-existence of essential fever from observing disease within a narrow circle of the world.

If therapeutic science is to advance, it must be followed and studied in the most severe scientific spirit.

I have to thank you for the courtesy and patience with which you have listened to this somewhat dry discourse. We have indeed dealt with important subjects; and you will, I hope, believe me when I say, that no one in this room can feel more than I do how defective has been their handling. I say this in no guise of mock modesty. But I have endeavoured to speak as a practical physician, who has worked for forty years, to a body of his brethren engaged like him in fighting the same battle, using the same weapons, and bringing all their powers to insure the same result.

LONDON MORTALITY. The deaths registered in London during last week were 1,311. Diarrhoea shows a decided decrease; the deaths from it reached their maximum in the first week of July, when they were 301; in the three following weeks they were 267, 280, and 261 successively; and last week they were 207. All the deaths from diarrhoea in the present return occurred to young children, except 21, which occurred to persons aged 20 years and upwards. Of 19 deaths from cholera in the week, six were those of adults. Eight deaths from small-pox were registered in London during the week. A boy died on the 2nd inst. of that disease. He had not been vaccinated. When the mother registered the death, she stated as her reason for not having had her child vaccinated, that her husband did not approve of it, and had beaten her on a previous occasion when she had got her eldest children vaccinated. The medical attendant adds on his certificate: "Not seen until in a dying condition. Five other children in the house have had the disease, and all without medical attendance."

SUICIDES. The verdicts of coroner's inquests found that there were 1,337 suicides in England in the year 1864, 978 men and 359 women committing self-murder. On an average of the six years 1858-63 the proportion of suicides in England was 67 to a million of the population. Even this matter admits of the application of the principle of average, and an order is observed which can be expressed in laws. In none of the six years did the number depart from the average to the extent of more than three to a million of the population. Fifty-six persons shot themselves dead in England in the year 1863, and if it were to be assumed that the same number did the like in each of the previous five years, the assumption would not be far wrong; the numbers were 60, 54, 59, 59, and 54, the deviation from the average of 57 extending only to three, or 1-19th, either way. If, as Dr. W. Farr thinks probable, the number of suicides is understated (as in the case of persons found drowned), the same law doubtless extends to errors. It extends even to the manner of self-murder. In the year 1863 the 66 suicides in a million of population were by these methods—28 by hanging, 13 by stabbing or cutting, 12 by drowning, 6 by poison, 3 by shooting, 4 by other ways; and the returns for the previous five years show substantially the same proportions.

THE

ADDRESS IN SURGERY.

BY

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MR. PRESIDENT AND GENTLEMEN,—It is said, with truth, that those only can appreciate the comfort of travelling by railway who have experienced the delay and fatigue of the old coaching system; and it is no less true that surgeons of the present day can hardly imagine the facilities they enjoy in discharging their professional duties, when these are compared with the difficulties experienced by their older brethren. Forty years having now elapsed since my first course of lectures on Surgery, I venture to hope that some account of the changes in practice which have taken place during this long period may not be without interest on an occasion that has afforded me the honour of addressing so many members of my profession.

But before proceeding further, I must entirely dissent from the opinion which was expressed by my respected friend who addressed you yesterday, that the progress of improvement implied a censure on those who had preceded it. On the contrary, I have always understood that there was nothing more creditable than the admission of error; and that every man, instead of being ashamed to do so, should be proud of taking a step in advance, whether he leads or follows.

Commencing with the treatment of inflammation and its consequences, I may notice a most remarkable difference between the old and present practice, in the almost entire disuse of bleeding instead of its nearly constant employment. On looking back, it is indeed difficult to realise the reckless and indiscriminate profusion with which blood was made to flow. When I was one of the dressers of the Royal Infirmary of Edinburgh, two of us went every evening, at a stated hour, to bleed the patients whose names were entered in a book, with the respective quantities due from each. On one occasion, I recollect of sixty-five ounces taken at once, and followed by thirty-five next day. At present, few surgeons carry a lancet, and still fewer ever employ it; so that venesection, instead of being the most frequent, has become one of the rarest operations in surgery. The reason of this is generally said to be a change in the type or condition of the human system; but may, I think, rather be attributed to the influence of more correct ideas in regard to the treatment of disease; since, it is certain, that operations no less bloody than those of the old time are now performed without any evidence of less ability to bear them.

Before being appointed House-Surgeon of the Edinburgh Infirmary, I was Medical Superintendent of the Fever Hospital; and there, under the direction of the attending physicians, both of whom were Professors of the University, I bled men, women, and

children, who were brown, emaciated, and reduced to the utmost degree of weakness. Afterwards, when House-Surgeon to the Infirmary, I had under my care a boy who suffered from compound fracture of the leg, which gave rise to profuse suppuration; and, about three weeks after the injury, seeing that his strength was much exhausted, I ordered him some porter with beef-steak. But, next day, the surgeon, who was one of the most largely employed medical men in Edinburgh, disapproved of this, which, he said, would feed the disease, and directed me to take fourteen ounces of blood from the arm. I obeyed with great reluctance; and need hardly add that, before the end of forty-eight hours, the boy was dead. Now, I would ask, could any man at present think of bleeding in such cases as these? and, if not, then I say, that whatever change there may have been in the type, there certainly has been a change in the practice.

In treating the sinuses which remain after the evacuation of abscesses, a great improvement has long been established through the substitution of effectual drainage, instead of the means formerly employed to promote a healing action. These were sponge-tents, stimulating injections, and external pressure. Nothing could be more absurd than the first of these, since their alleged use was to keep the orifice open, while, on the contrary, they effectually closed it, so that at every dressing the pent-up matter issued in a stream. The injections and pressure, though less hurtful, were equally useless and unnecessary; and there can be no doubt that, if recovery be not impeded by an unhealthy state of the system, by some morbid texture, or by the presence of a foreign body, nothing more is required than an aperture sufficiently free, and so situated as to prevent any accumulation of fluid in the cavity. The principle of drainage has been applied by M. Chassaignac to the treatment of chronic abscesses, through means of perforated India-rubber tubes; and, from my experience of this method, I can bear testimony to the advantage that attends its adoption.

The dressing of sores tending to heal has been greatly improved by substituting moist applications instead of the ointments previously employed; and any one who can recollect the old method of treatment by means of calamine cerate spread on lint or linen, with its pledgets of carded tow and long bandages, must rejoice in the simplicity, facility, and efficiency of our present system. Mr. Liston, to whom we are much indebted for advocating this method, had great confidence in the "red lotion", as it has been called, and for which the original receipt will be found in the *Surgical Essays* by Mr. Hey of Leeds; but, for my own part, I have long been satisfied that water alone is sufficient for the purpose.

At the time when I commenced practice, the callous or indolent ulcer, from which the labouring classes suffer so much, was treated by means of adhesive plaster and bandaging, not without much time, trouble, and expense. In 1829, I proposed a different plan, which was to apply a large blister over the swollen limb, in order to induce absorption of the indurating effusion, and allow the healing process to accomplish cicatrisation under the ordinary treatment of a granulating surface. In Edinburgh, and by Edinburgh students scattered over the world, this method has been found invariably successful;

but it is still, I have reason to believe, not generally known in the profession, and I am, therefore, glad to take this opportunity of recommending its adoption, as being the most speedy, easy, and lasting mode of affording relief.

The sores that result from the use of mercury were formerly very frequent, and always occupied many beds of the hospital. My recollection hardly extends to the dark period during which these cases were treated by administering the poison that had produced them, but well do I remember the shrieks of unfortunate patients who were subjected to the means deemed requisite for their remedy. When superficial and affecting merely the integuments, their surfaces were repeatedly destroyed by caustic potass; and when more deeply seated so as to expose the bone through opening of periosteal abscesses, they were condemned to scraping, rasping, and the actual cautery, or even amputation. Such cases are now comparatively rare, and in Scotland are hardly ever seen except through importation from the southern side of the Tweed, where the Hunterian doctrines with regard to the use of mercury struck their roots more deeply in professional confidence; but when they do present themselves they are found to yield readily under the application of blisters with small doses of the iodide of potassium. Through this simple treatment I have repeatedly known patients who had come from distant parts of the world, prepared to suffer amputation, obtain speedy and complete relief.

The sloughing sore of old people, or senile gangrene as it has been called, used to be regarded as a disease no less hopeless than painful. Mr. Pott had pointed out the impropriety of stimulating local applications, but it was still thought proper to support the patient's strength by wine and brandy. The last case thus treated that fell under my observation, was one which the late Sir George Ballingall and myself were requested to visit at some distance from Edinburgh, as no improvement had resulted from the prescriptions of Mr. Liston, which we found to be two bottles of Madeira and half a bottle of brandy daily. The patient complained that his foot felt as if enclosed in a red hot iron boot, but we had no alteration to suggest, and he died before long in great agony. It soon afterwards occurred to me that if the disease, as it certainly did, depended on an inadequate supply of blood through ossification of the arteries, the limb must be nearly in the same state as after ligature of their trunk, when it is well known that the effect of stimulants would be the excitement of inflammatory action, and that the treatment therefore should be similar. Under this impression, I tried the employment of a milk and farinaceous diet, with simple poultices and opiates to relieve pain. The result fully answered my expectation, and in 1840 I published a paper on the subject, with the view of showing that the disease might thus be rendered much less painful and fatal than it had been under the stimulating plan; and the anticipation thus expressed, has since then been fully realised.

There is nothing more worthy of notice in our present inquiry, than the change that has taken place with regard to the old system of dressing wounds, which is painfully impressed on my recollection by personal experience. When about fourteen years of age, I was thrown from a pony, and had my knee severely lacerated, just above the patella, from

which the integuments were torn down so as to expose the bone completely. A very experienced surgeon who came to my assistance washed out some of the mud that lay in the cavity, and then brought its edges together by straps of adhesive plaster applied so closely that they overlapped each other, lint spread with ointment, and a roller six yards in length completing the process. Intense suffering and fever followed, with urgent petitions for relief, but all in vain till the fourth day, when the dressings were taken off and reapplied, as they were every day afterwards for six weeks. The gentleman who attended me on this occasion had been house-surgeon of the Edinburgh Royal Infirmary, and pursued the method then regarded as proper in all cases of wounds, whether resulting from operations or otherwise caused. In 1826 I published a paper on the treatment of incised wounds, in order to show the bad effects that necessarily proceeded from immediate closure of the aperture, since when this was done there could not fail to be such a quantity of blood or serum accumulated in the cavity, as must effectually prevent primary union; and in support of this position I appealed to the fact that students passed through the whole of their hospital career without ever witnessing an instance of healing by the first intention except in wounds of the cheek or lips, where, there being two orifices, the blood could not be confined between the raw surfaces. To avoid this great evil, I advised that the edges should not be brought together until the bleeding had ceased, and that then there should be no impermeable covering placed over them. The principle which I thus endeavoured to establish is now, I believe, generally recognised in practice.

There are few subjects of practical surgery that in recent times have excited so much discussion as the mode of performing amputation. When I entered the profession it was the invariable practice in Edinburgh, and I believe elsewhere, to operate by circular incision, even for removing the fingers and toes. At former periods, various surgeons at home and abroad had not only proposed, but to some extent adopted, the method by flap; and M. Lisfranc, more than forty years ago, taught it in his operative course on the dead subject as applicable to all parts of the extremities; but so far as I saw, it was never then employed in Paris on the living body. While things were in this state, Mr. Liston became a very strenuous advocate of the flap operation, and by his example, as well as teaching and writing, made a strong impression in favour of this method. I also published a paper on the subject, with the view of calling attention to the advantages for which we contended, and more particularly the saving of pain by rapidity of execution, together with the provision of a good covering for the bone. The expectations thus held out were fully confirmed by experience with regard to the arm, forearm, and upper part of the thigh, but led to disappointment in operating at the lower part of the thigh, and through the leg. In the latter situation it was found difficult to prevent the flap from dragging the integuments in front, and making them adhere to the bone, so as to ulcerate, or even slough, and thus occasion a sore of the most unmanageable character; while in the thigh the result was apt to be still more distressing, through retraction of the flaps and protrusion of the bone. For my own part, therefore, I have long abandoned the flap operation in the leg, and employed in its stead the cir-

cular method, by making two semilunar incisions from side to side through the integuments, and reflecting them to a sufficient extent for covering the bones, without any risk of retraction. I pursued the same course with regard to the thigh until a comparatively recent period, when I felt great pleasure in adopting the important principle which has been established by Mr. Teale of Leeds and Mr. Carden of Worcester, that a long anterior flap is not liable to retraction, so that it may be safely trusted for covering the bone. Amputation below the knee is seldom required, since all the diseases and injuries which were formerly held to demand it may, with few exceptions, be remedied by removing the foot at the ankle. This operation, when properly executed, without any of the complications that have been proposed for its alleged improvement, affords the most satisfactory results, by providing a perfect protection for the bones, by shortening the limb merely enough for fitting it with a boot, and by avoiding the risk of life attendant upon dividing the tibia and fibula through their shafts. Upon the whole, then, it would appear that amputation of the arm and forearm should be performed by a double flap, of the thigh by one long anterior flap, below the knee by two semilunar flaps of integuments, and at the ankle by a flap from the heel.

In treating diseases of the joints there have been many and great improvements, of which perhaps the most important is the substitution of rest for counter-irritation as a means of subduing the morbid action. The advantage of this is well illustrated by the different results obtained from the old and the present practice in cases of hip-disease. Within my recollection they were regarded as nearly, if not entirely, hopeless of recovery; and the caustic issues, always deemed proper for their treatment, were employed rather in compliance with established usage than with any expectation of a beneficial effect, the morbid process being expected to pursue its course until suppuration took place, and left no alternative to the patient but death from exhaustion, or escape from this danger with a distorted useless limb. Instead of the painful feelings with which the treatment of these cases was undertaken in those days, we now, through means of the "long splint," which, by preventing motion in any of the joints, maintains the one concerned in a state of absolute quiet, look forward with confidence to the accomplishment of recovery before the end of many weeks, unless the progress to destruction has advanced too far, and already led to suppuration.

There is another form of articular disease, in which the improvement has consisted, not in the disuse, but in the greatly increased efficiency of counter-irritation. This is that which has been denominated ulceration of the cartilages, and is characterised by intense pain, aggravated through pressure or motion, and other symptoms well known to the gentlemen whom I have the honour of addressing. In addition to the suffering experienced by the patient from this disease, there is a great risk, or, indeed, almost the certainty, of suppuration and caries being ultimately induced by it, so that effectual means of remedy are of no small value. Bleeding, blistering, and caustic issues generally palliate the symptoms, but frequently fail so to do, and seldom, if ever, produce a decidedly curative effect. It was, therefore, with great satisfaction that, more than thirty years ago, having, on

the authority of the late Professor Rust of Berlin, adopted the actual cautery for the treatment of this disease, I found there was thus obtained relief no less speedy than complete. The actual cautery, I believe, had then never been used in Great Britain for the purpose of counterirritation, and for many years made slow progress in professional confidence, but is now, I fear, encountering a more serious difficulty from its too free and indiscriminate employment, which must tend to lessen the credit so justly merited in proper cases. In the most frequent form of articular disease, which proceeds from constitutional weakness, leading to scrofulous degeneration of the tissues—there being merely a colourless elastic swelling, without pain or other symptoms of inflammation—it seems difficult to believe that in such a condition local treatment of an active kind should ever have been deemed proper; and yet, within my recollection, leeches, blisters, and even stronger counterirritation, were employed for it. The more correct ideas now entertained have, it is to be hoped, greatly lessened, if not altogether prevented, such improprieties, and rendered improvement of general health the great object of treatment, the local means being simply of a protective character.

Notwithstanding the improvements to which I have alluded, and the consequently more satisfactory results of our treatment, it still unfortunately too frequently happens that the disease of a joint terminates in suppuration and caries. But in this event also we have made an advance in many cases, by removing the affected bone instead of amputating the limb. The elbow-joint is the one that most frequently requires this procedure, is most conveniently situated for the purpose, and affords the most valuable result by preserving the arm and hand hardly if at all impaired as to either mobility or strength. The success attending the operation on this joint has led to its employment in other articulations, with success more or less complete. In cutting out the shoulder-joint, great difficulty has been experienced in removing the head of the humerus and glenoid cavity through the same incision; and I have, therefore, adopted a different plan, which renders the process extremely easy. This is to cut directly downwards from the coracoid process, so as to accomplish the first part of the operation; and then, if the other is found requisite, to make a second incision through the posterior side of the joint along the inferior costa of the scapula, which affords free access to the neck of the bone. I may here remark, that both the scapula and clavicle admit of being treated with great freedom, and even removed completely, without materially impairing the arm in its usefulness. The wrist-joint, from the complexity of important parts lying over it, has until lately been deemed an improper subject for excision; but Professor Lister, by methodically attacking the different bones concerned, has succeeded in establishing a procedure by which the most extensive caries in this situation may be removed without injury to any of the digital tendons, blood-vessels, or nerves, and with the effect of preserving a perfectly useful hand. In the year 1830, I cut out the knee-joint; and four years afterwards exhibited the patient in the most perfect state of recovery at a meeting of the Medical Section of the British Association for the Promotion of Science. It may be asked why I did not continue to employ this operation; and my reply would be, for

three reasons; since I feared, in the first place, that, in adults recovery would be very tedious; secondly, that in children the limb would be stunted in its growth; and, thirdly, that some small sinus or oozing of matter, so frequent after excision of the elbow, might prevent the body from having a firm and useful support. It appears that these anticipations have been only partially realised; and that, in favourable cases, the operation may be performed with a fair prospect of success. There still, however, remains the question as to expediency in choosing between the prospect of a result thus obtained and that of a comfortable stump with an artificial limb; and here, I regret to say, the discussion has been characterised by a degree of fervour that savours more of personal acrimony than a simple regard for the relief of suffering. For the future, I hope that the exercise of a free choice on this point will not expose any of us to unworthy imputations.

The cartilaginous bodies, which are so troublesome in the knee-joint, were formerly regarded as an unsatisfactory subject of treatment, on account of the inflammation that was apt to attend their excision; but the subcutaneous operation suggested by myself in 1841, and afterwards improved by Mr. Square of Plymouth, has afforded a means of remedy both safe and easy.

With regard to the pathology of the osseous system, instead of the vague and erroneous ideas entertained forty years ago respecting the formation of new bone, we now possess a clear understanding of the source from which it proceeds. My probationary essay on necrosis was written with the view of showing that the periosteum had nothing to do with ossification; but, ten years afterwards, I was led by the observation of some facts in practice to take an entirely different view, and to perform experiments which completely removed any doubt that could have remained on the subject. By detaching the periosteum of dogs, and either removing the denuded bone or surrounding it with tinfoil, I obtained results that proved beyond all question the periosteum to be the great agent of osseous reproduction. Of late years, much attention has been devoted to this subject in France, especially by M. Ollier, who came to Edinburgh with his preparations of rabbit-bones, and was not a little surprised to find them anticipated by my own from dogs, which had been made and published twenty years before.

Our knowledge of the ossifying power which is possessed by the periosteum has improved the treatment of necrosis, and has led to other applications, of which the one most worthy of notice is that employed for the remedy of fissure through the hard palate, where, by detaching the periosteum and obtaining sufficient relaxation of the dense superjacent textures by means of lateral incisions, we are enabled not only to close the gap, but to do so by the formation of new bone.

In the early part of this century, a large share of attention was devoted to the suppression of hæmorrhage, which consequently became so perfect as hardly to admit of any improvement during the period at present under consideration. Mr. John Bell, followed by Mr. Guthrie, had established the great principle that bleeding should always be arrested by means applied at the seat of injury; and that, if the access for this purpose were not sufficiently free, it should be enlarged by extension of

the existing wound, rather than by making a new one. Dr. Jones, by his ingeniously devised and carefully executed experiments, had fully explained the different steps by which the blood is spontaneously prevented from continuing to flow. The tenaculum had given place to the forceps, and small silk ligatures had been adopted instead of the book-binders' twine previously in use. Some attempts have lately been made to throw discredit on the ligature by attributing the most injurious effects to its action, and by proposing in its stead various contrivances of needles or wires, or a combination of both. Such proposals must be received with regret, as evincing an uneasy desire for innovation, and as calculated to confuse the sound principles of practice which have been established by men of experience and reputation. The truth is, that the ligature occasions no irritation, inflammation, or gangrene, as it has been said to do, and merely prevents union to the extent of its presence. Thus, when the femoral artery has been properly tied, the wound heals completely by the first intention, except at the point where the ligature lies, and from which a few drops of matter are discharged. Indeed, so far from regarding the ligatures as injurious, I believe them to be of great service, by maintaining an outlet for the discharge of fluids that might otherwise accumulate in the cavity; and, therefore, instead of cutting off one of the threads, as was formerly the custom, always preserve both with a view to this effect.

The treatment of aneurism also seemed to have been rendered perfect by the operation of Hunter being applied to all the branches of the aorta, primary as well as secondary; but during the latter half of our forty years' period there have been symptoms of a revolutionary tendency, which has led to important alterations of practice. Of these may be first noticed a revival and improvement of the treatment by pressure as a substitute for the ligature, which we owe to our brethren of Dublin, and more especially Drs. Hutton and Bellingham. There can be no doubt that by means of properly constructed apparatus, and with sufficient endurance on the part of the patient, aneurisms, and more particularly those of the femoral artery, may usually thus be remedied without any long delay. But, on the other hand, it cannot be denied that pressure sometimes fails, and may also be attended by unpleasant consequences; while it appears that, in so far as the femoral artery is concerned, the operation, if carefully and correctly performed, is nearly, if not absolutely, free from danger. I have done it in thirty-five cases, and never met with any bad result, except on one occasion when an attempt had been made, without success, to accomplish the object by pressure; and the sac suppurated without any blame being attributable to the ligature. The method by pressure, therefore, while justly regarded as a valuable addition to the resources of surgery, should hardly be considered as a substitute completely superseding the operation. The treatment of popliteal aneurism, by simply bending the knee, has frequently been successful, and seems the perfection of simplicity, but is by no means certain in its effect, and, as I have had occasion to see, may prove injurious by rupturing the sac. Various attempts have been made to induce coagulation by introducing foreign matters into the cavity, and of these the in-

jection of perchloride of iron by M. Nélaton has been most successful. This plan seems most suitable for aneurisms affecting arterial branches of secondary size, and even here would appear to be not altogether free from serious danger, through its effect upon the circulating system. In another way I have endeavoured to improve the treatment of aneurism, by showing that the artery at the seat of rupture is not necessarily unable to bear a ligature, and that, therefore, in cases where the Hunterian operation is either impracticable or beset with peculiar difficulty and danger, it may be better to open the sac and secure the bleeding orifices.

Passing from general to more particular considerations, we may begin with the head, where much has been done in the way of improvement. The eyeball, instead of being roughly scooped out along with the contents of the orbit, is now delicately detached from its conjunctival covering and muscular attachments, so as to be removed with little disturbance of the neighbouring parts, which quickly heal, and, before the end of many days, may be able to receive an artificial substitute, except for the office of vision, in every respect perfect. *Fistula lacrymalis*, which was formerly with justice regarded as an opprobrium of surgery, and admitted of treatment only by the clumsy expedients of tubes or styles permanently retained in the duct, is now, through the ingenious suggestion of Mr. Bowman, no less easily than effectually remedied by slitting open the canal from the inferior punctum, so as to obtain room for the passage of probes sufficiently large for removing the obstruction. The distressing deformity of squinting, also, which was formerly deemed incurable, is now subject to an operation that, when properly performed, leaves nothing to be desired. Then the different sorts of nasal polypus are accurately discriminated, and when proper for extraction, instead of being nibbled away by the repeated application of clumsy forceps, are attacked by instruments sufficiently small for being insinuated to the point of attachment, and thus removed entire. Enlarged tonsils, too, no longer permitted to torment the patient by frequent sore-throat, impeded respiration, and husky voice, are readily removed by the simple means of a hook and knife, which are infinitely better than any of the complicated apparatus that has been contrived for this purpose.

But the most remarkable evidence of progress in this situation is afforded by tumours of the jaw-bones, which were formerly dug out from the centre towards the circumference without the slightest prospect of any better result than frightful deformity and increased activity of the morbid growth. It was, therefore, a great improvement which accomplished removal by dividing the bone beyond the part affected, where it was known to be sound. My attention was early directed to this subject by my respected friend, the late Mr. Cusack of Dublin, who adopted the new method before it was employed in either England or Scotland; I had thus an opportunity of performing the operation upon a very remarkable case, after it had been dismissed from the Royal Infirmary of Edinburgh, and also by Mr. Liston, as incurable. Some years afterwards, on the 15th of May, 1829, I removed the superior maxillary bone, for the first time in Great Britain, upon the same principle of cutting through the sound bone beyond the confines of the disease. It would be dif-

fit to estimate the number of lives that have been saved by these operations; and I beg to express my hope, that no love of change or desire to act the part of an improver may ever resuscitate the old system of operating, with its chisels and gouges, and abortive efforts to accomplish what can be done effectually only in another way.

Descending from the head, we come to the neck, where the first difference between old and present practice that presents itself is in regard to the operation for admitting air into the lungs. Within my recollection, it was rarely performed, and still more rarely, if ever, with success, the reason of which was two-fold. For, in the first place, the tube employed was so narrow that, independently of obstruction from mucus in its cavity, there was not space sufficient for the passage of air; and, secondly, instead of being introduced into the trachea, it was thrust between the cartilages of the larynx, too near the seat of disease for rendering any service. It is needless to say how different the case is now, and how frequently life is saved by the timely performance of tracheotomy. But as it may not be generally known that we are indebted to Mr. Liston for the wide, conical, and slightly curved tube so generally in use, the circumstance which suggested its contrivance seems not unworthy of notice. This was the case of a gentleman nearly related to myself, who suddenly suffered from obstructed respiration, which, having resisted the ordinary means of treatment, urgently required an opening into the air-passage. Mr. Liston, finding that the tubes in his possession were quite useless, cut off a portion from the extremity of his largest catheter and inserted it into the trachea. Soon afterwards a case of œdema glottidis occurred, and afforded time for making the requisite preparation, when tubes of the present form were contrived, and found to answer the purpose perfectly.

Cancer of the tongue has always been regarded as a very unsatisfactory subject for surgical treatment, on account of the extreme tendency which the disease has to a rapid return; but complete removal of the organ has been found productive of more lasting benefit than a partial operation; and, if supported by further experience, may perhaps be available for the relief of a condition otherwise so hopeless and distressing.

The treatment of wry-neck has been greatly improved by the introduction of tenotomy, which was employed for this purpose long before its application to club-foot. On November 2nd, 1832, in the Edinburgh Surgical Hospital, I operated by subcutaneous incision on a boy suffering from wry-neck, with complete success, and the case so treated stands first in the records of British surgery. This I mention to account for the interest which I have taken in tenotomy, and the regret which I feel in seeing so excellent a means of affording relief to a large extent withdrawn from the ordinary practice of surgery by specialists, who, through the use of complicated and expensive mechanism, alleged to be requisite for the purpose, have been allowed, in no small measure, to appropriate its employment. But the members of our profession who tacitly sanction such an arrangement, and decline to practise tenotomy, may be assured that they must frequently withhold the assistance required when it would prove most useful, and by allowing the evil to gain

strength through delay, afford occasion for the requirement of apparatus beyond the reach of those who suffer from poverty as well as deformity.

The thoracic region presents no more remarkable evidence of progress than that afforded by the method of treating serous cysts in the mamma, for which we are indebted to the late Sir Benjamin Brodie. Within my recollection, there was hardly any attempt to discriminate tumours of the breast; and all of them passing, as they did, under the title of scirrhus, were equally supposed to require removal of the whole gland. But even after the distinction had been drawn between those that were malignant, and those that, being of a simple or local nature, did not require the knife to go beyond the confines of their own extent, the cysts containing serous fluid were still believed to demand excision, until the late distinguished surgeon showed that mere evacuation of the contents followed by a rubefacient applied to the surface constituted an effectual remedy. I can bear ample testimony to the success of this treatment; and would only suggest that, instead of the lancet and embrocation employed by its author, a small trocar and blistering plaster will be found to facilitate the procedure.

The radical cure of hernia, so long an object of desire in the practice of surgery, has at length been to some extent attained by the method which Professor Wutzer of Bonn proposed some years ago; and the complicated apparatus originally employed having given way to more simple means calculated to produce the same effect, the procedure is now within reach of any one who chooses to execute it.

We now come to ovariectomy, which has of late been the subject of so much attention; and it will here, perhaps, be supposed that a claim for the honour of priority may be advanced on the part of Edinburgh, where the operation was first performed. But, to confess the truth, I fear that the northern metropolis, so far from deserving any credit on this account, should rather plead guilty to having invested the procedure with an aspect so repulsive as to impede rather than promote its adoption. It was brought forward by the same person who had proposed to remedy hypertrophy of the heart by blowing air into the pericardium, to puncture the brain in acute hydrocephalus, and to treat enlargement of the prostate by cutting out the entire gland; so that the profession in Edinburgh were not either disposed to adopt the excision of ovarian tumours, or at all surprised by the results of its attempted performance. From these it appeared that one woman was laid open from sternum to pubes without any tumour being found; that another so treated presented a mass of disease entirely beyond the reach of removal; and that a third, after having what was supposed to be an ovarian tumour extracted, was found, on dissection a few days afterwards, to retain both ovaries in a healthy state. These, and similar cases so ludicrous, if they had not been so shocking, led surgical teachers to conclude that the operation laboured under three serious objections—1. The uncertainty of prognosis; 2. The difficulty of diagnosis; and 3. The danger of execution; whence it happened that, notwithstanding more favourable reports that after a time reached us from Manchester, with the exception of a few cases, all of which proved fatal, no further attempt was made in Scotland to

establish the procedure until a recent period, when the successful experience of some gentlemen in London, and more especially Mr. Spencer Wells, gave the matter an entirely new position. The objections originally entertained with regard to both prognosis and diagnosis have been in a great measure removed through the careful discrimination of cases, while the operative procedure has acquired a corresponding degree of perfection, and the results are so satisfactory, that the proportion of deaths does not exceed from 30 to 35 per cent. The most successful operator in Scotland is my friend and former house-surgeon, Dr. Thomas Keith, who has operated in thirty-two cases, and lost only nine of his patients.

Descending to the pelvis, we find a great improvement in the treatment of hydrocele through the substitution of iodine for port wine, which very frequently failed, and, when unfortunately allowed to enter the cellular texture, produced the most violent disturbance, constitutional as well as local, or even proved fatal. When there was no better alternative than this, it is not surprising that many surgeons clung to the method of incision, which even now, in some parts of the world, is still deemed the most expedient means of remedy; but every one who has witnessed the certain success and freedom from unpleasant effects which result from the injection of iodine cannot hesitate in preferring it to any other mode of treatment. In order to obtain the good effect in full perfection, it is necessary that the tincture of iodine should be of proper strength, such as that of the *Edinburgh Pharmacopœia*; that the contents of the sac should be completely evacuated; and that the fluid injected, which need not exceed two drachms, should be diffused over the surface by a rough shake. The advantage of this treatment is not limited to hydrocele, since it is equally efficacious for the remedy of all cysts containing albuminous fluid, such as those of the thyroid gland or other part of the neck, and also those met with on the trunk or extremities.

Forty years ago, diseases of the rectum, being very imperfectly understood, were regarded with no less horror by patients than apprehension by surgeons. *Fistula in ano* was believed to require division of the septum to its summit, however high up the bowel this might be, whence followed profuse bleeding, protracted dressing, and frequent failure, from the internal aperture not having been included. Internal hæmorrhoids, under the title of prolapsus, were viewed with especial dread, on account of the hæmorrhage resulting from excision, and the inflammation apt to be caused by partial or imperfect ligature. Fissures and ulcers, when recognised, which was seldom the case, were held to require a complete division of the sphincter; while an ample field for quackery was afforded by the belief that curable strictures existed high up in the colon. The state of practice is very different now, when fistula is easily and effectually remedied by an incision extending merely to the internal opening, and therefore so slight as not to require any dressing, or hardly any confinement; when internal hæmorrhoids, and all the discomfort of prolapsus, are removed no less safely than certainly by ligatures comprehending the whole disease, and tightly drawn; when fissures and ulcers are known to require merely an incision no deeper than their base; and strictures,

whether malignant or simple, are ascertained to exist only within reach of the finger.

For removing stones from the bladder, many attempts have been made to improve the process by cutting, though with little success; since, I believe, most surgeons are satisfied that the operation as performed by Cheselden is still the best for the purpose. But during the period under consideration, another method of affording relief has been devised, improved, and I may also say perfected, so as to render the knife of comparatively little value in the treatment of calculous complaints. Sir Astley Cooper's plan of extracting small concretions by means of curved forceps, was soon followed by the introduction of straight tubes containing branches that expanded, and held the stone while it was acted upon by a central drill. This lithotripsy, in its turn, gave way to the safer and more efficient procedure of lithotripsy, by which the calculus, instead of being attacked from the centre, was broken into fragments by external compression—at first, through the force of a hammer, and afterwards through that of screws differently applied. From the improvements which have taken place in these instruments, and the mode of using them, there seems reason to hope that patients who apply for assistance before the disease has advanced too far, may, in general, obtain relief without submitting to lithotomy, which, however well performed, must always be regarded in adults as much more formidable than crushing, while in children, the absence of a developed prostate renders cutting perfectly safe.

During the last forty years, few surgical derangements have attracted more attention, or been the subject of more keen discussion, than stricture of the urethra. It would be no less tedious than unprofitable to review the controversies that have hence arisen; and it will be sufficient for my present purpose to consider the various modes of treatment under some general heads, to which they may be referred. These are—1. Caustic; 2. Dilatation; 3. Internal incision and rupture; 4. External incision. But before inquiring into the merits of particular remedial measures, it may be proper to remark that two pathological facts, ascertained in recent times, have had an important bearing on their application. It was formerly supposed that strictures were frequently impermeable, and consequently limited with regard to the means of relief, but they are now known always to admit the introduction of instruments, if sufficiently small and properly guided. It was also supposed that the seat of contraction lay most frequently in the membranous part of the urethra, while we now know that it is almost always anterior to the bulb.

The treatment by caustic has been so generally abandoned, and labours under so many objections, that it need not detain us at present. The process of dilatation may be conducted in three different ways, each of which has its respective advocates, and which may be distinguished as the gradual, speedy, and sudden methods. The first is effected by the gentle passage of bougies at considerable intervals of time, so as to induce absorption of the thickened texture that causes contraction; the second is accomplished by keeping a succession of gradually enlarged catheters in the bladder; and the third is completed at once by a sufficient amount of mechanical stretching. By the first of these methods,

in the great majority of cases, perfect and more or less permanent relief may be obtained, while the two latter are apt to produce only a temporary advantage by leaving the texture in its original state, and ready to contract when relieved from distention.

The plan of remedying strictures by internal incision or rupture has called forth an infinite variety of ingenious contrivances for accomplishing the object in view. Of these, the instrument brought into use by Mr. Holt appears to be the most efficient and safe when properly employed, but, like others of a similar kind, labours under the objection of requiring previous to its use such a degree of dilatation as in general yields readily to the simple bougie. It also cannot ensure complete division of the contracted texture, as I have seen in a stricture at the orifice, where the largest instrument produced merely stretching of the part, and my experience would lead me to believe that a similar condition may exist at other parts of the canal.

The remedy of strictures by external incision has long seemed to me the best way of affording relief in cases not amenable to simple dilatation. It met with strenuous, I might almost say intemperate, opposition, but has kept its ground, and will, I believe, continue to prove useful in cases of peculiar obstinacy. In cases anterior to the scrotum, it is best executed by subcutaneous incision, and whether here or elsewhere, may be performed upon a director of the smallest possible size, which greatly adds to its value.

With regard to the female organs, the most remarkable change that has taken place in the way of improvement is in the treatment of vesico-vaginal fistula, which was formerly held to be nearly, if not altogether, incurable, and is now remedied no less easily than certainly through means of silver sutures, for the introduction of which we are indebted to Dr. Marion Sims. But our American brethren have laid us under a still more important obligation by the grand discovery of etherisation, or the induction of insensibility by respiration of an ethereal vapour. To Drs. Morton and Jackson of Boston we owe this procedure, which has so wonderfully facilitated the practice of surgery, and divested it of its most painful features.

In conclusion, Mr. President and Gentlemen, I beg to express my hope, that from what has been said, surgery will not appear to have stood still or pursued a retrograde course during the last forty years, but, on the contrary, to have been improved in many important points of practice, and to hold out the prospect of further advance; so that when forty years hence some senior member of the Association shall take a similar retrospect, he will find no lack of materials for illustrating the march of progress.

THE VIENNA UNIVERSITY JUBILEE. At the jubilee of the Vienna University, the degree of Doctor in Philosophy was awarded to Mr. John Stuart Mill, M.P., and Sir Roderick Murchison. The precise words conveying the reason for the honour were in each case as follows:—"Joh. Stuart Mill, Londinensis, logices inductivæ auctor nunquam satis colendus;" and "Illustrissimus Dom. Rodericus Lib. Baro de Murchison, geologorum Angliæ princeps, qui tantos duxit triumphos, ut dum in vivis esset, mortalitatis esse desiderit."

British Medical Journal.

SATURDAY, AUGUST 12TH, 1865.

THE LEAMINGTON MEETING.

ONCE again we have to record the Annual Meeting of the British Medical Association as a great success. The invitation, cordially given by the medical body at Leamington to the members of the Association while assembled last year at Cambridge, has been as cordially accepted; and the reception with which they have met in that celebrated health-resort has left nothing at which even the most fastidious of fault-finders could take exception. Everything in their power, that could be done to make the meeting agreeable and successful, was done by the Local Committee of Arrangement, under the direction of the President, Dr. Jeaffreson, and of the honorary local Secretary, Mr. Ebbage. They were fully seconded by the various local authorities in carrying out their plans, and thus succeeded in providing for the Association a hearty welcome.

The meeting of this year presented several features distinguishing it from the meetings of past years. The duration was extended a day beyond the usual time; and for the additional day there was no lack of business, general or scientific.

One circumstance which, perhaps beyond all others, will make the Leamington meeting an epoch in the history of the Association, was the introduction of open discussions on subjects connected with pure medical science and with state medicine and hygiene. In the introduction of this new feature, the Association is indebted to Dr. Richardson, who, as a member of the Committee of Council, has taken an active part in suggesting and carrying out measures which may be calculated to benefit the Association, and to increase its influence both with the medical profession and with the public. This year, four subjects were selected by the Committee of Council; and the task of opening the discussions was entrusted to Mr. Moore of the Middlesex Hospital, Dr. Richardson, Dr. Symonds of Clifton, and Dr. Tindal Robertson of Nottingham. We hope to be able to publish, in subsequent numbers of the JOURNAL, the able remarks with which each of these gentlemen—all fully competent for the duty—opened the debate. At present, we can give sufficient only to render the remarks of the subsequent speakers intelligible. With the consent of the Committee of Council, the public were invited, under sanction of the President, to be present at the discussions opened by Dr. Symonds and Dr. Robertson.

The President's address was a very interesting and instructive one on the use of mineral waters, and

on Leamington in particular. While there was a total absence of any attempt to unduly raise the estimation of the town in which he practises, Dr. Jeaffreson fairly set forth the circumstances under which its mineral waters might or might not be used. His address was published in last week's JOURNAL.

The Addresses in Medicine and Surgery were delivered by two of the greatest luminaries of their respective departments of medical science in the present age—Professor Stokes of Dublin, and Professor Syme of Edinburgh. The addresses are published in the present number; and the members of the Association will, therefore, have the opportunity of gaining possession, on the one hand, of a most able summary of the arguments usually adduced on one side of a widely debated question in medicine, and, on the other, of learning from the great surgeon of the northern metropolis what improvements in surgery he has witnessed during his career of forty years—improvements, it must be remembered, in the introduction of very many of which he has himself had an active share.

Among the papers read, was one of prominent interest in the present time, by Dr. William Budd of Bristol. Dr. Budd, who is well known as a most zealous investigator of the diseases of the lower animals and of their bearings on the health and disease of man, gave, in his full and impressive style, a description of the disease among horned cattle which is now causing so much alarm.* Several other instructive papers were read, of most of which abstracts will be furnished in our next number, reserving the publication of the papers in full to a future occasion.

Turning now to general business, the Report of Council first comes under notice; but, before proceeding to refer to its business details, we must offer a word or two in explanation of the reference at the commencement of the Report to the health of Sir Charles Hastings. The venerated founder of the Association has, for a considerable period of the interval between the last two annual meetings, been suffering from very serious illness; and all the members will, we are sure, join with the Council and those who were present at Leamington in rejoicing at his being able still to take an active part in the proceedings of an annual meeting, and in trusting that he may yet live long as the valued friend and counsellor of that Association which he founded and in

whose prosperity he has taken such deep and lasting interest.

The Report presents a very satisfactory state of affairs. In numerical strength, the Association is somewhat below what it was last year; but this has arisen from the fact, that the Committee of Council has taken the judicious step of erasing the names of seventy members who have failed, after due notice, to pay up their arrears. The reduction of numbers thus made is so small, that no doubt the standard of last year will be ere long reached and even exceeded. It is satisfactory, too, to observe that the number of members quitting the Association by resignation was at the end of last year far smaller than it had been for many years; the total of resignations having been 65. The finances were represented as being in a flourishing state; the Association having at the end of 1864 a balance in hand of £243, notwithstanding that several payments of an extraordinary kind had been made. For bringing about this result, great credit is due to the indefatigable General Secretary, Mr. Watkin Williams; who, during the two years in which he has held office, has shewn that he possesses in a high degree the qualifications attributed to him by Dr. Richardson—tact, industry, conscientiousness, and economy. The aid, too, which he has received from the Branch Secretaries has been highly valuable; and was alluded to in the Report of Council as deserving of thanks.

The meeting, wisely as we think, abstained from discussing the details of the Charter of Incorporation; but merely expressed its approval of the principle of obtaining a Charter, and remitted the whole subject back to the Committee of Council with directions to continue in the course which had been commenced. The only doubt raised as to the feasibility of obtaining a Charter was a financial one; but, after the explanation given by Sir Charles Hastings and by Dr. Richardson, the objection on this ground was withdrawn, and the meeting arrived unanimously at the decision to which we have referred. Dr. Richardson, as one of the members of the Charter Subcommittee, invited the members of the Association to make suggestions as to the details of the document, and promised that such suggestions should receive every possible consideration; and promised that another amended draft Charter should be published in the JOURNAL before it received the Royal approval.

The Association again proved its readiness to use its power in behalf of all departments of the profession, without regard to the question whether or not those for whom it is endeavouring to act are or are not connected with it. A resolution was unanimously passed, providing for the appointment of a Committee to inquire into the subject of Poor-law Medical Relief, and to obtain, if found necessary, the amendment which has been so long urged on the

* Dr. W. Budd's paper on the Cattle Plague will, we trust, appear in our next number. It is, undoubtedly, the most valuable addition to our knowledge on the subject which has yet appeared from the pen of a scientific physician. It may be mentioned as a remarkable fact, that this paper (promised a year ago) should have been presented to the Association at the very moment of the advent of the plague to this country. To shew the care and accuracy with which it has been drawn up, we may add, from what we hear, that the description of the disease, as given by Dr. Budd, fully accords with the actual facts now unfortunately brought under our personal observation.

Poor-Law Board by Mr. Griffin. A memorial to the Secretary of State for War and to the First Lord of the Admiralty, in behalf of the army and navy medical officers, was adopted; and, undeterred by the repulses with which they have already met from the Council of the College of Surgeons, the Association again agreed to the presentation of a memorial to that body, in favour of granting to the country Fellows the privilege of voting at elections by written papers, after the manner followed in the Universities of Oxford and Cambridge.

The Directors of the Medical Provident Society presented their first annual report: and in so doing expressed their belief that the Society was likely to prosper, and to be useful to the profession. No discussion on it took place; and therefore some members objected to the election of the Chairman and Vice-Chairman by the Association. Ultimately, however, the meeting by a large majority re-appointed Dr. Richardson as Chairman, and elected Mr. John Clay of Birmingham as Vice-Chairman. The non-discussion, we believe, arose from a misapprehension, as our readers will see on perusing the explanation given by Dr. Richardson; but, to remove all cause of dissatisfaction, the Directors have since resolved that means be taken to remove any technical difficulties which may exist in the way of discussing the reports which will be presented at future meetings.

Mr. R. B. Carter, undismayed by the warning conveyed in the resolutions passed by the majority of the Branches, brought forward his long threatened resolution for the suppression of the JOURNAL; and Dr. Davey followed him with a suggestion which, however well meant, would, we fear, have only had a very different effect from that intended. What was said by Mr. Carter and Dr. Davey and their seconders, and how their proposals were received, our readers will learn by referring to the report given in a subsequent page. The result of the discussion was, the unanimous adoption of an amendment proposed by an old and valued member of the Association—the Reverend Dr. Bell, and supported by two other members of long standing—Drs. Sibson and Cowan. The manner in which the Association assented to Dr. Bell's amendment showed that it regarded it not merely as a negation of the opinion of Mr. Carter, nor only as an expression in favour of the continuance of the JOURNAL, but as a vote of confidence in the Editor, and an approval of the manner in which the organ of the Association has been conducted by him.*

In concluding these remarks, we would repeat, that the Leamington meeting has shown the Association to be in a sound and prosperous condition. Our

* Dr. Bell's motion, which was, in fact, the negation of Mr. Carter's, was carried unanimously. Not a single hand was, as far as we could observe, held up in favour of Mr. Carter's views.

body is surely very far from being in a state of decadence, when it can seriously endeavour to become incorporated by Royal Charter, and when, at one single meeting, it can prevail on so many and so great luminaries of medicine to give it the benefit of their profound learning and practical sagacity. Let us hope that, when the members meet next year in Chester, under the presidency of Dr. Edward Waters, the Association will be found to have made an advance even beyond expectation.

Medical News.

APPOINTMENTS.

- *HEWITT, Graily, M.D., appointed Professor of Midwifery in University College, and Obstetric Physician to the Hospital.
- HUGHES, E., M.D., Kirkdale Road, Liverpool, appointed Honorary Medical Officer to the Liverpool Dispensaries, *vice* Dr. W. P. Jones, resigned.
- *MASON, Francis, Esq., elected President of the Medical Society of King's College, London, for the Session 1865-66.

MARRIAGES.

- On the 24th ult., at Alrewas, Staffordshire, *David Henry MONCKTON, M.D., F.R.C.S., etc., of Rugley, to Sara, second daughter of Thomas PARR, Esq., of Alrewas.
- At the same time and place, William MONCKTON, Esq., of King's College, London, to Maria, eldest daughter of Thomas PARR, Esq., of Alrewas.

DEATH.

- *WEST, John Wickens, Esq., at Poole, Dorset, aged 55, on June 1.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY. The library will be closed from Monday, August 14th, to Saturday, September 9th, both days inclusive.

THE GRESHAM PROFESSORSHIP. Dr. Henry Powell, brother of Mr. Baden Powell, has been appointed Gresham Professor of Physic in place of the late Dr. Southey.

THE WILL OF SIR DAVID DAVIES, M.D., K.C.H. The personalty was sworn under £20,000. The testator was physician to William IV and the late Queen Dowager. His will is dated 1857, and he died on May 2nd last, at Lucca, Italy, at the age of 72. Sir David has devised his real estates to his son Robert, of the Bengal Civil Service, and leaves to his younger son, the Rev. W. H. Davies, M.A., a legacy of £8,000. To his niece, Mrs. Jane Morgan, he leaves a life-interest in £2,000. (*Illustrated London News*.)

MR. TIMOTHY HOLMES has been appointed Surgeon-in-Chief of the Metropolitan Police in the place of Sir John Fisher, who lately resigned the office. The salary is £800 a year. Private practice is not permitted to the holder of this appointment; but he may retain hospital appointments.

CAST OF PRITCHARD'S HEAD. The cast taken of the head of the murderer gives a different impression of the cerebral development from what one gets from the portraits. His baldness concealed the deficiency in the intellectual part of the brain, by making the forehead appear larger than it in reality is. The animal part of the brain was fully four-fifths of the whole; as an eminent phrenologist expressed it, the skull was bestial. The same gentleman remarked that he had only known one head of a sane person to equal it in its unfavourable development. The organ of Amativeness was immensely large, and also that of love of approbation. (*Daily Review*.)

THIRTY-THIRD ANNUAL MEETING

OF THE

British Medical Association.

Held in Leamington, August 1st, 2nd, 3rd, and 4th.

TUESDAY.

THE Committee of Council met at half-past One in the afternoon; and the General Council at Three.

The First General Meeting of Members was held in the College, Binswood Terrace, which had been kindly placed at the service of the Association by the trustees.

The following is a list of the members and visitors who, as far as we have been able to ascertain, were present at the meeting.

Adkins, Harry, Esq., Meriden
Alford, Stephen S., Esq., London
Allwork, C. L., Esq., Maidstone
Anderson, M. F., Esq., Coventry
Armstrong, J. M., Gravesend
Ashton, F. J., Esq., London
Baillard, Thomas, Esq., London
Bacley, John, M.D., Leicester
Barker, T. Herbert, M.D., Bedford
Bartlett, E., Esq., Camden
Bartlett, T. H., M.B., Birmingham
Bartlett, Wm., Esq., London
Bassett, John, Esq., Birmingham
Beales, Robert, M.D., Congleton
Begley, Wm. C., M.D., Hanwell
Bell, Rev. David, M.D., Gooch
Bellot, W. H., M.D., Yutton
Berry, Samuel, Esq., Birmingham
Bicknell, Edward, Esq., Coventry
Bidwell, Henry, M.D., Altrington
Birt, Joseph, Esq., Stourbridge
Birt, Thomas, M.D., Leamington
Bishop, Edwin, M.D., Culworth
Bodington, George, L.R.C.P.Ed., Sutton Coldfield
Bodington, W., Esq., Kenilworth
Bottomley, George, Esq., Croydon
Bourne, T. S., Esq., Kenilworth
Bridgeman, G. W., Esq., London
Bridger, John, Esq., Cotteswold
Brooke, John, Esq., Stockport
Brown, J., M.D., Edinburgh
Bryan, J. M., M.D., Northampton
Bucknill, S. B., M.D., Rugby
Bullock, T. W., Esq., Warwick
Burnett, C. M., M.D., Alton
Burrows, G. M.D., F.R.S., London
Busby, R. A., Esq., Leamington
Camps, Wm., M.D., London
Caden, H. D., Esq., Worcester
Caird, Robert B., Esq., Stroud
Cecily, Robert, Esq., Aylesbury
Chesterman, S., Esq., Banbury
Church, Wm. J., Esq., Bath
Clarke, John, Esq., Kenilworth
Clay, John, Esq., Birmingham
Clayton, M. H., Esq., Birmingham
Clement, William J., Esq., M.P., Shrewsbury
Coper, William, M.D., Bury St. Edmunds
Cowan, Charles, M.D., Reading
Dartnell, G. R., Esq., Henley-in-Arden
Davey, J. G., M.D., Northwoods
Davies, J. B., M.D., Birmingham
Day, Henry, M.D., Stafford
Deane, R., Esq., Buckingham
Desmond, L. F., M.D., Liverpool
Douglas, Archibald, M.D., London
Downs, Wm., Esq., Handsworth
Draper, Charles, Esq., Kenilworth
Dresser, Wm., Esq., Coventry
Duke, A., M.D., Rugby
Dunstable, H., Esq., West Bromwich
Durrant, G. M., M.D., Ipswich

Ebbage, T., Esq., Leamington
Eddowes, Wm., Esq., Pontesbury
Edwards, James, M.D., Benarth
Elkington, Thomas, Esq., Fenny Compton
Evans, S. H., Esq., Derby
Everett, D., Esq., Worcester
Falconer, R. W., M.D., Bath
Fayer, G. M.D., Henley-in-Arden
Fegan, Richard, M.D., Charlton
Ferguson, George, M.B., Birmingham
Firth, John, Esq., Macclesfield
Fleming, A., M.D., Birmingham
Fletcher, Bell, M.D., Birmingham
Flint, Richard, Esq., Stockport
Foster, B. W., M.D., Birmingham
Gabb, John, Esq., Bewdley
Garner, J., Esq., Birmingham
Gibb, George D., M.D., London
Gibson, S., M.D., London
Girling, G. L., Esq., St. Ives
Goodchild, F., M.D., Warwick
Goodfellow, S. J., M.D., London
Gould, H. M., Esq., Waterbury
Gravelly, Richard, Esq., Newark
Hadley, J. J., Esq., Birmingham
Hailey, Hammett, Esq., Newport Pagnell
Hall, C. R., M.D., Torquay
Harrison, John, Esq., Chester
Hastings, Sir C. M.D., Worcester
Hutton, John, M.D., Belvedere
Haward, Edwin, M.D., London
Hemming, J. H., Esq., Kimbolton
Henry, A., M.D., London
Heygate, Thomas, Esq., Market Harborough
Higginbottom, John, Esq., F.R.S., Nottingham
Hitchman, J., M.D., Mickleover
Hitchman, J., Esq., Leamington
Hooper, Charles, Esq., Aylesbury
Hopkins, W., Esq., Handsworth
Hornblow, R. E. B., M.D., Leamington
Humphreys, J. R., Esq., Shrewsbury
Husband, Wm. D., Esq., York
Hutchinson, J., Esq., London
Ingis, A., M.D., Worcester
Irwin, W. C., M.D., Leicester
Jeaffreson, J. R., Esq., Leamington
Jeaffreson, Samuel J., M.D., Leamington
Jeston, Thomas W., Esq., Henley-on-Thames
Johnstone, James, M.D., Birmingham
Jones, E., Esq., Leamington
Jordan, F., Esq., Birmingham
Kelly, Wm. M., M.D., Taunton
Kidgell, S. W., Esq., Pangbourne
Kingsley, Henry, M.D., Stratford-upon-Avon
Kirby, Burrows, M.D., Warwick

Kite, W. J., Esq., West Bromwich
Lane, James R., Esq., London
Langmore, J. C., M.B., London
Laurence, J. Z., Esq., London
Lord, C. F. J., Esq., Hampstead
Lund, Edward, Esq., Manchester
McCheane, W., Esq., Liverpool
Machen, John, Esq., Leamington
Machin, E. S., Esq., Erdington
McIntyre, John, M.D., Odham
Mackenzie, M., M.D., London
Mackesy, Thomas L., M.D., Watertord
McVeagh, D., L.K. & Q.C.P.I., Coventry
Male, J. E., Esq., Leamington
Manley, John, Esq., West Bromwich
Markham, W. O., M.D., London
Marriott, C., Esq., Leamington
Marshall, Henry, M.D., Clifton
Martin, A., Esq., Evesham
Mead, G. B., M.D., Newark
Meece, R. H., Esq., Bradford
Mellor, T., Esq., Manchester
Merriman, S. W. J., M.D., London
Moore, C. H., Esq., London
Morgan, M. B., Esq., Lichfield
Morgan, W. F., Esq., Bristol
Morris, Henry, Esq., Studley
Morris, J., Esq., Leamington
Nesbitt, F. A., Esq., Wolverhampton
Niven, D. G., Esq., Worcester
Nunn, J. B., Esq., Warwick
Nunneley, Thomas, Esq., Leeds
O'Callaghan, P., LL.D., Leamington
Paget, G. E., M.D., Cambridge
Paget, Thomas, Esq., Leicester
Parker, Langston, Esq., Birmingham
Parratt, J. E. T., Esq., Charlton
Paul, J. H., M.D., Camberwell
Pemberton, O., Esq., Birmingham
Philpott, G. H., M.D., Newcastle-upon-Tyne
Pitt, R., Esq., Wellesbourne
Prichard, T., M.D., Northampton
R. Property, John, Esq., London
Ramsey, W. F. H., M.D., London
Ramsay, Arthur, M.B., Manchester
Ray, Edward, M.D., Dulwich
Reid, Kenneth, M.D., Montreal
Rhodes, James, Esq., Glossop
Rice, D., Esq., Southampton
Richardson, B. W., M.D., London
Robertson, W. Tindal, M.D., Nottingham
Routh, C. H. F., M.D., London
Royston, Christopher, Esq., Bath
Rumsey, H. W., Esq., Cheltenham
Russell, J. M., M.D., Birmingham

Ruttledge, T. E., Esq., Southampton
Sadler, P. L., Esq., Warrington
Sankey, W. H. O., M.D., Cheltenham
Seaton, Joseph, M.D., Sunbury
Shaw, H. E. F., Esq., Sutton Coldfield
Sibson, F., M.D., F.R.S., London
Sieveking, E. H., M.D., London
Sims, J. Marion, M.D., London
Skeate, Edwin, Esq., Bath
Skinner, T., M.D., Liverpool
Smith, T. Heckstall, Esq., St. Mary Gray
Smith, William, Esq., Redditch
Solomon, J. V., Esq., Birmingham
Southam, G., Esq., Manchester
Spender, J. K., Esq., Bath
Steel, S. H., Esq., Abergavenny
Steele, A. B., Esq., Liverpool
Stewart, A. P., M.D., London
Stokes, W., M.D., D.C.L., Dublin
Stokes, A., M.D., Liverpool
Sturges, Octavius, M.B., London
Sutherland, Wm., M.D., Croydon
Swan, Thos., Esq., Birmingham
Swinson, G. H., Esq., Leamington
Syme, James, Esq., Edinburgh
Symonds, J. A., M.D., Clifton
Teale, T. P., Jun., Esq., Leeds
Teale, H., Jun., Esq., Northampton
Thomson, T. M., Leamington
Tibbitts, John, M.D., Warwick
Torrance, D. M.D., Rugby
Tuke, T. H., M.D., London
Tunstall, James, M.D., Bath
Turner, G., M.D., Stockport
Turner, Thos., Esq., Manchester
Turnour, A. E., M.D., Deubigh
Underhill, Thomas, Esq., Tipton
Vose, J., M.D., Liverpool
Wade, W. F., M.B., Birmingham
Waters, A. T. H., M.D., Liverpool
Waters, Edward, M.D., Chester
Watkins, R. W., Esq., Towcester
Webb, Wm., M.D., Wicksworth
Webster, John H., M.D., Northampton
Welchman, C. E. E., Esq., Lichfield
Wells, E. W., M.D., London
Wells, F. F., Esq., Saffron Walden
Westall, E., M.D., Kensington
Whitfield, Henry, Esq., Ashford
Wilkinson, Eason, M.D., Manchester
Williams, Joseph, M.D., London
Williams, T. Watkin, Esq., Birmingham
Williams, William, Esq., Guilsborough
Wood, C. W., Esq., Woodhouse
Wood, William, M.D., London
Wyman, George, Esq., Alcester
Yates, George, Esq., Birmingham

INSTALLATION OF THE PRESIDENT.

Dr. PAGET, the retiring President, having taken the chair, said:

"Gentlemen, I congratulate you on the prosperity of our Association—its prosperity both financial and social. I congratulate you on our meeting in this beautiful and pleasant place—this famous health-resort—where, under the able and genial guidance of our new President and his colleagues, we may observe the various aids in the restoration of health which here abound—the *adjuvantia* of the Leamington doctors. I mean not the mineral waters alone, but the cheerful walks, the charming scenery, and the many objects of interest, the contemplation and enjoyment of which are, as we all well know, as truly remedial in the influence, and at least as pleasant, as many of the articles in our *Pharmacopæia*. Gentlemen, the time is come for my retirement from the office of President, in which your favour placed me. Accept my thanks—many and hearty thanks—for the kindness which bestowed on me that high distinction, and for all the many courtesies which have been shown to me during my year of office. Believe me, I shall ever hold them in grateful remembrance. And now, my good friend Dr. Jeaffreson, let me wish you

joy on succeeding to this same dignity. 'Tis one of the popular honours of a free country. Our profession does not, like the other learned professions, look to the Crown or State for its highest honours and rewards. But our aspirations are not less worthy—are not less lofty—when we seek our highest honours in the approbation of our professional brethren."

Dr. JEFFERSON, the new President, then took the chair vacated by Dr. Paget. He said that the feelings uppermost in his mind were hesitation and doubt; whether he should be able to discharge, with satisfaction to himself, the duties of the office in which the kindness of the members had placed him. But he could assure them, that no endeavours should be wanting on his part to fulfil the duties to the best of his ability; and hoped, when he retired from the chair, that the same kindly feeling would rest towards him that he was sure they all felt towards Dr. Paget. *Cheers.*

The President then read his address, which was published at page 107 of last week's JOURNAL.

THANKS TO THE RETIRING PRESIDENT.

Dr. FALCONER (Bath) said that one of the first business duties which the Association had to perform was to welcome their new President; and the manner in which they had received Dr. Jeffereson evinced the gratification it afforded them to see him in that honourable position; and he had no doubt that, before the close of the meeting, they would find still further reasons to approve of the choice that had been made. There was an old Persian saying, that men are rather disposed to adore the rising than the setting sun; but still they must not be unmindful of the great benefits the Association had received under the late worthy President, Dr. Paget. *Cheers.* Many present, doubtless, remembered the pleasant reception which the Association met with the preceding year at Cambridge—[*hear*]*—*how, upon the occasion, the University was truly an *Alma Mater* to the Association. They would remember, too, the kindness which they met with from every resident of the University; and especially how the hand of fellowship was held out to every member of the profession. *Cheers.* He was sure, whatever successes had attended the Association in the past, or whatever happiness might attend the annual meetings in the future, they could never obliterate the recollection of the kind reception it met with from the University of Cambridge [*cheers*]; and, without at all depreciating the services of others, they must regard Dr. Paget as having been the guiding spirit on that occasion. Like a conquering general crowned with the victor's wreath, he would not consider the distinction depreciated, if upon the leaves might be found the names of those who had assisted him to achieve his triumphs. They had the honour on the occasion of having as their President one who was highly esteemed by the University, of which he was a distinguished member, and who called by the title of brother one who was equally distinguished in the metropolis. [*Applause.*] He proposed—

"That the cordial thanks of this Association be given to Dr. Paget, the retiring President; and that he be elected a Vice-President of the Association."

Mr. HUSBAND (York) seconded the motion. Not only must they be grateful to Dr. Paget for the manner in which he had filled the office of President, but for the zeal and assiduity with which he had watched over the interests of the Association during the past year. [*Cheers.*]

The President put the motion, which was carried by acclamation.

Dr. PAGET, in reply, said that he thanked the members for the flattering mark of their approba-

tion. He would have great pleasure in repeating at Cambridge the kind words in which Dr. Falconer had referred to his colleagues there, and which, indeed, they had well deserved. For his own part, he felt that his thanks were rather due to the members of the Association who attended the meeting at Cambridge, for their willingness to be pleased, and for the good will they brought thither with them, which had made his remembrance of those three days an unmixed and lasting pleasure.

REPORT OF COUNCIL.

Mr. WATEIN WILLIAMS, General Secretary, read the Report of Council, which was published at p. 124 of last week's JOURNAL.

REPORT OF MEDICAL PROVIDENT SOCIETY.

Dr. HENRY, Secretary to the Society, read the subjoined report.

"The Board of Directors of the Medical Provident Society, in accordance with a resolution of the last annual meeting of the British Medical Association and with the Rules of the Society, beg to submit to the Association their first Annual Report.

"The first step taken after the meeting of the Association at Cambridge, when it was decided to form the Medical Provident Society, was the election of Directors. The Branches of the Association or their Councils, with one or two exceptions, elected from one to three Directors for each Branch according to its size. These, with five Directors elected by the Committee of Council to represent the members of the Association not included in Branches, and the chairman, Dr. Richardson, appointed by the Association at the last annual meeting, have formed the Board by whom the affairs of the Society have been managed.

"The Board of Directors thus appointed met for the first time on October 20th, and took into careful consideration several questions regarding the constitution and working of the Society, especially those which had formed the subject of debate at the Cambridge meeting. An Executive Committee, consisting of the Chairman, Dr. Westall, T. Heckstall Smith, Esq., Dr. Armstrong, Charles F. J. Lord, Esq., Dr. Falconer, John Clay, Esq., and Dr. Fayer, was appointed, and was directed to draw up a code of Rules, embodying therein the decisions of the Board on the questions specially considered by them, and to submit the same to the next meeting of the Board.

"The Executive Committee accordingly met on November 18th, and agreed on a Draft Code of Rules to be presented to the Board. The rules, then agreed on, are duly entered in the Minute Book of the Society.

"The Board of Directors again assembled on January 27th of the present year, when it was decided that the Society should be registered under the provisions of the Friendly Societies' Acts, and that the Chairman and Secretary should be authorised to enter into the necessary communication with Mr. Tidd Pratt, and to make such alterations in the Rules, consistent with the scheme approved by the Directors, as might be required. By taking this course, the Directors rendered the Society financially safe, while at the same time they divested the Association from any possible liabilities. The Rules recommended by the Executive Committee were carefully examined and approved by the Board; and after revision, were registered by Mr. Tidd Pratt under the Friendly Societies' Acts.

"A copy of the Rules, as registered, is herewith presented.

"By reference to these Rules, it will be seen that the very generally expressed wish of the Association

that the Society should be open to the whole profession, and that its privileges should not cease on a member reaching the age of sixty, have been carried out.

"As the Rules have been printed, and the meeting is in possession of them, the Directors deem it unnecessary to enter into details. But there are one or two points to which they may refer.

"In the first place, they would point out that, while the Society stands on an independent basis as regards finance, the government of it, without any prejudice to members outside the Association, remains virtually in the hands of the Association. Some objections have been made to this arrangement; not, as far as the Directors are aware, by members of the Society, but by gentlemen who think that the Society, to be properly managed, should confine the power of electing officers to its own members only. The Directors are of opinion that this may ultimately be demanded and be advisable; and, so soon as the members of the Society themselves call for this change, they would be ready to take the matter into consideration, should it be the wish of the Association to effect this change. In the meantime, they believe that the Society rests firmly on its present foundation; that its government will be conducted in a manner that is sound, and satisfactory to all concerned; and that any alteration would be fatal to the very existence of the Society. Practically, indeed, they have learned that the success which has so far attended the Society during its brief career, has rested on the firmness with which it has been established by the energy of the Association. They are convinced that by no other means could a Board of Directors obtained from all parts of the kingdom have been brought together; and they trust that the Association will consider that it has been performing one of its most important functions in putting forth and fostering the Society. To use a plain simile, the Medical Provident Society is to the Association what a colony is to the mother country. It requires the protection of that body out of which it has sprung, until time shall give it strength to stand alone.

"The Directors have great pleasure in referring to the excellent financial condition of the Society. Through the liberality of members of the medical profession—mostly members of the British Medical Association—an Auxiliary Fund has been raised which far exceeds their first expectations. The Fund amounts to nearly £900; the greater part of which has been paid. A small part of the Fund has been applied to the payment of expenses; it will ultimately be invested as a reserve on which, in emergency, the Directors may draw. The Directors would specially point out, at the same time, that the Auxiliary Fund in no way interferes with the purely provident character of the Society. It simply provides for emergencies, and enables the Directors, in any extreme case, to supply any deficiency that may arise. The Directors hope that the wealthy members of the profession will therefore continue to enrol themselves as Honorary Members of the Society by subscribing to the Auxiliary Fund. The privilege of possessing such a Fund is one which belongs to every provident institution, and is considered by all as a valuable means of stability. They would also impress on every member contributing with a view to receive the advantages of the Society, that the existence of the Auxiliary Fund is not in any sense to be accepted as rendering the Society eleemosynary.

"The Directors have the satisfaction of stating that the Society appears to be in accordance with the wants and wishes of the profession.

"As, on the construction of the laws, the Board of Directors elected last year became entirely provi-

sional and even nominal, the members have not thought it advisable to draw largely on the Funds of the Society for the purpose of making it widely known. A small grant of £25 has, however, been voted by the Executive Subcommittee, to enable the Secretary to send a prospectus to a limited number of the profession. As this issue has only been very lately completed, the Board is unable to report further than that upwards of ninety applications have been made, and that the sum of £81 2s. has been received for the contributors' fund.

"In connection with the case of contributing members, the Chairman has received numerous communications on the question whether the rate of annual premium, and therewith of payment during sickness, should not be allowed to be reduced. Some members of the profession desire to pay even such a sum as would enable them to receive during sickness half the weekly sum at present offered. The question will be left to the new Board for consideration; but the present Board recommends that, if such reduction be safe, it should be made.

"The Directors would take this opportunity of removing an impression which is somewhat detrimental. The Chairman has been frequently met with the objection that the old British Medical Fund failed, and that therefore the present Society is subjected to the same risk. The Directors would point out that this inference is groundless. The British Medical Fund was not provident for cases of sickness alone, but also provided insurances and annuities. It tried, in fact, to do too much in proportion to the premiums obtainable from the profession; and it was not supported by a reserve fund. The present Society is not only protected by an Auxiliary Fund, but its rates of premium are so calculated, that it is financially as safe as any other provident society in the kingdom.

"The cost of managing the Society is to be met from a special Management Fund; and the expenses connected with management are reduced to the lowest possible amount. Indeed, the only expenses incurred are the Secretary's salary, and the cost of printing, advertisements, and postages. It is arranged that the house of the Secretary shall be the office of the Society.

"In carrying out the work of the Society, the Directors have to express their thanks to the Executive Subcommittee; and especially to John Clay, Esq., of Birmingham, for the great service he has rendered in drawing up and revising the laws. They are also under a deep debt of gratitude to A. G. Finlaison, Esq., Actuary to the National Debt, not only for rendering his valuable aid in the framing of their tables, but for the admirable tone in which he asked the Directors to accept his labours as a recognition of the esteem in which he held the profession at large and of his indebtedness to it. The Board have had the pleasure of electing Mr. Finlaison an Honorary Member of the Society, and of offering him the post of Consulting Actuary, which he has willingly accepted. They respectfully suggest that it would be a fitting mark of courtesy to a distinguished layman, for the Association to accord him a special vote of thanks.

"The Chairman wishes also to tender his acknowledgments to Mr. Tidd Pratt for many acts of courtesy.

"Lastly, the Directors have to express their thanks to the Association for the sum voted last year, part only of which they have as yet applied for, but which enabled them to commence the preliminary work; and also to the numerous contributors to the Auxiliary Fund,—especially T. Taylor Griffith, Esq., of Wrexham, who has collected and forwarded, inclusive of his own donation, nearly £100; and to H. D. Carden, Esq., of Worcester, for his offer of £50 in addition to his former donation of 30 guineas, provided that

ten other members of the profession will each contribute a like sum of £50.

"The directors have the pleasure to announce that, at their first meeting, they elected Dr. Alexander Henry as Secretary to the Society; and that their labours have been greatly lessened by the energy and judgment which he has displayed in the discharge of his duties.

"In accordance with the desire of the Executive Subcommittee, the Directors recommend to the Association the re-election of Dr. Richardson as Chairman, and the election of John Clay, Esq., of Birmingham, as Vice-chairman of the Society for the ensuing year.

"The Board have full confidence that, in each succeeding year, their successors will have to report that the prosperity of the Society increases, and that its usefulness is more and more widely recognised.

"(Signed)

"B. W. RICHARDSON, M.D., *Chairman.*"

APPOINTMENT OF AUDITORS.

Mr. BARTLETT (Camden) moved, Mr. JONES (Leamington) seconded, and it was unanimously resolved—

"That the best thanks of this meeting be given to Dr. Melson and Mr. Hadley, for auditing the accounts of the Association; and that they be requested to continue their services for another year."

THE ORDER OF BUSINESS.

Mr. STEELE (Liverpool) wished to know whether they were strictly in order in proceeding to the election of officers before the Report of the Council had been discussed and adopted? He also desired to know, whether the Report of the Medical Provident Society was to be passed over in silence? [*Hear.*]

Mr. HUSBAND (York) thought the proper course would have been to have discussed the Report of the Council immediately after it had been read.

Mr. WATKIN WILLIAMS said, that this year there was an alteration in the order of business, which he would explain. The Report of the Provident Society was presented to the meeting, not that it might be discussed, for they had not the power of doing so; but because the Association elected the Chairman and Vice-Chairman of the Board of Directors. The Association had no power to discuss the Report; all they had to do, was simply to listen to it. ["No, no."] They might say "no, no"; but what he had stated was perfectly true. With respect to the Report of the Council, Mr. Husband was perfectly right in saying, that it had hitherto been the custom to move its adoption immediately on its being read. But, on the present occasion, it had been arranged to defer the consideration of the Report until the following day, when the whole of the morning would be devoted to the discussion of it and of other matters connected with the Association. On the present evening, it was proposed to dispose of formal business merely.

Mr. STEELE wished to know, whether it was to be distinctly understood that a report was to be submitted to the Association, but that they were not to be allowed to express an opinion whether it was good, bad, or indifferent? Was the Association to accept a report, and to become responsible for its contents, without being allowed to express an opinion on its merits? He should like to ask, how many subscribing members of the Provident Society there were? He did not hear the number stated in the Report. He thought it would be very unwise for any section of the Association to attempt to force a report upon the meeting without allowing the members generally an opportunity of expressing their opinion.

Mr. WATKIN WILLIAMS said that the Report was not forced upon the Association in any way. They were not asked to approve of it, or in any way to sanction it. The Association was in no way responsible for the engagements of the Provident Society; and, therefore, they did not discuss the Report, nor approve of it; but simply listened to it, and, he hoped, were glad to hear of the success of the Society.

Mr. LORD (Hampstead) approved of the arrangement for the Report of the Council being discussed the following morning.

Dr. RICHARDSON (London) would assure the Association that there was no wish on the part of the Directors of the Provident Society to suppress anything; and he had come prepared to move the reception of the Report, so as to open discussion. But they had of necessity been placed in such a position that they could not ask the Association to discuss the Report in a way that would permit a vote to be taken involving alteration of the Rules. To protect the Association from any kind of responsibility, the Directors had placed the Provident Society under the Friendly Societies Act. They were bound to act in accordance with the law of the land; at the same time, as an evidence of their wish to preserve a connexion with the Association, they placed the proceedings of the Board of Directors before the Association. It was not legally possible for the Association to alter by vote the Rules of the Society. It had been provided by the Directors, that the Association should nominate the Chairman and Vice-Chairman; and on such nomination discussion might follow. As the Report stated, the Directors felt that the Society was accomplishing its object, which could never have been the case but for the Association leading it until it could stand alone. Some might say that it was derogatory to the dignity of the profession that there should be such a Society; but there could be no doubt that it met a great want, and the Directors had been even asked whether the scale of payments could not be reduced so as to give £1 or even ten shillings a week to the poorer members of the profession, to save them in time of sickness from actual want and destitution. The Society enabled members of the profession, who were earning small incomes, to take during sickness that rest which was essential to their recovery. The Directors had found, as they had gone on, that the scope of their labours had increased; and he hoped the connexion which existed between the two societies would not be broken, and that the Association would accept the explanation he had given.

The PRESIDENT thought Dr. Richardson's explanation so clear and straightforward, that it would only be wasting time to further discuss the matter.

ELECTION OF SECRETARY.

Sir CHARLES HASTINGS referred to the zealous, assiduous, and courteous manner in which the General Secretary had discharged his difficult and delicate duties during the past year; and moved—

"That Mr. Watkin Williams be reappointed Secretary to the Association."

Dr. RICHARDSON seconded the proposition, remarking that Mr. Williams possessed four great qualifications for the office of Secretary—tact, industry, conscientiousness, and economy.

The motion was unanimously carried.

MEDICAL PROVIDENT SOCIETY: ELECTION OF CHAIRMAN AND VICE-CHAIRMAN.

Mr. PROPERT (London) proposed—

"That Dr. Richardson be re-elected Chairman, and that John Clay, Esq., be elected Vice-Chairman, of the Medical Provident Society."

He thought it desirable that the British Medical

Association should still act towards the Provident Society as a foster-parent. They might run pleasantly and beneficially together.

Dr. WESTALL (Kensington) seconded the motion. Although the Association could not take part in the management of the Society, the provincial Branches took great interest in it. It was the opinion of many, that £2 a week in sickness was far too small a sum for the Society to give.

Mr. HUSBAND (York) moved an amendment; not because he objected to either of the gentlemen proposed by Mr. Propert, but because he thought the Association would be put in a relation to the Provident Society in which it ought not to be, if they appointed those officers. The Association would be incurring a responsibility which he, as a member, protested against. [*Hear, hear.*] If they had no power to discuss the Report, they ought not to appoint any officers, as this would be indirectly sanctioning the proceedings of the Directors. He moved—

“That it is not desirable that this Association should name the Chairman and Vice-Chairman of the Medical Provident Society, but that the choice of its officers ought to be left to that Society.”

Mr. STEELE (Liverpool) seconded the amendment. He did so because, however ungracious it might seem to oppose a scheme which promised to do so much good, it would be better that a false connexion should not be allowed to spring up between the Association and the Provident Society; and that it would be an infinitely less evil that the project should fail now than in fifteen or twenty years' time, after members had been subscribing in the hope of subsequent benefit—a result which was not only possible, but, in his judgment, extremely probable. [*Hear, and dissent.*] He thought, after an examination of the tables drawn up, and a comparison of them with the experience of other societies, that the Provident Society was a scheme which was extremely unlikely ever to be successful; and that it was entirely unfitted to meet the wants of the medical profession. It professed to provide for medical men, in the exigencies of sickness and accident, by a paltry payment of two pounds a week. [*Interruption.*] Professional incomes varied from £200 to £2,000 a year. How absurd, therefore, to attempt to meet the wants of the profession by a uniform benefit allowance.

The PRESIDENT called Mr. Steele's attention to the fact that the subject before the meeting was the appointment of the Chairman and Vice-Chairman.

Mr. STEELE merely wished to explain why he did not think the Society worthy of the support of the Association. By appointing the Chairman and Vice-Chairman, they would be sanctioning acts over which they had no control, and rules which had never been laid before them.

Dr. SIBSON (London) supported the original motion; but he hoped that, at the next meeting, the Directors would lay their Report before the Association in such a way that they might not be mere listeners. [*Hear, hear.*] If the Provident Society was to succeed, it must grow as it had been planted—in connexion with the Association; but the Association must take some part in, and have some control over, what was done. He regretted that they were unable to discuss the Report presented; and it would be the last time he should vote for the appointment by the Association of the Chairman and Vice-Chairman, unless in future the Report could be considered and discussed before being adopted.

Mr. NUNNELEY (Leeds) protested against the consideration of the Report of the Council being deferred until another day, when the Council would not legally be in existence, and when many who had

never heard the Report read would be present, whilst others who wished to say something respecting it would possibly be absent. He had not the least faith in the permanency of the Provident Society, and thought the Association ought not to elect the principal officers of a Society over whose proceedings they could exercise no control, and with which they could not in any way interfere. [*Hear.*]

Mr. HECKSTALL SMITH (St. Mary Cray) expressed the interest he took in the Provident Society, but should feel a reluctance in taking the part he did in connexion with it, if the annual Report was not to be discussed by the Association. He was not present at the meeting of the Directors in the morning, and therefore he did not know how the difficulty arose; but he should think there was no earthly reason why the Report should not be discussed, whilst there was every reason why it should. It should be remembered that the British Medical Association proposed every member of the Directorate, and had desired them to make laws for the government of the Society. In obedience to those instructions, the Directors had done what they considered best in their power to do. He believed that the arrangement for the non-discussion of the Report presented to the Association arose out of a desire not to involve it in any way with the responsibilities or engagements, pecuniary or otherwise, of the Provident Society. [*Hear, hear.*] This was the sole motive which led them to register the Society under the Friendly Societies Act, so that it might be kept totally distinct from the Association as regarded pecuniary obligations. The difficulty had been, how to manage the *imperium in imperio*; and the Directors believed it had been solved by the steps which had been taken. He felt convinced that the Society would prove a great success, and hoped that no attempt would be made by the Association to get rid of a Society which it had itself established, except after due notice.

Dr. STEWART (London) explained that, when it was arranged to defer the discussion on the Report of the Council until the following day, it was anticipated that a copy of the Report would by that time be in the hands of every member. With respect to the Provident Society, he explained the position which the Board of Directors had found it necessary to take; and hoped that this would not at all interfere with the interest that the Association would doubtless continue to feel in the success of the Society.

Dr. RICHARDSON explained that what he said was, not that the Association could not discuss the Report, but that they could not by vote in any way alter the Laws. The Association, at its meetings at Bristol and Cambridge, had sanctioned the institution of the Medical Provident Society, had elected a Chairman, and had arranged for the formation of a Board of Directors with power to make Rules. If the Association did not wish now to remain connected with the Society, let it say so; but do not let them desert the Directors at once, as they had received nearly £1,000, had issued circulars, and could not at once stop operations. He thought that the Association would act very wrongly if it were to turn round and repudiate what it did last year. He, therefore, hoped that the Association would appoint the Chairman and Vice-Chairman; and that they would not be led away by the seductive speeches that had been made, but act like practical men, and carry out their previous decisions.

Mr. HUSBAND contended that the Association had not discarded the Provident Society, but that the Society had by its own act severed itself from the Association [*No, no.*], by putting itself under the Friendly Societies Act, and placing itself in such a

position that the Association could not discuss its Report, or exercise any control over its proceedings. It was contemplated last year that the Society would be in connexion with the Association, and form an integral portion of it; but this was not carried out; and he therefore thought that, as the Society was wholly separate and distinct, the Association ought not to appoint any of its officers. *[No, no, and applause.]*

The PRESIDENT then put the amendment to the meeting, when it was lost by a large majority. The original motion was then carried.

On the motion of Mr. HECKSTALL SMITH, seconded by Mr. CLAY (Birmingham), a vote of thanks was unanimously accorded to Mr. Finlaison, the eminent actuary, for his valuable and gratuitous services in the preparation of the tables of the Medical Provident Society.

The proceedings of the day then terminated, having lasted until 11 P.M.

WEDNESDAY.

The members re-assembled at 11 A.M.

ALTERATION OF LAW.

Dr. PAGET (Cambridge) proposed an alteration in Law 8, so as to make the President-elect a member of the Council for the ensuing year; which, he explained, would enable him to become conversant with the business to be brought before the meeting over which he would have to preside, and would also facilitate the arrangements for holding the annual meetings.

Mr. CLAYTON (Birmingham) seconded, and Dr. STEWART (London) supported the motion, which was carried unanimously.

REPORT OF COUNCIL.

Dr. PAGET moved the adoption of the report of the Council. He would only remark in doing so, that the Council had not gone so far as to recommend a Charter of Incorporation, but had invited the Association to discuss it, and express an opinion on the subject.

Dr. MACKESY (Waterford) seconded the motion. He considered the report a highly satisfactory one.

The GENERAL SECRETARY, at the request of several members, again read the report of the Council.

Sir CHARLES HASTINGS: Allow me to suggest, as time is valuable, we first pass the report, and afterwards make the discussion of the only points which will engage our attention—the question of the Charter and the management of the JOURNAL. *[Applause.]* The one is provided for by notices of motion, and the other by the invitation of Council; and I think the most convenient way will be to pass the Report and discuss these questions afterwards. *[Hear, hear.]*

Mr. CARTER (Stroud) would have no objection to the passing of the Report, if his silence would not be construed into joining in the expression of approval of the manner in which the JOURNAL had been conducted.

It was agreed to carry out the suggestions made by Sir Charles Hastings; and the Report of the Council was formally adopted.

THE PROPOSED CHARTER OF INCORPORATION.

Mr. STEELE thought the Association hardly strong enough at present, either numerically or financially, to justify the application for a Charter. They must remember that they had until very recently had a deficit instead of a balance in hand; and there was a possibility of such a thing occurring again. He also expressed regret that the annual meeting of the Medical Benevolent Fund had not taken place in Leamington, and that the Fund did not receive more general support from the members of the Association. He moved—

“That the question of obtaining a Charter of Incorporation be deferred till the next annual meeting of the Association.”

Mr. WOOD (Woodhouse) seconded the resolution.

Dr. RICHARDSON (London) moved:—

“That this meeting approves of the principle of obtaining a Charter of Incorporation, and that the Committee of Council be instructed to continue their efforts to obtain a Charter.”

He considered that a Charter of Incorporation would add to the influence of the Association, and secure its permanence after its distinguished founder, Sir C. Hastings, and those who surrounded him, had passed from amongst them. Other voluntary societies which had not possessed Charters had died out when those immediately connected with their formation had ceased to exist; and he could point to many examples of societies established during the present century, of which not one survived. Another reason why, if it was desirable that they should have a Charter, the present efforts should be continued, was—that the Charter Committee had already made many preliminary arrangements and had incurred expenses, which, if the matter were postponed, would have to be incurred again, if ever the subject was revived. The Association had a balance in hand, and the Treasurer would bear him out in saying that, if everything went right, they would have funds sufficient to pay the expenses of the Charter. But the financial question need not cause delay, as he felt satisfied that the requisite funds to defray the expenses of procuring the Charter could readily be obtained by voluntary contributions from members of the Association; and he should have no hesitation in undertaking to raise the amount in a week. *[Hear, hear.]*

Dr. TUNSTALL (Bath) said that, if the Association was ever to exercise that influence which it ought to do, both on the profession and over the public mind, it must be incorporated under Royal Charter. *[Applause.]* He had read the draft Charter published in the JOURNAL, and the great point in it was, that everything was to be provided for in bye-laws, which would thus give the Association the power and right to govern itself. He did not agree with Mr. Steele that it was a question which ought to be put off until next year; the time had arrived when the Charter should be applied for, and, if possible, obtained at once. *[Applause.]* He seconded Dr. Richardson's amendment.

Mr. STEELE said that he had brought forward his motion purely on financial grounds, because he was afraid the Association would not have funds to pay the expenses of procuring a Charter; but, having heard the explanation given by Dr. Richardson, he would withdraw it.

Dr. STEWART thought the Charter would give the Association prominence and influence, and materially aid in its perpetuation at a time when it might otherwise be liable to become a loose and disjointed body. He suggested that the question should be referred back to the Council, and expressed regret that many of the members had not more carefully perused the draft copy of the Charter, published in the JOURNAL.

Dr. WATERS (Liverpool) thought it desirable that the meeting itself should express a definite opinion, whether it was desirable to have a Charter or no; and that the responsibility of deciding should not be thrown upon the Committee of Council.

Dr. SEATON (Sunbury) asked whether the effect of the motion before the meeting would not be to commit the Association to the Charter, and would leave the final settlement of its terms to the executive?

Sir CHARLES HASTINGS said that the Association would be committed to the principle of a Charter; but not to the details of the draft published, which would be subjected to any emendations which might be thought desirable and necessary. In his judgment, the benefits that would result from a Charter

of Incorporation would greatly outweigh its disadvantages; and he had not a moment's hesitation in saying that it would give the Association great influence and weight, both with the public and with the Government. They would enjoy all the advantages they now possessed, and the advantages resulting from having been constituted a royal body. He thought the financial position of the Association such that they would have a larger balance in hand at the close of the year; but, if it should be found necessary to solicit contributions from some of the wealthier members of the profession, there would be no difficulty in raising sufficient to defray the expenses of the Charter. Under those circumstances, he felt wholly relieved of any financial difficulty, and had great pleasure in supporting Dr. Richardson's resolution.

Mr. HECKSTALL SMITH hoped that no indefinite instructions would be given to the Committee of Council; and that, if next year they should report the Incorporation of the Association, they would not be accused of having done more than was intended.

Dr. GIBBON (London) was favourable to the Incorporation of the Association, which he thought would be beneficial to the profession; but suggested amalgamation with the Royal Medical and Chirurgical Society, or any similar body.

Dr. RICHARDSON thought that the most convenient mode of procedure would be to refer the subject back to the Committee of Council, who would have to work with the solicitor in London; but every suggestion sent to the JOURNAL respecting the emendation of the draft Charter would receive careful consideration, and, if possible, be acted upon; and, further, before the Charter became law, the draft would again be published and put into the hands of every member of the Association, who would be afforded an opportunity of again expressing their views upon it. [*Cheers.*]

Dr. MACKESY (Waterford) and Mr. ZACHARIAH LAURENCE (London) also spoke in favour of the Charter of Incorporation.

The PRESIDENT then put Dr. Richardson's resolution; which was carried unanimously.

THANKS TO THE COUNCIL.

Dr. SIEVEKING (London) proposed, Dr. RADCLIFFE HALL (Torquay) seconded, and it was resolved—

"That the thanks of this meeting be given to the Council of the Association for their valuable services during the past year."

POOR-LAW MEDICAL RELIEF.

Dr. HENRY (London) moved the following resolutions:—

"That a Committee of this Association be appointed to inquire into the present system of Poor-Law Medical Relief, and to ascertain whether any, and what, alterations are required therein in order to ensure the efficient treatment of the sick poor and the just remuneration of the Poor-law Medical Officers.

"That the Committee be desired to report the result of their labours to the next annual meeting of the British Medical Association; and that the report then presented contain, if practicable, a complete series of proposals, which may, after adoption by the Association, be urged by it on the Legislature and on the Poor-Law Board."

He said that it would be unnecessary to occupy the time of the meeting with an exposition of the special points in which reform was demanded or necessary; nor did he wish to pledge the Association at present to any expression of opinion on matters of detail. It was obvious that all who were employed

by the Poor-law Guardians to supply the poor with those necessities which they could not obtain for themselves, should be properly remunerated, so that neither should they suffer loss nor the poor injury. In the case of the Poor-law medical officers, however, it was generally complained that this principle was not carried out. It was alleged, that the payment was so irregular, that it varied from fifteen shillings to about as many pence per case; that consequently in many localities medical men were put to a loss in doing their duty towards their poor patients; that the recommendation of the Poor-law Board for the payment by the Guardians of the cost of expensive medicines was set aside—the Guardians in one union having sent a circular to their medical officers, asking to what reduction of salary they would consent in consideration of the cod-liver oil being paid for by the Guardians. He mentioned these allegations, to show that there existed ground for the motion which he brought forward. For many years past, Mr. R. Griffin of Weymouth had been zealously endeavouring to obtain an improvement of the condition of the Poor-law medical officers: and the thanks of the profession were most justly due to him for his efforts. But he (Dr. Henry) believed that the combined action of the Association would have much greater force than the endeavours of any one man; and therefore he asked the Association to take the subject into consideration, and, if it seemed good to them, and if it were possible, to complete the work which had been so well commenced and so zealously and honestly carried on by Mr. Griffin.

Dr. MEAD (Newmarket) seconded the motion. If reform were needed in any one point, it was in the mode of administering Poor-law relief. He thought it would be beneficial to the Association, and also to Poor-law medical officers, that the subject should be investigated and dealt with in the way proposed. He believed the present to be an auspicious time for commencing the investigation, as the effect of the new Union Chargeability Act would be to render Guardians more liberal, because they would no longer have such strong incentives to keep the rates at the very lowest figures. He adduced several other arguments in favour of the motion; and observed that, if the Association obtained a Charter of Incorporation and was enrolled under the royal sanction, it would receive a status which would ensure attention to its claims for reform in this as well as in other departments where it was needed.

Dr. STEWART (London) said they might go to Government on the subject, but experience would only prove the truth of the remark—

"How few of all the ills that men endure
Are those which kings or laws can cure."

The fault rested to a great extent with the medical profession.

Mr. STEELE (Liverpool) dissented from the opinion expressed by Dr. Stewart. Medical men were badly paid by Boards of Guardians; and he thought they were utterly powerless to remedy the evil till Government could be induced to interfere. He wanted that Association to tell the Government that Poor-law medical officers must be properly paid if they were expected to perform their duties in an efficient manner. Boards of Guardians said they advertised for medical officers, and appointed them in accordance with the terms of the advertisements; and it was too true that medical men offered their services, not for small salaries, but for next to nothing at all. He suggested that the committee should consist of gentlemen who represented rural districts as well as populous towns. They might depend upon it they would never get their grievances redressed until Government was called upon to step in. At the

same time, he hoped the committee would not go to Government with an application made in *formd pauperis*. [Hear, hear, and applause.] He made that remark because he heard it stated that Boards of Guardians should everywhere pay for the expensive medicines; and there was even a proposition that taxes should be paid for medical officers, and that vehicles should be provided for them when they had a great extent of ground to go over. He indignantly protested against such a want of independence as was implied in such applications. Let medical officers of Poor-law unions apply for due payment, and there would be no necessity for their taxes and their expensive medicines to be paid. Personally he had no ground for complaint, but should be glad to see the whole body of medical officers better paid.

After a few remarks from Mr. PROPERT (London), and Mr. LORD (Hampstead), the PRESIDENT put the resolution, when it was carried unanimously.

Dr. HENRY then moved, and Dr. MEAD seconded—"That the following gentlemen be requested to constitute the Committee, with power to add to their number:—Dr. Sieveking (London); Dr. Sibson (London); K. Griffin, Esq. (Weymouth); C. F. J. Lord, Esq. (Hampstead); Dr. Fowler (London); Dr. Colborne (Chippenharn); Dr. Druitt (London); Dr. Ansie (London); and Dr. Barker (Bedford)."

The resolution was carried unanimously; the names of the proposer and seconder being added.

MEDICAL REPRESENTATION IN PARLIAMENT.

Dr. RICHARDSON (London) moved the following resolutions:—

"That a Committee be appointed by the Association, to be called 'the Parliamentary Committee', to promote the Election of Medical Representatives to the House of Commons, and, if possible, to raise a Fund to support such Elections.

"That a sum of Fifty Pounds be placed by the Association at the disposal of the Committee, to enable it to carry out the object proposed."

He explained that the object he had in view was simply to endeavour to have the profession fairly represented in Parliament, in such a way as to avoid the semblance of a political combination. The only condition required of a candidate should be, that he was a medical man; and it would be immaterial what his political views might be.

Dr. MACKESY (Waterford) seconded the proposition. He believed that a great want of the medical profession was the presence of representatives in the House of Commons to look after their rights and interests. The Irish Medical Society twenty-four years ago passed a similar resolution to that proposed, but the distress which shortly afterwards came upon that country (Ireland), prevented steps from being taken to carry it into effect.

Mr. CLAYTON (Birmingham) thought no more effectual method of excluding medical men from the House of Commons could have been devised than that proposed. He objected to the introduction of political matters into the Association.

Dr. GIBBON (London) thought the £50 would be more usefully given to the Metropolitan Parliamentary Committee, which did great good by examining all bills introduced into Parliament that affected the profession, and by endeavouring to get any objectionable provisions remedied.

Dr. RICHARDSON said that, in deference to what appeared to be the feeling of the meeting, he would withdraw the proposition.

The meeting then adjourned for an hour, and resumed at two P.M., the President (as on all other occasions) in the chair.

PRESENTATION OF THE HASTINGS MEDAL.

The PRESIDENT said the first business was the presentation of the Hastings Gold Medal to Dr. Herbert Barker, author of the prize essay on Hygiene.

Sir CHARLES HASTINGS, in presenting the medal, said that at the very commencement of the Association the founders thought it desirable, as one means by which medical science might be advanced, to award prizes to the authors of essays. For many years the determination on the part of the founders was not carried out; indeed, not until the Cambridge meeting last year, when the medal was for the first time awarded to Dr. Thudichum, of London. He had great gratification in presenting to Dr. Barker the medal, on the authority set forth in the report of the Council, which enabled him to say that Dr. Barker had carried out his investigations in a most able and scientific manner. [Cheers.] The subject of the essay was deodorisation and disinfection—one of the most important subjects of the present day, because there never was a time when the attention of medical science was so directed to the prevention of disease by hygienic measures. He considered it a great honour that this important subject had been taken up by a member of the Association—that the essay had been thought worthy of the Hastings Medal, which he had now the pleasure of presenting to Dr. Barker [cheers], with many good wishes on the occasion, and the earnest prayer that his life might long be spared to carry on his investigations.

[Cheers.]

Dr. BARKER, having received the medal, said that his essay was based on a series of experiments which he had been making for a long time for another purpose. No one was more aware than himself of the imperfections and incompleteness and the fragmentary character of the essay; but, if his life were spared, he hoped he might produce something more worthy of the honourable distinction conferred upon him. He should prize the medal as long as he lived; not merely for its intrinsic worth, or as the evidence of some work done, but as being associated with the name of the distinguished founder of the Association—Sir Charles Hastings. [Cheers.]

THE ADDRESS IN MEDICINE

was delivered by WILLIAM STOKES, M.D., D.C.L., of Dublin. It appears at p. 133 of this week's JOURNAL.

Dr. SIBSON (London) moved—

"That the cordial thanks of the Association be given to Professor Stokes for his very able and valuable address."

During the last fifty years Dr. Stokes had worked hard for the advancement of his profession, and had made many most important observations, the value of which had been confirmed by experience. He alluded especially to the doctrines taught by Dr. Stokes as to the effect of internal effusions in displacing the adjacent organs. These discoveries reflected the highest credit on Dr. Stokes, not only for the profound insight which he had shown, but for the benefits which he had conferred on the human race.

Dr. SLACK (Leamington) seconded the motion, which was carried by acclamation.

PLACE OF MEETING IN 1866: PRESIDENT-ELECT.

Sir CHARLES HASTINGS said he was happy to announce that the Association had received a very pressing invitation to visit Chester, and the Council had that morning decided to accept it, and had elected Dr. Edward Waters as the President. [Cheers.] There was every reason to anticipate a successful meeting in that very ancient city, and he thought there would not be a moment's hesitation in agreeing to the following resolution:

"That Chester be the place of meeting in 1866, and that Dr. Waters be the President-elect."

Dr. FLEMING (Birmingham) seconded the proposition. In doing so, he alluded to the high esteem in which Dr. Waters was held as a student by many of the distinguished men to whom Professor Stokes had alluded in his address; and said that, judging from the manner in which Dr. Waters had officiated as President of the Royal Society of Edinburgh, he did not think they could have selected any one better qualified for the office of President, either physically or mentally. [*Cheers.*]

The resolution was carried unanimously.

Dr. WATERS (Chester) said it was with feelings of unmixed gratification that he had been the bearer of an invitation from the profession at Chester to the Association, requesting that its next meeting might be held in that venerable city. He begged to express his deep gratitude for the way in which the announcement of his appointment of President-elect had been received, and he could only assure them that nothing should be wanting on his part to make the meeting a successful one. [*Applause.*] He feared Chester did not possess the attractions of Leamington, but he was certain that the profession, one and all, would give a most cordial and hearty welcome to the Association. [*Cheers.*]

THE BRITISH MEDICAL JOURNAL.

Mr. CARTER (Stroud) moved the following resolutions:—

"1. That the continued publication of the *BRITISH MEDICAL JOURNAL* is unnecessary and inexpedient; and that it may with advantage be replaced by a journal that shall not absorb so large a proportion of the income of the Association, and that shall be directed with a view to increase knowledge, and to promote better legislation, on questions of public hygiene and of state medicine.

"2. That a Committee of five Members of the Association be appointed to consider the best way of giving practical effect to the foregoing resolution, and to report to the present Meeting."

He said that the motion would necessarily call forth a good deal of difference of opinion; and it would be almost impossible to discuss it without trenching very nearly on questions of a personal nature. He was, therefore, anxious to say, in the beginning, that he was desirous of keeping clear of personal topics; and would urge the meeting to give the most calm and judicial consideration possible to what he was about to bring before them. In order to facilitate the task he had undertaken, he some time ago published a letter addressed to the members of the Association, in which he sketched an outline of the plan he was about to propose. He referred to this, because his attention had been called to one sentence by Dr. Paget, who held that it might be construed into casting an unfair reflection upon the Medical Council. He had no such intention; and the sentence in question referred only to one member. His remarks had called forth a number of letters, public and private, as well as articles in the *JOURNAL*; and amongst the gentlemen who had taken part in the discussion were some who had thought proper to refer to certain motives that he might have for bringing this subject forward. It had been suggested, that he was retained by the *Lancet* to attack the *BRITISH MEDICAL JOURNAL*, and that he was actuated by feelings of personal hostility to Dr. Markham. He had never had anything to do with the *Lancet*, and did not even know Dr. Markham when he saw him. He had never entertained feelings hostile to him, or in his favour. With respect to the first part of his resolution, he would say that the

BRITISH MEDICAL JOURNAL, as the organ of that numerous and influential Association, ought to stand in a very different position from any publication started by private enterprise. If the *Lancet* were to fall below the high standard it set up, the subscribers and readers would have no personal responsibility in the matter. The evil would eventually cure itself. But, if the *BRITISH MEDICAL JOURNAL*, as the property of the Association, fell in any respect below its proper standard, and the proprietors failed to condemn its decadence, they condoned the offence. He thought that the *Journal* of the Association ought to be the mouthpiece of the profession; that it ought to be maintained with the very highest literary ability and the very highest professional learning; that it should be a publication on which they could look with just pride, and say, "This publication shows you the character of the *British Medical Association*." There was one thing, and one thing only, which stood in the way of the attainment and maintenance of that high standard. Such a publication as the *BRITISH MEDICAL JOURNAL*, to be well conducted, must be a most expensive one; because men who could write well, would not write well, except spasmodically, unless well paid for doing so. A large space must consist of editorial comments; and that department must be well supported by a large staff of writers, otherwise the productions would be tame and stale; and they must be well paid, otherwise the highest talent would not be available. The same remarks applied to original contributions. There could be no doubt that, the higher the tone of the editorial department, the better would be the contributions sent by medical writers. If the *JOURNAL* were such a publication that no one outside the Association cared to look at it, and even many of the members did not cut the leaves, physicians and surgeons of the highest eminence would not contribute to its pages; but would say, "We will send our contributions where they will be read, and not commit them to the *BRITISH MEDICAL JOURNAL*, where scarcely any one will read them." As an instance of the remarkable things that had appeared in the *JOURNAL*, he might say that an editor of the *JOURNAL* once came to him, and said he wanted a leading article, and did not know where to go for it. They discussed a great many things; and at last the editor said, "Could you not write me something on the Crystal Palace?" and an article on that subject was written and published. That was the way the *BRITISH MEDICAL JOURNAL* was supported as a literary enterprise. How much better it might be now he did not know; but he believed there was only £300 at the command of the editor to secure literary contributions. [*Interruption.*] This *JOURNAL*, which he took the liberty of considering a very inefficient and feeble organ ["No, no!"], sat on the shoulders of the Association like the old man on the head of Sinbad—the moment the Association attempted to move, the *JOURNAL* strangled it. ["No," and interruption.] When they attempted to influence the profession out of the Association by its agency, the attempt invariably and utterly failed. This being so, it might naturally be inquired, Why had the *JOURNAL* been suffered to remain so long? What were its supposed benefits? Why did they continue to publish it? It was said that it was a bond of connection between members of the Association, and afforded a valuable medium for the publication of papers which otherwise would remain unpublished. The first statement was easily made, and could not be refuted; but he took the liberty of disbelieving it entirely. [*Laughter.*] The Association had existed thirty-three years, and had only collected one-sixth of the whole profession into its ranks. [*Cheers.*] The

editor had recently put forward a statement that since his appointment, the number of members had increased from 1800 to nearly 2400 [cheers], and believed that the JOURNAL had influenced the increase of members. What evidence was there of that? It might be due to a great many other causes—to facilities of locomotion, to Branch meetings, and to the private influence of members. At the Bristol meeting, a physician, whom they all esteemed, told him that he had belonged to the Association, but that he considered it too much governed by a clique, and had retired from it. That objection was now, in a great measure, removed; and he thought the present representative government had greatly tended to the increase of members. He was convinced that the possession of a JOURNAL cut both ways with respect to the Association. If those connected with the profession could see that they were influencing those outside it by guiding public opinion and legislation, instead of the Association consisting only of one-sixth, it would embrace two-thirds of the profession. With respect to the JOURNAL being a medium for the publication of papers, if they were the productions of eminent men, they would be gladly received by any medical publication. He could not read an admirable paper like that delivered by Professor Stokes, without a mournful feeling that it should be buried in the pages of the JOURNAL.

[Hisses.] One or two of the Branches of the Association had indeed passed resolutions in favour of the JOURNAL; but a leading member of the profession in Cheltenham had told him that he never read the JOURNAL; and Dr. Colledge, of the same place, had produced him a number that were uncut; so that he came to the conclusion that it was the practice with members of the Association never to look into it. He had intended resting his argument for the discontinuance of the JOURNAL on the fact that the Association did not possess funds to maintain a good medical journal, and that it was derogatory to its influence and position to support an inferior one which swallowed up the greater portion of the income; but circumstances had occurred which induced him to go further. He felt that the motion of which Dr. Bell of Goole had given notice, was a kind of distinct challenge to himself, as he had, on more than one occasion, expressed an opinion of what the JOURNAL was. [Laughter.] It was not long since that he expressed an opinion in the *Lancet* that the BRITISH MEDICAL JOURNAL was an organ for the expression of unworthy sentiments in illiterate language. [Interruption, and cries of "order."] That statement, which he would admit was a very strong one, he was perfectly ready to maintain. Up to 1863, he had not been very much in the habit of reading the JOURNAL. [Laughter.] From an article that he then saw in it, he came to the conclusion that the editor's ideal of a physician was a man who despised literature and science and concentrated his soul on pence; that the editor was of opinion that a man should learn as little as he could; and, when he had passed his examination, should forget that little as quickly as he could; and that he should treat his patients without any care whether they lived or died, except so far as it was likely to affect his pocket. [Interruption, and loud cries of "time" and "order!"]

The PRESIDENT said he wished to give Mr. Carter every reasonable liberty, but he thought the question might be greatly simplified; because, if the majority were content with the JOURNAL, that was enough. He hoped Mr. Carter would curtail his observations as much as possible [cheers], and avoid entering into personalities.

DR. STEWART. That is all I want. I wish the question to be discussed in a gentlemanly spirit.

Mr. CARTER said that, although he looked upon the editor's particular views of the profession as unsound, yet he gave him credit for having done so in good faith, until lately there appeared an article in the JOURNAL on the subject of gratuitous medical services. That article professed to be a refutation of another that had appeared some time previously in the *Psychological Journal*—a very feeble one, and very easily disposed of. But Dr. Markham—or at least the editor of the JOURNAL—rested his argument against the article in the *Psychological Journal* principally on the ground that its author had said all he could say on the subject. The following week he wrote to Dr. Markham, calling attention to the article in the JOURNAL of the previous week, and telling him that the one in the *Psychological Journal* was one in which, to some extent, he had had a hand [laughter]; and that it was so very different from his description of it, that he was anxious to correct him in one particular. [Interruption.] He informed Dr. Markham that he (Mr. Carter) had written an article and sent it to the editor of the *Psychological Journal*, who at first said it did not suit him, but afterwards requested to be allowed to use portions of it; and he gave him permission to do so. He explained to Dr. Markham that the article he supposed to be exhaustive was the patchwork of two men who did not at all agree—that paragraphs had been cut out of his article, and woven into a web of the editor's. Dr. Markham inserted in the JOURNAL one of those terse sentences which had gained him an unenviable notoriety, refusing to answer his (Mr. Carter's) letter at all. It was not a question of space, because the editor devoted as much to tell him that he would not do what he wished, as it would have required to have done what he requested him to do. He could not, under the circumstances, help saying to himself, "Here is a man who does not believe in his own false gods." [Laughter.] Had he believed in the soundness of his own case, he would not have resorted to so contemptible a subterfuge, but have at once admitted his letter. Mr. Carter then went on to speak of a criticism of the *Ophthalmic Review* which had appeared in the JOURNAL; and in doing so Mr. Carter accused the editor of having displayed gross ignorance, and of having misrepresented facts. He next said that, during the time the Provident Society was being instituted, a little controversy took place between himself and the editor, which he did not think was conducted as it ought to have been. The editor considered his (Mr. Carter's) opinion on the Society as an act of vanity or presumption; and he wished to know whether that was to be the sort of connexion between the editor and the members of the Association. The editor had recently compared himself to Apollo; but he did not know that he was the subject of any special illumination. [Laughter and interruption.]

Mr. EVERETT (Worcester) said that Mr. Carter's arguments would be appropriate, if his motion were for the dismissal of the editor; but it related simply to the expediency of publishing the JOURNAL.

Mr. CARTER said he would go on to the main object which he had in view; and that was, the substitution for the JOURNAL of a publication that would enable them to act outside the Association and influence the educated public. He did not know that at present there were any means of effecting this except by the exertions of individual members in their private capacities. Mr. Horsman, the member for Stroud, had expressed regret that he knew nothing of the views of the profession on certain medical bills brought before the House of Commons; and had said that he should be exceedingly glad if there was any agency

by which such information could be gained. If they looked round them, they could see vast principles and subjects on which the medical mind might be brought into contact with the public mind, with great benefit to both—on questions of education, hygiene, medical remuneration, and other subjects. In the *BRITISH MEDICAL JOURNAL*, Dr. Markham had opposed¹ to the scheme² now suggested; this objection—that the cost of such a publication would be too great for the Association. But he (Mr. Carter) had, in his pamphlet, based his argument on the estimate of a publisher; and he now found that a quarterly journal such as he proposed could be produced and supplied to members for less than £400 a year. Eight shillings out of every annual subscription would pay for a quarterly journal of the very highest class. They would be able to pay ten guineas an article to eminent writers; and they would be able to exercise an influence on the legislature and on those who form and guide public opinion.

Dr. RADCLYFFE HALL (Torquay). How would you deal with midwifery?

Mr. CARTER said that, if they wished to address the public, it was necessary that they should cease to address the profession on subjects of special interest to themselves. They could never influence the public generally through a journal that admitted medical papers. There were medical papers in abundance; and the journal which the Association ought to publish should be one which would deal with those points of friction between the profession and the public, such as medical attendance at hospitals, on clubs, and the poor generally. He thought the exclusiveness of the profession was to be blamed for many of the difficulties that now surrounded it. He had not come there with the expectation that he should carry his motion; but he hoped he had that day sown seeds which would ultimately bear fruit.

Mr. GABB (Bewdley) seconded the proposition.*

Dr. DAVEY (Bristol) moved as an amendment—

“That, with the view of dividing the present responsibilities of the Editor of the *JOURNAL*, and with the view of improving the general tone and management of the said *JOURNAL*, it is hereby proposed that there be chosen annually from the Council two gentlemen, who shall constitute an Editorial Committee, to which Committee the ‘paid Editor’ shall refer for counsel and assistance in especial cases of doubt or difficulty, and more particularly in all cases involving questions of a personal or social character.”

He said he considered it necessary and expedient to continue the *JOURNAL*; and, although he felt it his duty to criticise the conduct of the editor, and the contents of the *JOURNAL*, he should be very sorry to see its publication discontinued, as he considered it would be a great loss to the Association either to be deprived of the services of the editor or for the *JOURNAL* to become extinct. [*Cheers.*] Although he should be compelled to criticise the conduct of the editor, he wished to say that he owed Dr. Markham no grudge; but, on the contrary, felt the highest respect for him. [*Cheers.*] But, at the same time, he thought the editor at times required extraneous assistance. He was ready to confess that the *JOURNAL* had greatly improved under the management of Dr. Markham, but something further was still required. It wanted a little courtesy infused into its pages. [*Cheers.*] Many members complained of the uncourteous character of the editor; and it was the experience of that want which led him to bring the subject before the Association. In the first volume of the *JOURNAL* for

last year, page 498, was an article, he presumed from the pen of the editor, on the conduct of the King and Queen's Colleges of Physicians in Ireland and the London College of Physicians in Pall Mall. He (Dr. Davey) took upon himself to say that the facts put forth in this article were wrong, and that the editor had exalted, as he ought not to have done, the College of Physicians in Pall Mall. With that impression on his mind, he wrote to the editor, telling him that which Dr. Markham also now knew to be true. But instead of accepting and publishing his letter, which he conceived he ought to have done, the editor took no notice whatever of the communication. The words to which he wished to direct attention were in the answers to correspondents in the number for May 28, 1864, and which he thought broke through the great principle which ought to be recognised in all communications between members of the Association. He wrote to the editor repeating the facts and complaining that his letter had not appeared, when he received an answer that his statements were mere fallacies. The thing passed by; but, some time afterwards, the editor discovered what a mistake he had made, and wrote to him (Dr. Davey) for certain information, in order that he might carry out a scheme of college reform that he had in view. The editor then made use of his letter, and inserted a leading article in the *JOURNAL* that fully confirmed all his (Dr. Davey's) previous statements, thus proving how truthful were the remarks he made on the editor's article respecting the two Colleges of Physicians. When this article of recantation appeared, he immediately wrote to Dr. Markham requesting him, as a gentleman, to contradict those charges of ignorance and misrepresentation that he had made against him. But not only did Dr. Markham omit to do what he requested; his letters were not even answered. Under pressure, the editor at last said, “I can do as I like”. He thought a member of the Association ought not to be treated in that way by the editor of the *JOURNAL*; and if such conduct was allowed to pass by unnoticed, the Association must necessarily suffer. After quoting from a letter he had received from another member of the Association, expressing an opinion that Dr. Markham, when he discovered the mistake he had fallen into, ought to have corrected his comment on Dr. Davey's letter. Dr. Davey was about to quote from other documents, when

Mr. LORD (Hamstead) requested Dr. Davey to read the report of the Committee of Council on his difference with the Editor.

Dr. MEAD (Newmarket) thought Dr. Davey's motion was an appeal from the decision of the Committee of Council, of which due notice ought to have been given. [*Hear, hear, applause; “no, no.”*]

Dr. STEWART (London) considered that the subject ought not to be gone into in an irregular way, the Committee of Council having already considered and given judgment upon it.

Dr. DAVEY said he would conclude by simply reading his resolution, which he did.

Mr. ZACHARIAH LAURENCE (London) seconded Dr. Davey's amendment. He did so with a view of improving the financial position of the *JOURNAL*. He could not understand why it should not, like the other two medical periodicals, become a valuable literary property, instead of, as last year, yielding a balance on the wrong side of the ledger. Far from agreeing in the indecent personal reflections cast on the Editor by previous speakers, he considered that the *JOURNAL* had undergone a manifest change for the better under his editorship, but that the expenses of the *JOURNAL*, especially those for printing, appeared excessive, and therefore he thought Dr. Davey's suggestion might perhaps assist.

* We regret to find that by an unintentional error, Mr. Gamgee was made (in our last number) to second the proposition of Mr. R. B. Carter.

The Rev. Dr. BELL, M.D. (Goole), said that he had listened with great pain to the charges which had been put forward against Dr. Markham, in a most uncharitable manner. [*Cheers, and "no, no."*] He did not say that in his capacity as a clergyman, but as a member of the Association, with which he had been connected for twenty-one years. The alleged sorrowful character of the Association and the JOURNAL was a complaint of old standing. It had been made years ago, had been voted upon, and had passed away; and the Association was now in a more exalted and dignified position than ever it was before [*Cheers.*] They could not have had better advocates for the value of the JOURNAL than Mr. Carter and Dr. Davey. He had listened to their remarks with mingled feelings of pleasure and of pain; and after what those gentlemen had uttered, he thought it almost unnecessary for him to say anything respecting either the Association or the JOURNAL. It was his affection for the profession, his love for the Association, and his pride at the position it now occupied, that had brought him amongst them, and he trembled lest anything should be done that would injure, in the slightest degree, the position it had attained. With respect to the JOURNAL, he believed that the Association, not only as a body but in detail, were satisfied with it. [*Cheers and "No, no."*] Whilst there must be dissentients in every large body, he thought it a matter of congratulation that there were so few in the Association who were dissatisfied with the JOURNAL, and he therefore unhesitatingly and confidently moved—

"That it is inexpedient to disturb the existing arrangements with regard to the JOURNAL—(a) because Dr. Markham has proved himself quite equal to the responsibilities devolving upon him; (b) because the tone and management have gone on improving; and that general support and sympathy from the members of the Association, especially of those connected with the public medical and surgical institutions of the kingdom, are alone wanted to make the JOURNAL an organ suited to carry out the principles upon which the Association is founded."

He wished them to understand that he did not throw the JOURNAL into the waste paper basket; he was in the habit of reading nearly every word of its contents. [*Applause.*] He did not speak in ignorance of the subject; but because, having carefully and regularly perused the JOURNAL, he felt what a great advantage and benefit it was to the Association, and that anything which would injure the position that the JOURNAL had attained would be a great misfortune. Would the Association be inclined to appoint either Mr. Carter or Dr. Davey to conduct the JOURNAL, which they considered so greatly misconducted? [*Laughter, and "no."*] That was the grand point, he thought, which had been put before the Association; the matter had been made so personal that he could come to no other conclusion. [*Cheers.*] He felt confident that, by their votes, they would not trammel or fetter a mind so bold, so independent, and so intrepid as Dr. Markham's; but that they would support him in the management of the JOURNAL, which would bear comparison with any similar medical publication. He was unwilling, even if he were able, to go minutely into the statements that had been made by Mr. Carter and Dr. Davey. Let the meeting use him (Dr. Bell) as an attached friend—as a fulcrum by which to upset such machinations, which ought to be dealt with in such a manner that there could be no mistake as to the views of the Association respecting them. He was satisfied that the JOURNAL had improved, and was still improving; and that was not merely his *ipse dixit*, but the opinion of all

the Branches of the Association throughout the kingdom. In conclusion, he expressed himself confident, that the amendment he had proposed would be adopted by a conclusive majority. [*Cheers.*]

Dr. SIBSON (London) seconded Dr. Bell's amendment. He was satisfied that the editor was a man of honour [*cheers*], and that the JOURNAL was of great value and benefit to the members of the Association. [*Hear.*] Let them then make no experiment with it; they knew that many experiments proved fatal to the being experimented on. [*Laughter.*] The Association was, financially and numerically, more prosperous than it had ever been; the JOURNAL had improved, and was still improving; and he hoped that nothing would be done that would affect either the one or the other prejudicially. [*Cheers.*]

Dr. COWAN (Reading) supported the amendment. He considered that the members could not expect a better JOURNAL than that which they possessed, for the annual subscription of a guinea.

Dr. BELL's amendment was carried unanimously.

SOIRÉE AT THE PUMP-ROOMS.

At 8 P.M., a very agreeable gathering took place in the hall of the Royal Pump-Rooms. Amongst the curiosities exhibited were a large collection of the portraits and autographs of distinguished members of the medical profession and other celebrated personages, a portion of the valuable collection in the possession of Dr. O'Callaghan, D.C.L. The specimens exhibited included, amongst others, Ambroise Paré, the father of operative surgery; Galileo; Olaus Wormius, the Danish physician and anatomist (1654); Harvey, the discoverer of the circulation; Glisson, the eminent English anatomist; Jenner, the discoverer of vaccination; Boerhaave, and his pupil Van Swieten; Radcliffe, the founder of the Radcliffe Infirmary at Oxford; Morgagni; Malpighi; Cullen; John Hunter; Scarpa; Blumenbach; Bichat; Broussais; Linnaeus; Buffon; Cuvier; Galvani; Volta; Sir Humphrey Davy; Spurzheim and Gall; and Laennec, the inventor of the stethoscope. The majority of these personages were not only represented by portraits and autographs, but by characteristic letters and prescriptions. Messrs. Krohn and Sesemann exhibited a numerous and interesting collection of new instruments and appliances in surgery. Amongst them were various contrivances for the pulverisation of fluids for inhalation. The new dilating bougies, made of sea-tangle, for dilating the lacrymal duct, attracted considerable attention; as also the laryngoscopes and light-condensers exhibited by the same firm. Messrs. Savory and Moore displayed a variety of new medicinal preparations, including preparations of atropia and combinations applicable to ophthalmic diseases. They also showed specimens of Liebig's essence of meat and his new food for infants, improved enema-apparatus, eye-douches, and granular effervescent preparations of bismuth. Messrs. Garden and Robbins shewed oxygen-inhalers of varied construction, with materials for preparing oxygen. Mr. Salt of Birmingham shewed patent abdominal belts and spine supports, orthoëmic and umbilical trusses, and other similar surgical contrivances. There were also a number of microscopes belonging to residents in Leamington, a small telescope, and a large and powerful one of improved construction, the property of Mr. Southern, F.R.A.S. Mr. Redfern of Warwick supplied some rare and curious articles from his extensive collection. The most noticeable were, an old barber-surgeon's bleeding-basin; an antique marble foot, with sandals; large gallipots from Florence in majolica ware; an old pestle and mortar of bell metal, dated 1596; a small silver mortar beautifully chased; and a silver

cauld-cup apostle-spoon, alluded to by Shakespeare and Ben Jonson. Mr. Swinson of Leamington exhibited a rare print of Holbein's picture of Henry VIII presenting the First Charter to the Court of Barber Surgeons (one of the paintings in the Merchant Taylors' Hall); near to which was a photograph of the engraving, executed by Mr. Ebbage, the local secretary. Dr. Gibb of London contributed a collection of medals, in the various metals, of medical men and philosophers. Besides the well known large and scarce medals of Cheselden and Brodie, by Wyon, in bronze, were those of Todd and Cusack, struck within the last few years. Next in importance and rarity were the still larger Italian medals of Redi and Cocchi, of dates 1684 and 1745. In the English series were those of Roger Bacon and Harvey; Friend, Barker, Mead, and Fothergill; Sir William Brown (President of the College of Physicians in 1765), Saunders, Quekett, Liston, and Holmes. There were others of the Glasgow Academy, the Charing Cross, Westminster, and London Hospitals, and Royal Infirmary for Children. Amongst the foreign were Ambroise Paré, Jean Fernel, Vesalius, Bichat, and Gall; Corvisart, Linnæus, Boerhaave, and Hoffman; Guido Poterius, Sbaralea, Galvani, and Haller. The Medical Societies of London and of Paris, and the Faculty of Medicine of Paris, Rome, and Amsterdam, had their representatives. In addition, there were medals of Priestley, Hutton, Franklin, and Newton; Sir J. Banks, Francis Bacon, Locke, and Milton; Walter Scott, Samuel Parr, Voltaire, Folkes, Galileo; and Sir William Logan, just struck by J. S. Wyon. He also showed a very unique collection of tokens and medals of Shakespeare, which possessed considerable local as well as general interest. Mr. Vaughan Russell contributed a variety of mineralogical specimens, principally from South America. Upwards of two hundred persons were present, including several ladies; and a very agreeable evening was spent.

THURSDAY.

The fourth general meeting took place in the College, at 10.30 A.M., the President in the chair.

MEDICAL PROVIDENT SOCIETY.

The PRESIDENT read the following resolution, in compliance with the request of the Directors of this Society, who had that morning adopted it at a meeting of their body—

"That the Board of Directors of the Medical Provident Society, seeing no objection to the discussion of their annual report at future annual meetings of the Association, instruct the Executive Subcommittee to take steps to remove any technical difficulties that may lie in the way of such discussion."

This communication from the Directors was received with marked approbation.

MEDICAL BENEVOLENT FUND.

The report of the Medical Benevolent Fund was read.

On the motion of Dr. THOMSON, seconded by Sir CHARLES HASTINGS, both of whom bore testimony to the great value of the Fund, the report was adopted.

REGISTRATION OF DISEASE.

Dr. A. RANSOME (Manchester) moved—

"That a Committee be appointed to encourage the Registration of Disease, and to devise the best means of obtaining the evidence of members upon medical questions having a practical bearing."

He said that the returns of the Registrar-General were comparatively useless to the profession, because they neither fixed the time when nor the place where any epidemic made its appearance, and thus did not

afford any clue to its origin. It might be urged that it would be impossible to obtain complete returns, but even something very short of national returns would be satisfactory. It would be sufficient if they could be obtained for large areas of population, steadily and regularly, so as to show the rise and fall of disease, and to endeavour to connect the causes with certain surrounding circumstances and conditions. Such a system of registration would enable medical men to follow the track of epidemics, and would assist in the efforts to reduce them to certain laws. A system of registration of the kind contemplated by him already existed in Manchester, London, Preston, Birmingham, and other places; and in Manchester, where it had been in operation four years, although the district included eighty-four medical men, only one report was missing.

Dr. PHILIPSON (Newcastle-on-Tyne), seconded the proposition. He explained that in Northumberland and Durham the local Branch of the Association had been endeavouring to collect such statistics. There would be no difficulty in obtaining the returns, although the scheme could only be successfully carried out by combination. By registering the number of deaths and of recovery from any disease, the profession would possess valuable vital statistics, instead of the mere records of death supplied by the Registrar-General.

Mr. TURNER (Manchester), supported the motion, which was unanimously adopted; and a committee was appointed.

DISCUSSIONS IN SCIENTIFIC MEDICINE.

The discussions on subjects in scientific medicine, a new feature in connection with the Association, came next on the programme.

1. Mr. C. H. MOORE, surgeon to the Middlesex Hospital, introduced the question—"Are there any antecedent conditions influencing the production of cancer?"

Mr. MOORE said that, in this inquiry, there must be agreement as to the conditions and the period of the disease which were to be the subject of discussion; and he expressed his own conviction that cancer commenced at the appearance of the first tumour. At the terminal examination of a case of cancer, there might be tumours throughout the body; but one of them had preceded all the rest, and one in many instances constituted the solitary and the fatal malady. To what antecedent conditions could this first tumour be traced? It had been alleged, that there was a prior disease of the blood; but neither chemistry, the microscope, nor argument had established that allegation as a fact. Dr. Fenwick had discovered changes in the gastric and intestinal mucous membranes of persons dying of cancer, but had not been in a position to demonstrate these or any other changes previously to the outbreak of the disease. Local irritations, both abundant and various, had their part as causes; but they were not of themselves adequate to produce cancer. The remaining occasion supposed to initiate cancer was comprised in the notion of its constitutional nature. This notion Mr. Moore examined at some length. The constitutional nature of cancer was held to be proved by the following chief reasons: 1. Its final universal diffusion in the body; 2. Its growth in various textures; 3. Its supposed outbreak in many tumours simultaneously; 4. Its local recurrence after operations on the primary disease; 5. Its appearance in internal organs, notwithstanding its final extirpation from its first site; 6. Its repetition in members of the same family; 7. Its relation to tubercle. These facts in some cases, and the bearing of others on the question of the constitutional nature of cancer, Mr. Moore

contested, calling especial attention to the remarkable manner in which cancer was inherited as a local disease. He then gave reasons for concluding cancer to be primarily a local disease. 1. Its invariable origination as a single tumour. 2. The dependence of the later tumours on the first, as proved by—*a*, the similarity of the morbid substance in various textures and distant organs; *b*, the order in which it is disseminated; *c*, the delay, the progress, and dispersion of cancer by operation; *d*, the possibility of its extirpation by an early and adequately extensive operation. 3. Its heritableness as a local more than as a general peculiarity. 4. Its preference of the healthiest persons. In this last fact was comprised the chief observation as to the antecedent condition of those who become subjects of cancer. Their previous life has been eminently healthy; their appearance when attacked is healthy; the chief organs of the body are healthy; the adjoining tissues are natural; longevity is remarkable in the parents of these persons; those attacked are generally the strongest and often the eldest of a family; the disease increases numerically with the wealth and well-being of the nation; and it prevails in great excess in the healthiest divisions of the country.

Dr. RICHARDSON (London) said that, by a curious coincidence, he had been instituting inquiries as to the prevalence of cancer at the same time as Mr. Moore, and could confirm many of the statistics adduced by independent evidence. He suggested that, in inquiring into the cause and origin of cancer, particular attention should be paid to the possible effect of certain diets.

Mr. HUTCHINSON (London) said that, some years ago, he had read a paper with the view of showing that cancer, in the majority of instances, originated from local causes. That was still his opinion; and it was borne out by the fact that, when the tumour was extracted in its early stages, a radical cure was effected; and he was convinced that it was only by such practice that it could be hoped to deal more successfully with cancer in the future. He regarded the commencement of cancer as a morbid activity of one or more cells, that had a tendency to develop themselves very rapidly, without regard to the requirements of other parts of the economy. In reply to the question, "How does any one cell take on such action?" they must suppose two causes at work—long continued irritation, and some defect in the regulating power of the economy. They might look upon cancer as a sort of mutiny on the part of certain cells, which took upon themselves to grow irregularly, without regard to the wants of the system. In illustration of continued irritation frequently giving rise to cancer, he cited the case of cancer occurring on the roof of the mouth, from the irritation of a clay pipe; and, in corroboration of this theory, he pointed out its tendency to attack the orifice of fistula. He had seen such lamentable results from waiting until cancer was fully developed, and until the diagnosis was perfectly clear, that he could not help urging the desirability of immediate excision in doubtful cases.

Dr. MEAD (Bradford) had come to the conclusion, after devoting considerable attention to the subject, that cancer, in its early stages, was decidedly a local disease.

Dr. STEWART had seen one case, in Mr. Shaw's ward of the Middlesex Hospital, of continued fever coexistent with cancer, which went on favourably under stimulant treatment, until a slight delirium came on, when the patient refused medicine; and three or four days afterwards died. He coincided with Mr. Moore's proposition, that cancer often attacked the most healthy individuals; and mentioned

a case which came under his notice, where a strong, powerful navy, who had never felt any inconvenience until three weeks before his admission, died from a cancerous tumour on the liver, which could not have existed altogether more than six weeks; previously to which attack, the patient had enjoyed the most robust health.

Dr. RADCLIFFE HALL expressed an opinion that cancer frequently arose from local, and sometimes from constitutional causes. He asked Dr. Richardson the relative liability of herbivorous and carnivorous animals to cancer.

Dr. RICHARDSON said there were no statistics on the subject; but he had seen a large soft cancer in the pike, and Dr. Crisp had seen three similar cases.

Dr. BUDD (Clifton) said that, twenty years ago, in a series of papers in the *Lancet*, he put forward some speculations on the subject of cancer, and contended that it was a local disease. There might be constitutional or hereditary tendency to cancer; but, in the main, he considered it a local disease.

Dr. CAETER (Leamington) dissented from the hypothesis of Mr. Moore, that the increase of cancer was attributable to the improved sanitary conditions of the people and better food. He thought it might rather be accounted for by the improvement in medical treatment, which preserved the lives of cancerous patients who would otherwise have died, and who, procreating children, increased the number of people predisposed to cancer.

Dr. RICHARDSON moved the following resolution, which was unanimously adopted.

"That the subject of cancer and its origin having been discussed by this Association, and there appearing to the Association to be evidence that the disease may depend upon local or social causes, the Association respectfully requests the medical officer of Her Majesty's Most Honourable Privy Council to appoint a competent medical and surgical commission to investigate the question in relation to England, to publish the results of the inquiry in his annual report."

Dr. RICHARDSON next introduced a discussion on the question:—"Is there any Foundation for the Hypothesis of the Origination of Disease by Zymosis or Ferment?"

In opening this discussion, Dr. Richardson said that the hypothesis that, in certain diseases, there is a fermentative process analogous to the fermentation of wine, was first advanced by Willis in the seventeenth century; and the hypothesis had held its ground until now. Was it true? It might be admitted that the introduction of certain organic poisons into the organism was followed by a divergence from the ordinary standard of health; whether the poison were introduced into the body from without, as in vaccination and syphilis; or from within, as in rheumatism. The diseases which seemed to be produced by such action of poisons were—small-pox; vaccinia; syphilis; gonorrhoea; rheumatism; scarlet fever; diphtheria; measles; typhus fever; typhoid fever; cholera; pyæmia; glanders; hydrophobia; and tetanus. Dr. Richardson said these poisons were separable—as separable as snake-poison. He related a series of experiments bearing on the separation of one form of pyæmic poison. He doubted the cellular character of the poisons as necessary to their construction, but said they were nitrogenous. They were all neutralised by bromine and by mercurial salts; and they seemed to form salts with hydrochloric acid, as morphia does. They were probably organic alkaloids, of the ammonia type. Of these poisons, some might be derived in the first instance from without the organism, and even from the vegetable world; but, in many instances, they were products of the body itself—excretions—modified

either by the oxygenation of the blood, or by exposure as secretions to the air out of the body, and by peculiar decomposition. The natural secretions of some animals—as the snake-poison—were poisonous to other healthy animals; and human saliva was poisonous to inferior animals, such as rabbits. The poisons differed in their action; and the same poison might produce different symptoms. Thus scarlet fever poison might cause malignant fever or mild fever. Dr. Richardson was of opinion that this depended on the organic constitution of the poison itself. The poison of pyæmia, which was present in the secretions of the wound, could produce two forms of disease—one in which the leading signs were those of typhus; while in the other they were those of inflammatory fever, with fibrinous separation and fibro-purulent deposits. In the first class of cases, the poisons acted immediately on the blood, causing death from interference with the process of oxidation. In the latter class, the action was more prolonged; and new products of oxidation, lower than carbonic acid, were the result: these lower products—acids, such as lactic—acted as secondary poisons. In some diseases, the secretion first poured out might be simple; but, when exposed to air, it underwent change, became poisonous, was absorbed, and led to death from secondary action. In this manner, simple diseases often assumed a fatal form. A common illustration of this fact was afforded in tonsillitis merging into diphtheria from secondary absorption. The quantity of poison introduced into the system, or the rapid absorption of the poison, intensified the symptoms, but did not alter the type. The type was changed by the action of the air on the poison, and by the stage of the decomposition of the poison. The author held that there were conditions of the atmosphere in which these poisons underwent specific changes, giving rise to special disease. He accounted for surgical fever in this manner. The influence of the poisons in every case was on the blood, and was most simple. The poisons all more or less prevented oxygenation; and thus they changed, if they did not destroy at once, the character of the secretions of the body, rendering them in turn poisonous, and capable of reproducing their likes. In conclusion, Dr. Richardson urged that there was no foundation for the theory of zymosis, in the common acceptance of that term; i. e., there was no propagation of the poison in the blood by formation of such poison from cell to cell. The process consisted of transformation of the natural parts of the organism, not of the production of new organic developments.

Dr. BUDD (Clifton) differed *totò calo* from the views of Dr. Richardson. He thought the supposition that disease was in any way caused by a chemical alkaloid, was erroneous; and he adhered to the old theory started by Mr. Wells as the true one. Dr. Richardson appeared to have overlooked one great cardinal point—that the poison produced a disease which no earthly power could produce. He held in his hand a small phial filled with the poison of small-pox, which, if introduced into the human body, would reproduce itself in such a way as to affect millions of people with the malady. But what chemical alkaloid could be found to reproduce itself?

Mr. STEELE (Liverpool) could not agree with Dr. Richardson that zymotic fever had one common origin. It was impossible to account satisfactorily for the vagaries of typhus and small-pox except by the theory of zymosis, which, although undoubtedly only a theory, he thought would ultimately be demonstrated to be true.

Mr. WOOD (Woodhouse Eaves) considered Dr. Richardson's paper very important, because it brought before them both sides of a difficult question, and

might lead to valuable results. There were so many different characters of disease resulting from Dr. Richardson's experiments, that he was inclined to think there was some truth in the theory he had advanced. He was not, however, prepared to say that he agreed or disagreed with it, but would suggest that the members of the Association should continue the investigation of the subject. He had great pleasure in proposing a vote of thanks to Dr. Richardson, for his valuable paper.

Mr. PROBERT seconded, and Dr. RADCLIFFE HALL supported the proposition, which was carried unanimously.

The meeting then adjourned for luncheon; and the members reassembled at 2 P.M., the President again occupying the chair.

MEMORIAL TO THE ROYAL COLLEGE OF SURGEONS.

Mr. SOUTHAM (Manchester) moved the adoption of the following memorial:—

"To the President, Vice-Presidents, and Members of Council of the Royal College of Surgeons of England."

"The Memorial of the President and Members of the British Medical Association"

"SHEWETH—"

"That the Association consists of more than 2,400 members; the greater number of whom are either Members or Fellows of your College."

"That your memorialists are desirous of again bringing under your notice the general dissatisfaction of the Fellows and Members of your College at the mode of electing your Council."

"That the privilege of electing members of the Council is vested by the Charter in the Fellows generally without any personal distinction whatever, and that this is the chief or sole function of the Fellows in relation to the College."

"That nevertheless the personal attendance required at the election virtually deprives of their privileges a large proportion of the Fellows who reside at a distance from London, and makes the Council of the Royal College of Surgeons of England the representative body not of the Fellows generally throughout England, but of the more limited number who reside in London and its neighbourhood."

"That your memorialists therefore earnestly request that you will be pleased to obtain a new or supplementary Charter, in order to render it lawful for the election of Councillors to be conducted by means of voting-papers, which may be filled up by non-resident electors, after some such plan as that prescribed for the Universities of Oxford and Cambridge in their election of members of Parliament."

"SAMUEL J. JEAFFERSON, M.D., Cantab., President of the British Medical Association."

"T. WATKIN WILLIAMS, General Secretary."

"August, 1865."

Mr. CLEMENT (M.P. for Shrewsbury) seconded the motion, which was adopted.

THE ADDRESS IN SURGERY

was read by JAMES SYME, Esq., Professor of Clinical Surgery in the University of Edinburgh. It is published at page 142.

Mr. CLEMENT (M.P. for Shrewsbury) proposed a vote of thanks to Professor Syme for his valuable address.

Mr. R. JONES (Leamington) seconded the motion, which was carried by acclamation.

Professor SYME, in acknowledging the compliment, said he considered it a great honour to have been requested to deliver an address. He had thought a statement of the views he had been led to form, for public and private practice during the last forty years, might be acceptable to the members of the Associa-

tion; and he was gratified to learn that they had not been disappointed.

The remainder of the afternoon was occupied with the reading of papers, of which a list will subsequently be given.

THE PUBLIC DÉJEÛNER

given to the Association by the inhabitants took place in a spacious marquee erected in the Jephson Gardens. The weather unfortunately proved wet, and the *fête*, with fireworks and illuminations, had to be postponed until the following evening. About two hundred members of the Association attended the *déjeûner*, and there were also several ladies, and a few of the inhabitants of Leamington. Dr. Jephson occupied the chair. The usual loyal, patriotic, and religious toasts having been duly moved,

Dr. JEPHSON said: I think this is one of the proudest and happiest moments of my life. To be surrounded by so many talented medical men—to be present on an occasion like this—is one of the most pleasant and gratifying things I can think of. My toast is of importance equal to those just toasted; for, without those medical gentlemen, we do not know where Her Majesty would be, or her children. I hope that we shall often meet again under similar circumstances, and be surrounded by the same talented men. Gentlemen, I have great pleasure in proposing "The British Medical Association", coupled with the name of Sir Charles Hastings. [*Much cheering.*]

SIR CHARLES HASTINGS (who, on rising, was received with loud and prolonged applause) said: Dr. Jephson, Dr. Jeaffreson, and brother members of the British Medical Association, I most deeply feel the compliment you have paid me on this occasion in connection with the toast of the British Medical Association. When I look back and consider the circumstances under which this Association was formed—when I look back to the state of the profession at the time when it was founded, and then upon the assemblage by which I am surrounded—I am struck with admiration at the results which have accrued from any feeble efforts of mine. I have always maintained that the success of the Association was not owing to any efforts of mine ["yes, yes"]; but I was surrounded by men of great talent, of great public usefulness, and of high moral character. And so it necessarily happened that this Association, being fitted for the age in which we brought it forward, has been successful; and, I venture to predict, will continue to be successful. I feel that the time is coming when I can no longer assist in carrying forward the noble objects of this Association; but I will say that, so long as I am able, I shall never fail to exert my influence on its behalf; to bring it before the public as its great benefactor, having in its power the means of successfully promoting measures of great importance to the country at large, and of forwarding the true interests of the profession. I cannot sit down without expressing the gratification I feel at our meeting this year in Leamington. We have often heard of its fame, and of those connected with this watering-place, and of whom I may say, "Si monumentum queris, circumspice." [*Cheers.*] Sir Charles concluded by thanking Dr. Jephson and his fellow townsmen for having come forward in so handsome and liberal a manner; and wished health and happiness to all the inhabitants of that salubrious watering-place.

Mr. PROPERT proposed the health of the President of the Association, Dr. Jeaffreson. In doing so, he paid a graceful tribute to the beauty of the town of Leamington, and the attainments and gentlemanly bearing of the President.

Dr. JEAFFRESON said that he did not remember, in the whole course of his experience, that the Association had ever had a more brilliant meeting. But little merit, however, was due to himself; for he had been most ably assisted by the worthy local Secretary, the profession generally, and the inhabitants at large. It was gratifying to find that some of the most distinguished men of the age had been present amongst the members of the Association. It had robbed Ireland of its brightest gem, Professor Stokes [*applause*]; Scotland had contributed its most celebrated surgeon, Professor Syme [*applause*]; and, in addition, America's brightest ornament, Dr. Sims, its distinguished ladies' doctor, had been present. [*Cheers.*] In addition to that, when he told them that some of the most delightful, most practical, and best papers ever submitted to any meeting of the Association had been read, he thought Leamington might well be proud to welcome the Association; and, on his part, he had only to thank them for the kind compliment they had paid him. [*Cheers.*]

Dr. PAGET (Cambridge) proposed the health of Dr. Jephson; and adverted to the fact that Leamington owed its existence, not less to the professional reputation and skill than to the princely generosity and munificence of Dr. Jephson. [*Applause.*]

Dr. JEPHSON very briefly acknowledged the compliment; and excused himself, on the ground of his infirmities and indisposition, from making any long reply.

Dr. JEAFFRESON proposed the health of Mr. Had-don (coupled with "The town of Leamington"); and the health of Mr. Ebbage, the local Secretary, having been enthusiastically drunk, the toast of "The Ladies", responded to by Mr. Steele, concluded the proceedings.

THE PRESIDENT'S CONVERSAZIONE.

At nine p.m. the President gave a most agreeable *conversazione* at the Pump-rooms. In addition to the attractions of the preceding evening, Messrs. Ross, the opticians, exhibited specimens of microscopes and lenses; and additional interest was given to the proceedings by the reflection of opaque objects upon a large screen. This was accomplished by the aid of an instrument originally known as a proteuscope, an improvement of which has recently been brought out by Mr. Chadburn, of Liverpool. In this way were exhibited a section of the brain; drawings of the muscles of the human hand; portraits of Kepler, Linacre, Caius, Harvey, Mayow, Willis, W. Hunter, Radcliffe, Mead, Jenner, and other distinguished physicians; also of Dr. Barker, the recipient of the Hastings medal. The Fothergillian and Hastings medals, and other objects, were also shown. As each object was shown, Dr. Richardson gave a brief explanation of it, mentioning, in regard to the portraits, some of the principal circumstances for which each person represented was celebrated. Mr. Southern exhibited the phenomena of the gyroscope; and also a binocular microscope under polarised light. Mr. W. Ladd exhibited his new thermo-electric battery, with a working electro-magnetic engine, pump, bell, and magnet; spectroscopes, showing spectra of various gases; and the spectroscope applied to the microscope, according to the suggestion of Weston and Huggins. Microscopes were shown by Messrs. Ross, Crouch, Baker, and Wheeler, of London. The room was tastefully decorated with exotics and other flowers; and, although one of the most spacious in the town, was largely crowded.

[We are obliged, by want of space, to defer to next week the report of the proceedings of Friday, Aug. 4. EDITOR.]

OPERATION DAYS AT THE HOSPITALS.

MONDAY.....	Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.
TUESDAY....	Guy's, 1½ P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.
WEDNESDAY...	St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.
THURSDAY....	St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Great Northern, 2 P.M.—London Surgeon Home, 2 P.M.—Royal Orthopaedic, 2 P.M.—Royal London Ophthalmic, 11 A.M.
FRIDAY.....	Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.
SATURDAY....	St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.—Royal Free, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

TO CORRESPONDENTS.

*. All letters and communications for the JOURNAL, to be addressed to the EDITOR, 37, Great Queen St., Lincoln's Inn Fields, W.C.

COMMUNICATIONS.—To prevent a not uncommon misconception, we beg to inform our correspondents that, as a rule, all communications which are not returned to their authors, are retained for publication.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

We have been obliged to postpone many interesting communications on account of the length of the Report, etc., of the Annual Meeting.

ST. BARTHOLOMEW'S HOSPITAL.—SIR: As exception may possibly be taken to the retention of Mr. Lawrence's name in our notices for the sessions 1865-66, I shall be obliged if you will allow me to state that our Prospectus and Handbook were printed and in great part distributed before Mr. Lawrence's resignation was known or anticipated.

August 8th, 1865.

I am, etc.,

GEORGE W. CALLENDER.

[The correction is made in the advertisements. EDITOR.]

ORIGIN OF TENIA.—The ancients supposed all human parasites to be restricted to the intestines—an opinion expressed in a rather obscure passage in the works of the now little read poet Apophantiacus, which may be thus rendered:

Tell me, where is tenia bred,

In the guts or in the head?

In the former, truly.

Kindly Providence confines

To the human intestines

Parasites unruly.—(Natural History Rev.)

COMMUNICATIONS have been received from:—Dr. WILLIAM STOKES; Dr. TANNER; Mr. J. Z. LAURENCE; Mr. GAMGEE; Dr. MAYO; Dr. J. BULLAR; Dr. A. SMITH; Mr. OLLESTAD; BORG; FREDICK; Mr. STYER; Dr. PARSONS; Mr. F. CROOK; Dr. RADCLIFFE; Mr. R. W. WATKINS; Mr. F. MASON; Dr. SANDERSON; Mr. CALLENDER; Dr. MONCKTON; Mr. J. RICKETTS; Mr. JAMES ROBERTSON; Mr. B. SQUIRE; Mr. J. IRVINE; Mr. F. JORDAN; Dr. GIBB; Mr. ASPINALL; and Mr. H. LOWNDERS.

BOOKS RECEIVED.

1. Annual Annoucement of the Faculty of Medicine, McGill University, Montreal. 1865.
2. Civilisation and Cerebral Development. By R. DUNN, F.R.C.S. London: 1865.
3. Du Suicide et de la Folie Suicide. Par A. Brierre de Boismont. Deuxième Edition, revue et augmentée. Paris: 1865.
4. The Principal Baths of Switzerland and Savoy. By Edwin LEE, M.D. London: 1865.
5. Recherches Chimiques et Physiologiques sur la Fève du Calabar. Par le Dr. A. Vée. Paris: 1865.
6. Suggestions for the Establishment of Convalescents' Retreats on the Sea-Coast. Manchester: 1865.
7. Annual Report of the Southport Convalescent Hospital and Sea-Bathing Infirmary for the Year 1864. Southport: 1865.
8. Systematic Ophthalmia; its Symptoms, Diagnosis, and Treatment. With Illustrative Cases. By George LAWSON, F.R.C.S. London: 1865.
9. An Inquiry into the Causes of High Death-Rate in Leeds. By James BRAITHWAITE, M.D. London. Leeds: 1865.
10. Traumatic Keratitis. By S. WATSON. London: 1865.
11. Herbert Fry's Shilling Guide to the London Charities for 1865-66. London: 1865.

ESTABLISHED 1848.

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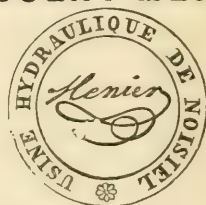
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READ AT

THE THIRTY-THIRD ANNUAL MEETING OF THE BRITISH MEDICAL ASSOCIATION.

[Held in LEAMINGTON, AUGUST 1st, 2nd, 3rd, and 4th, 1865.]

THE SIBERIAN CATTLE PLAGUE; OR, THE TYPHOID FEVER OF THE OX.*

By WILLIAM BUDD, M.D., Clifton.

"AS IN A MIRROR."

"These contagious fevers are like Fire, very easy to put out when you have only to deal with the first spark: very difficult to put out when the spark has grown to a conflagration." *Letter from the Author to the Bristol Board of Health.*

MAN and animals are, alike, preyed upon by a great and fatal brood of specific diseases, which spread in the same way, which destroy life by the action of the same powers, and which are so truly members of one family, that some among them are even common to animals and man; and pass, with their identity entire, from the bodies of the one to those of the others. Human small-pox and sheep's small-pox, glanders, hydrophobia, Asiatic cholera, plague, scarlet fever, yellow fever, the lung disease in cattle, and the great group of typhoid and typhus fevers, are but a few of the leading types of this great Army of Death.

As if to mark the poverty of our conception of their real essence, we think it sufficient to call some among them by the name of "fevers", an appellation derived from the Latin verb, *ferreo*—to be hot. "Plague" and "pestilence", words betraying the theological phase, which, according to M. Comte, characterises the infant state of all human knowledge, are the epithets applied to others.

* The circumstances under which this little essay on Cattle Plague makes its appearance are so remarkable, that it may be well to say a word in explanation of them.

Every one reading the title, will naturally suppose that the essay was suggested by the recent outbreak of this formidable disease in England. This is not the case. The history of the essay is simply this. At the annual meeting of the British Medical Association, held at the Royal College of Physicians, in August 1862, a resolution was passed, binding the Association to take up at once the study of epidemic and epizootic diseases. Shortly afterwards, I had the honour to receive from the Council of the Association a request that I should draw up a scheme for the conduct of the proposed inquiry. This I accordingly did; and a memorandum embodying my views on the subject was laid before the Association at the succeeding annual meeting held at Cambridge in August last year. In that memorandum, I mentioned Rinderpest, or Cattle Plague, as a disease of which it would be in the highest degree important to study the laws, on account of the striking analogy presented by it to the typhoid fever of our own species. In accordance with this suggestion, a resolution was passed appointing me to the work; and this essay, which was read at Leamington on the 11th of the present month, is the result.

The materials for the essay itself have been derived chiefly from the following sources. 1. Professor Simon's able *Report on Cattle Plague*. 2. Rill's *Lehrbuch*, and the writings of two other chief German authorities. 3. The Report of the Russian Government Commission; kindly lent to me by Professor John Gamgee. And, lastly, personal observation of the present epizootic in a recent visit made with that object to the Royal Veterinary College in London, and to an infected dairy in Marylebone.

Caused each by a specific entity, which, like the living types of organic nature, is endowed with that most significant of characteristics, the power to propagate its own species through indefinite periods of time; the law of propagation of one species may be applied to that of the others with the same certainty with which we apply the law of propagation of one mushroom to that of another mushroom, or of one species of infusoria to that of another. To know the law of one of these contagions is, in fundamentals at least, to know it in the rest; to know the law of the animal fever is to know that of the human fever; to know the law of sheep's small-pox is to know that of human small-pox.

How, and in what way, do these contagions swarm and multiply? Through what process do they thus perpetuate their species, from age to age, from country to country, and from race to race, through countless myriads of subjects? These are the great questions, or, rather, this is the one great question, for man to solve. All else; all clearness of view, all precision of aim, all certainty in practice, hang upon the answer to it. It is a question on which the history of the disease that is to form the subject of this report—the Rinderpest, or great Cattle-Plague of Siberia—throws the clearest light.

Definite in character; peculiar to a single species; having a period of incubation; occurring, as a rule, but once in life; specific in the highest sense of that word; and in its very essence a contagious fever—it is a perfectly typical member of that family of which human typhoid fever and human small-pox are familiar examples. Known to tradition from the remotest times, it is the same now as it was at first. Bearing the closest family resemblance to human typhoid, it can be inoculated like small-pox, and the mode of its propagation determined by the most decisive of experiments.

The Steppes of Siberia, in which it appears to have first come into being, are still its great stronghold. Somewhere or another in that wide area, which looks so blank on our maps, now in sporadic, now in epizootic form, it is always present. In these wild wastes, this fell disorder works its will on the hapless and unconscious cattle, unchecked by veterinary police or sanitary reformer. There is no Farr there to point, in words of real wisdom, the moral of pestilence; no Chadwick to preach a crusade against bovine stinks; no Florence Nightingale to teach physicians that contagion is an antiquated myth; no Murchison to commit himself to the hopeless task of showing that, although essentially contagious, this typhoid fever of the ox is caused, for the most part, by putrid fæces, or, in one word, is a pythogenic fever.

The one thing needful for prevention—separation of the infected from the healthy—being impracticable, the disease in the Steppe is, with few exceptions, left to its own course. Happy if its ravages always ended there. Like all other contagious disorders, it possesses, in virtue of the terrible gift of communicability, the fatal and characteristic power of migration.

Trade and war, those two inexorable tyrants, are the chief agencies by which it is disseminated. In the course of ordinary traffic, vast droves of cattle annually leave the Steppe for the markets of the west. Too often these droves carry with them the germs of the scourge. So prolific are these germs, and with such rapidity do they multiply, that, from a single case of Cattle-Plague, great outbreaks often spring, which, in a few months, spread over whole principalities, and count their victims by tens of thousands.

A circumstance of the deepest scientific interest, to which I shall hereafter refer, helps, at first, to dis-

arm suspicion, and to allow infection to steal unheeded, far and wide, through the land.

The Danubian Provinces and the eastern parts of Austria are generally the first to suffer. To keep the great Cattle-Plague at bay is at all times an object of national concern with the Austrian Government. Silesia, Podolia, Galicia, Moldavia, and Wallachia, are the seat of periodical outbreaks of it, which sweep away myriads of oxen.

In time of peace—by strict military cordon, and other measures directed solely against contagion—Prussia succeeds, to a great extent, in keeping the pest from her borders; and stands as a barrier between it and the North of Europe.* That it is by these measures, and by these alone, that the disease is excluded, is shown by the fact that, in time of war, when they can no longer be enforced, cattle-plague has more than once invaded Prussia also, and has spread far and wide through the north and west. In modern times, the results were first seen, on a large scale, in the wars of the first French empire.

In 1811, this epizootic, following in the track of the Austrian wing of the Allied Armies, was sown broadcast through Germany and the North of Europe and brought to the walls of Paris.†

For the first time on record, the French, in addition to their other calamities, had the bitterness of seeing their herds destroyed by an epizootic which was as deadly, as it was entirely new to their experience.

In the Crimean war, a similar chain of events occurred. Rinderpest, breaking out in the droves which issued from the Steppe to feed the Russian armies, spread widely through Moldavia and Wallachia; overran the Crimea; and, being carried from Turkey to Egypt (where, if I am rightly informed, up to that time, it had remained unknown), committed, in the two succeeding years, ravages which almost threatened to exterminate the cattle tribe in the valley of the Nile.

Contrast with this striking history the equally striking fact, which is complementary to it, that over wide tracts of the earth's surface—that in a great part of Europe, for instance, and over the whole of America, North and South—this disease is still unknown; and from these few salient traits the great truth already begins to emerge with a clearness which leaves nothing to desire, that we are here dealing with a contagion which no common contingencies of cattle-life, either single or combined, whether of breed, climate, country, fodder, or what not, have the power to engender, but for whose production the presence of the contagious germ is at once the necessary and all-sufficient condition.

The scale on which this scourge operates as a life-destroyer is truly enormous. In Europe, exclusive of Siberia and Tartary, it is computed to have carried off, in the last century, more than 200,000,000 head of cattle. In Germany alone, during the same period, 25,000,000 oxen are said to have died of it. By the very general and vigorous adoption of measures directed against contagion, although it has since been held somewhat in check, the aggregate mortality from this epizootic is still gigantic.

Until quite recently—with one signal exception—unknown to us here—in its own home known only by its effects—subtle and invisible, like all the rest of its class, this morbid agent is nevertheless, as we see, a great Power in Nature.

If we now come to scan more closely its mode of operation in the living body of its victim, remote from our experience though the case may be, we find

ourselves at once on familiar ground. All the great relations which observation has taught us to look upon as essential characteristics of the fevers of man at once come into view in this fever of the ox.

First, let us note, as cardinal, the occurrence of a well-defined period of incubation. Caused, like typhoid fever and small-pox—and, indeed, like all the contagious fevers—by a specific *materies morbi*, which acts only by its own growth and multiplication, the morbid germ is too minute on its first introduction to exert any sensible action on the living economy. No matter how this germ finds its way into the body, whether in the natural way or by inoculation, from five to eight days always elapse before the patient gives any token of disorder. As we might have expected, from the more rapid course of the disease itself, the latent period, also, is considerably shorter than in the two human fevers just quoted.

The actual onset of the disease is marked by the constant and well known signs of violent disturbance which usher in all the contagious fevers. Rigor or shivering, followed by an increase in the temperature of the body, frequent pulse, and sudden prostration of the powers of life, are the leading and familiar signs. The coat is stark; all fodder is refused; and at the end of a few hours, at most, rumination finally ceases. The poor plague-stricken ox, standing with its back arched, its head hanging down, its ears lopped, and its legs gathered under the body, presents, to those who know how to interpret such signs, an unmistakable aspect of grave illness. Transient quiverings of the muscles, especially about the neck and shoulders, betray already the severity of the nervous disturbance. The animal looks dull and dispirited; is reluctant to move; and, when made to move, often staggers from weakness. In the milch cow, the secretion of milk at once ceases.

In some few cases, the bowels are at first torpid; but in the great majority, in the course of a few hours, or on the second day at the latest, diarrhoea sets in; and the discharges, becoming more and more profuse, and at last dysenteric, plainly show on what surface the malady finds its chief outward development. The evacuations are more or less fluid, of a dirty yellow—sometimes blood-stained; have a peculiar sour smell; and, on minute examination, are found to be charged with flocculi derived from the diseased intestine. As the drain from the bowel proceeds, the loss of power makes rapid progress. The tail has lost its native function; and, in summer-time, flies, busy in their work of petty torture, swarm upon the hide, undisturbed by that once lively member.

In malignant cases, the discharges become involuntary; and the raw and fretted vent is often entirely prolapsed.

At an early period—sometimes, as I have myself seen, at the very outset—a mucous fluid weeps in abundance from the eyes and nostrils. Transparent at first, this mucus soon becomes laden with whitish flakes, and at length is entirely opaque. As the disease advances, this ill-conditioned stuff stands in viscid pools beneath the head of the patient. With the extension of the catarrhal condition to the throat and windpipe, cough sets in, and the breathing grows more or less hurried and embarrassed. Under these circumstances, the act of breathing is attended by a peculiar rough moan, which has appeared to myself to be very characteristic.

The temperature of the body, which at first was uniformly higher than natural, is now unequally distributed; so that, while the mouth and roots of the ears are still hot, the tips of the ears and the extremities often have a death-like coldness.

With failing strength, the animal finally loses its legs; and, lying with its head hanging back on its

* See Report on Rinderpest, by Professor Simonds.

† See Professor Simonds's Report, and a report of a recent debate on typhoid fever in the French Academy of Medicine.

shoulders, recalls to mind that look of abject prostration which is so familiar to us in the typhoid fever of our own species. As life ebbs away, the belly becomes distended; the limbs are agitated by involuntary twitchings;* and in some cases the back and loins crackle when pressed, from the extrication, while the animal is yet living, of putrid gases in the areolar tissue.

When things have come to this pass, the breathing becomes rapid, its rhythm irregular; and, the temperature of the body falling from hour to hour, the sufferer soon sinks.

This is the usual course of the disorder, when it affects a malignant form. In watching a series of cases, some variation in the type is observed, according as the catarrhal or the abdominal symptoms take the lead. Still wider variation depends on the greater or less rapidity with which the malady runs its course. As in all other contagious fevers, this varies much. As applied to the slower cases, the description just given would be too highly charged.

On a recent visit to London, I saw two cows, one of which had been ill eleven days, while the other was in the tenth day of a relapse following an attack which occurred six weeks before. Both were the subject of severe diarrhoea; in both, there was profuse discharge from the nostrils; both were suffering from difficult breathing, attended by the peculiar moan I have before mentioned. But these two cows were still on their feet; and, on being led out from the shed in which they were housed, to be taken away in a cart, both walked pretty briskly, and with a tolerably sure tread. And, although both were, I believe, doomed to a certain death, few persons, on seeing the disease for the first time, would have supposed, judging from the aspect of these animals, that it is the malignant thing it is known to be.

In all this there is, unfortunately, nothing very distinctive. We have not to do here, as in sheep's small-pox, with an outward eruption which at once challenges the eye, and whose nature cannot well be mistaken. But even in cattle-plague, with a little attention, the diagnosis cannot remain long in doubt.

It will be seen presently that the one characteristic of the disease is a species of internal eruption profusely scattered over the intestinal canal and air-passages. This eruption is the source of the discharges from these parts. When, therefore, we see an ox or cow suddenly seized by a fever characterised by great prostration, and by peculiar discharges from the bowels and nostrils, the presumption is already strong that the case is one of cattle-plague.

The rapid death of the patient, and the extension of the disease to other oxen that may have come into contact with it, will soon remove any remaining doubt, if doubt there be.†

* Mr. Field, Professor of Simonda writes to me to say that these and other nervous phenomena are not so highly developed in the present epizootic as in the cases he saw in Galicia.

† In order to make this part of my essay complete, I subjoin Professor Simonda's description of the complaint, as communicated to the *Trav. Comp.*, in a letter published in the *Times* of August 7th, 1865. This description, as being drawn by a master in the art, from a much wider field of observation, is, no doubt, more trustworthy than any description I can pretend to give.

“The early symptoms of the disease are usually a remarkably dull and dispirited condition of the animal, which will stand with its head hanging down, ears drawn back, and coat staring, refusing all food, and occasionally shivering. A watery discharge flows from the eyes and nostrils. The skin is hot, but sometimes chilly, the temperature varying from time to time. The extremities are cold; the breathing short and quick; being not unfrequently accompanied with moaning as an indication of pain. A slight cough is sometimes present. The inner part of the upper lip and roof of the mouth is reddened and often covered with raw-looking spots. The bowels are consequently constipated, but in most instances diarrhoea soon sets in, the evacuations being slimy and very frequently of a dirty yellow colour. The prostration of strength is great, the animal staggering when made to move. In milch cows, the secretion of milk is rapidly diminished, and soon ceases altogether.”

Of the various characteristics of this malignant epizootic, two of the most striking, and which are, no doubt, mutually related, are its extreme deadliness on the one hand, and the rapidity with which it kills on the other. In the majority of fatal cases, death ensues between the third and fifth days; and sometimes occurs, it is said, as early as the second.

Measured by the mortality it occasions, the virulence of the disease is equally striking. Among the native cattle of the countries which lie west of the Steppe, ninety deaths in one hundred attacked is not an uncommon average. In the Steppe oxen, in accordance with what appears to be a general law, the disease is much milder and much less fatal. The mortality here often falls as low as 25 per cent. This is the circumstance to which I before referred as helping so much, by laying precaution asleep, to spread the plague.

The disease, from its comparative mildness, being less characterised, is not detected; and infected Steppe cattle, travelling the roads and standing in fairs and markets, sow the fever far and wide before its true nature is recognised. The fact is interesting, not only as showing how various, and how incomparably subtle, are the conditions which determine the degree of power with which the morbid cause acts on the living body, but because this is only one example of a general law. As far as I know, there is no exception to this—that contagions which are at once wide-spread, and take effect through the blood, are, *ceteris paribus*, invariably more virulent in races, whether of men or animals, new to their action, than in those which have long been subject to it. When sheep's small-pox was introduced into Datchet some seventeen years ago, it was observed to be greatly more virulent and more fatal in the English flock of the infected homestead, than in the lot of Merinos which brought the infection from Denmark with them. In Wilts, in 1862, this disease caused a mortality among the native Southdowns for which no parallel can be found in continental outbreaks. Human small-pox was much more fatal on its first introduction into Europe than it is now; and, on passing from us to America, it was again incomparably more deadly to the races it found there than to us, who for many generations, then, had been scourged by the pest. From ancient records, it is plain that syphilis was far more virulent when first brought to Europe than at present; and, if we want to reproduce the picture it presented then, we must go for it to the races to whom the unbridled lust of Christian Europe has, for the first time in their history, communicated the loathsome taint.

I have elsewhere pointed out that, all else being equal, the degree of malignity of contagious poisons is due to the degree in which they multiply in the living body. Small-pox, when the inoculated germ has only fructified into some six or a dozen pustules, is a slight indisposition. Small-pox, when the whole skin is a confluent mass of variolous poison, is a deadly plague. To say that cattle plague is milder in the Steppe cattle is, therefore, to say, in other words, that the poison is less prolific in their bodies than in those of untainted breeds.

What can be the possible explanation of this enigma? Why, because their progenitors have for many ages been the subjects of a specific contagion, should the heirs of these subjects furnish a less fertile soil for its reproduction? This is a problem on whose discussion I have no time to enter now.

About two years ago, my brother, Dr. G. Budd, offered, in a short paper in the *BRITISH MEDICAL JOURNAL*, some speculations on it which have not, perhaps, attracted the attention they deserve. How far these speculations may be sound, I will not un-

dertake to say; but, in their bearing on the apparent diminution of the protective power of vaccination, they have at least the merit of showing how momentous are the practical questions, even, which hang upon a true view of these subtle relations.

If, in studying cattle-plague in the living ox, we have met with nothing, in the way of morbid phenomena, new to our experience, the morbid changes revealed by the dead body affect a form with which we are still more at home. While the phenomena of the malady itself stamp it as a contagious fever, its anatomical characters leave no doubt as to what particular type of fever it belongs. The one and only anatomical change characteristic of it is, in fact, the very "counterfeit and presentment" of the one morbid change which is equally characteristic of the typhoid fever of man. In general terms, it may be described as a specific disease of mucous glands, which, beginning with a peculiar cell-growth and issuing, for the most part, in ulceration, culminates in the follicles, isolated and clustered, of the small intestine.

The human disease is much less wide-spread and altogether less profuse—for the most part including, indeed, only the tract from the fauces to the rectum; whereas the corresponding disease of the ox always extends to the nostrils, and is often found in the air-passages of the lungs also. But this is a difference of degree, and not a difference of class.

In its early stage, the diseased follicle in the ox is the seat of an exudation or cell-growth, which, occurring amid all the phenomena of acute inflammation, and rapidly pervading the whole substance of the follicle, emerges on the surface of the gut, in the form of circular patches several lines thick, and of a pale yellow or yellowish-brown colour. Sometimes, the material of these patches is soft like cream or soft cheese; at others, compact and firm. More or less adherent at the centre, their edges are always loose. When they are removed by gentle traction, the membrane underneath is found to be slightly depressed, of a deep red, beset by numerous oozing blood-points, and fretted with minute ulcers. In this stage, the diseased follicle, with the exception of being more turgescent and more inflamed, presents a striking resemblance to what the French have called *plaques gangrèneuses* in the typhoid fever of man.

In Peyer's patches, the morbid process generally begins, precisely as in man, in many points at once, which go on multiplying until the whole patch is invaded.

In other cases, the disease affecting what, without metaphor, may be called the confluent form, lines the whole surface of the gut, sometimes, it is said, for many feet, with a continuous layer of the same material; the whole presenting an appearance which strikingly calls to mind what sometimes happens in human dysentery. As the fever proceeds, countless flakes of this peculiar morbid matter may be found, by minute examination, in the discharges from the bowel. Where the mucous membrane has been thus laid bare, ulceration succeeds, and is often carried to great lengths.

The isolated and clustered follicles, instead of being covered by an adventitious coat, are now the seat of deep excavations. In some cases, principally in ill-nourished beasts, the ulcerative action takes the lead to such an extent, that the mucous membrane, over a space of several feet, even, is entirely destroyed, and the underlying cellular or muscular coat laid bare.*

* This description of the morbid anatomy of Rinderpest has been drawn in its main features from Röll's *Lehrbuch*: from the Report of the Russian Government Commission; and from the able Report by Professor Simonds, already referred to. One or two additional traits have been added from notes taken during the present epi-

Regard being had to the natural difference of proportion, I have often seen a precisely similar result in the typhoid fever of our own species.* To complete the parallel, it is only needful to add that the mesenteric glands in physiological connection with the diseased parts are, as in human typhoid, invariably swelled and inflamed.

I have already said, that the affection here described reaches its height, and presents its most typical form of development in the isolated and agminated follicles of the small intestine. Far, however, from being confined to these, it is, in many cases, repeated, in less degree, in the follicles of the whole intestinal tract.

In the subjects which fell under the observation of my friend Professor Simonds, when sent into Germany by our Government to report on Cattle Plague, the local disease predominated in the large intestine. This, however, seems to be contrary to the general rule. According to Röll—and the statement appears to be borne out by the majority of individual *post mortem* accounts†—the colon is, in comparison, but slightly affected. An erythematous condition of its mucous membrane, with traces of excoriation here and there, especially in its lower part, are often the only morbid appearances. In other cases, the follicles of this intestine are more or less thickly beset with patches of the characteristic morbid material already described. In others, again, as Professor Simonds has observed, this section of the intestinal canal seems to bear the chief brunt of the disorder. It is interesting to observe that, in exact accordance with what happens in man, a thick cluster of these patches is often seen in the cæcum, and a corresponding cluster in the rectum also.

In the opposite direction, the disease repeats itself more or less profusely, more or less sparsely, in the mucous follicles, from the jejunum to the fauces and the hard palate inclusive.

Less profusely, on the whole, but scarcely less constantly, the same morbid process, with all its specific and characteristic features, is found on the mucous membrane of the air-passages also.

I show here a very beautiful drawing of the disease as it occurs in the windpipe; and you have only to compare this drawing with that taken from the ileum of the same subject, to see at once that, in these two parts, the morbid process is identical.‡ For reasons which will appear in the sequel, it is important to note, that the lining membrane of the nostrils is, in the majority of cases, affected in the same way. The flakes of concrete lymph, as, in the old phraseology, the product is called, which abound in the nasal discharge, have, like the precisely similar flakes seen in the discharges from the bowels, their source in exfoliation of the morbid matter, which is the common and specific basis of the local affection in both parts.

In order to appreciate the true significance of the peculiar morbid process which I have here attempted

demic, and from drawings of the local disease in my own possession. The description itself appears under the disadvantage which necessarily attaches, in greater or less degree, to all descriptions which are founded chiefly on written documents. I have, however, taken every pains to make it as accurate as I can; and if I have not succeeded in this aim, the fault lies rather with the authorities I have consulted than with myself. As far, however, as the pathological interpretation of the facts is concerned—and that is the essential point—I feel myself on perfectly sure ground.

* It will be readily understood that many of these alterations are only found in protracted cases. When the disease kills rapidly, there is not time for all this structural havoc. In many cases, the local disease has not gone beyond the stage of exudation before death ensues.

† See, for a considerable number of these, the Report of the Russian Commission.

‡ These drawings were executed for the author by Dr. Carl Heitzmann, of Vienna, expressly to illustrate the essay.

to describe, it is only necessary to add, that this process is the one and only specific mark which Rinderpest or cattle-plague leaves in the dead body. Suppress it, and there is nothing to distinguish the carcass from that of oxen dead from many another cause; show it, and the disease is at once distinguished from every other to which the ox is liable. Other alterations there sometimes are, in the kidneys and lungs especially; but they are only alterations common to this and other contagious fevers, and therefore of no specific value. There is this qualification, however, as to the lung. As the bronchial tubes, as well as the wind-pipe, are often severely affected by the specific morbid process, their branches become choked by the resulting morbid products, and more or less extensive collapse of air-cells ensues. This change was very conspicuous in a lung which I lately saw at the Royal Veterinary College. When this bronchial eruption is severe, the whole bronchial membrane is highly erythematous; and catarrh and its concomitants, both in the living and in the dead animal, come to form a marked feature of the case.

The condition of the kidney closely resembles that which is seen in many human contagious fevers associated with acute albuminuria in the living subject. The general dropsy which Dr. Whitmore has observed in one or two protracted cases, probably had its root in this renal affection.

Even in what is absent, there is a striking agreement between this fever and other fevers of the same natural group. For instance, there is the same absence of disease in serous membrane, and, with great disturbance in function, the same striking absence of overt anatomical change in the nervous centres, on which Louis has justly laid so much stress as among the leading negative characters of typhoid fever in man.

With these data before us, there can be no difficulty in determining what is the true nature of the remarkable pathological change we have here been studying, or to what human malady we must go for its counterpart.

As I suggested at the outset, and as you have, no doubt, yourselves already inferred, this affection is the exact analogue of the precisely similar affection of the same parts which is so well known as characteristic of the typhoid fever of our own species. Developed in the same structures; alike in distribution in all general features; following the same law of evolution; beginning in a new cell-growth, and issuing in ulceration; attended by concomitant inflammation and swelling of the associate lymphatic glands; and, lastly, each the one and only specific mark of a contagious fever, it is beyond the possibility of doubt, that these two typical affections are exact pathological equivalents.

The same conclusion may, indeed, be arrived at in a more summary way. The case is, in fact, one in which what Mr. Lewes calls the Principle of Vision in philosophy may be confidently appealed to without any risk of our being misled by it.

In the actual view of the morbid change, the conclusion at which we have here arrived, as the result of laborious analysis, starts at once to the mind. It is impossible, I think, to compare this drawing of diseased Peyer's patches in cattle-plague with a good drawing of the same patches in human typhoid, without seeing at once, that we are looking on phenomena of the same order. And let it be particularly noted, that this is no illusion to be traced in any way to the hand of the artist. In the dead body, the resemblance between the two things is so striking that, as we shall see farther on, morbid anatomists from one of the great German schools were, on a memorable occasion, so far deceived by the aspect of

the disease, as to believe the two affections to be, for all practical ends, identical.

But if these two forms of disease be exact pathological equivalents, the true significance of that which belongs to man has already been determined.

In a series of papers which appeared some years ago in the *Lancet*, I showed, by considerations which have never been controverted, that the intestinal affection of human typhoid fever is, in reality, as Bretonneau long ago suggested, neither more nor less than the specific eruption of a contagious fever. So that, while the follicular disease in the epizootic is the exact equivalent of that of typhoid fever, this last is, in its turn, the exact pathological equivalent of the eruption of small-pox.

In the disease of the ox, the truth of this doctrine receives at once a new illustration and its crowning proof. For not only can all that was said in favour of it, as applied to human typhoid, be repeated here with equal force; but, as we shall presently see, the follicular disease in cattle-plague is absolutely proved to be the exact analogue of the variculous pustule by the decisive fact, that matter taken from it may be used, like small-pox matter, for the artificial propagation of its own fever by inoculation.

With this fact, the chain of induction is complete. Sure in every link, it is as simple and severe in its logical coherence as it is momentous in the practical consequences to which it directly leads.

I have said that certain continental anatomists were led by the first aspect of the intestinal disease to pronounce it to be practically identical with that of the typhoid fever of man. It is well known that, in the same way, the late Dr. Gregory, on seeing for the first time the eruption of "variola ovina", was so impressed by its striking resemblance to that of human variola, as to fall into the mistake of believing the two to be one.

All four being, as we have seen, facts of the same order, the relation between the two last illustrates, in the most exact manner, the relation which the first two bear to one another. What variola ovina is to human variola, that precisely is this typhoid fever of the ox to human typhoid—not identical in either case; not intercommunicable; essentially different in species, but so nearly related as to admit, on a superficial view, of being confounded each with its counterpart.

It is, as I said, when speaking formerly of sheep's small-pox—and I can find no better illustration now—it is "as two kinds of thistle, as one sort of mushroom to another sort, or as two species of algae, like almost to identity in looks and outward guise, identical in all their laws of growth and being, but yet specifically different." It is, in fact, in this close relationship that the scientific interest of this remarkable epizootic specially lies for us. For, whereas in sheep's small-pox and human small-pox we have experimental types which give us the power of determining with all the force and clearness which characterise the results of experiment, the laws of that group of contagious fevers in which the newly formed virus is projected on the skin; so we have in cattle-plague, also, an experimental type, by which to determine by the same rigorous and decisive method the laws of that equally important and strictly correlative group in which the newly formed virus is projected on that other part of the living surface which is constituted by the mucous membranes; a group of which the typhoid fever of man is so conspicuous an example.

Having finished what I have to say on the morbid anatomy of Rinderpest, it is time to speak a little more in detail of the great master fact which is the key to all the rest—I refer to the cardinal faculty which, in common with small-pox, human typhoid

fever, and others, this annual fever also has of spreading by contagion.

One of the most important of the characteristics of the contagion of cattle-plague, is the almost unerring certainty with which it appears to take effect. When this disease is once introduced into a farm or homestead, nothing short of the instant slaughter of the infected subjects, and the destruction of all exuviae from them, seems to give any certain security in preventing its extension to the whole stock. Cattle of all ages, of all races, and in all degrees of what is called "condition," appear equally liable. To have had the disease once before, is the only circumstance which constitutes an immunity from it. In many instances, the oxen in direct relation with the first sufferers are not alone attacked.

In various ways, and through a great variety of media, the disease is often conveyed to neighbouring farms. Among the most efficacious of these media are the hides, the horns, and the hoofs of diseased beasts. Not that the fact is any certain proof that these parts are contagious by their own power. Largely tainted as they must necessarily be by what, in one form or another, is cast off by the internal specific disease, it is probably to this taint that they are chiefly, if not entirely indebted, for the part they play in sowing the pest. It is most likely in virtue of germs derived from the same pathological source, that men, oxen—themselves uninfected—horses, sheep, dogs, poultry, and other animals, domestic and wild, often fulfil the same function. Flooded with intestinal and other discharges as the places are where the sick cattle are kept, it is easily intelligible that persons visiting them may carry away in their shoes and in other ways enough of infection to taint the soil of distant places. In this way neatherds, farriers, sanitary inspectors, and lastly, farmers, curious about the new and fatal pest which has stricken their neighbour's cattle, may often become, as on the continent they are known to be, unconscious bearers of it.

Unless we have an eye to it in time, many of the modes of transmission here indicated are likely to have no little hand in spreading the pest. *A priori*, it would seem certain that the disease must be disseminated chiefly by the discharges from the intestine and the nostril, and by exhalations from them. Although the view does not appear to have presented itself to any of the scientific men who have written on cattle-plague, incidental evidence of its truth is not wanting in their works. Take, among others, the very general remark that the manure of infected homesteads has an especial virulence in conveying the contagion. As we shall see presently, however, on other grounds, no special evidence of this kind was needed.

As the discharges are liquid, their first effect must be to taint the soil on which the patient stands. In the same way, they taint the ship, the wharf, the cattle-truck, the public road, and the market.

In the country, taking the line of watershed, it would seem to follow that these discharges must often, like those of cholera and of human typhoid, contaminate the drinking water, which, when in the form of small running streams, may, in its turn, become the means of carrying the disease to distant spots. The attention of continental observers does not seem to have been called to this mode of transmission; but physicians here who are acquainted with the evidence collected upon it in regard to the two human diseases just named, will easily see how it may often intervene in causing many unexplained outbreaks.

In the town dairy, on the other hand, these discharges are distributed by the sewer. In certain districts of London, for many weeks past, the sewers

have been constantly fed by this infectious stuff. From what we know of this mode of dissemination in the typhoid fever of our own species, it is more than probable that effluvia from this source, finding their way through untrapped drains, may carry the cattle-plague to cows that have had no other contact with it. Practically, the greater part of the poison cast off by the infected animal takes the form of manure. This being so, all thoughtful men must be anxious to know what has become of all the cattle-plague manure created in London and its suburbs within the last two months. If it be true, as many fear, that much of it has already been taken into the country to be spread over the land, the results may be disastrous indeed. I have myself reason to know that no longer ago than Saturday last (August 5th) a load of manure, which had undergone no disinfecting process, was sent from an infected dairy to one of the canals which radiate from London, to be dispatched thence into the country. It would be interesting to know what has become of that precious cargo. Did it perchance meet any droves of cattle in its way through London? Is it at this moment travelling in some slowly moving barge, with its trail of infection behind it, to the meadows of Berkshire or Bucks? To what manure-yard next were the horse and cart sent which first bore it away?

As to the greater or less degree of tenacity with which the specific poison retains its specific power, opinions seem to be somewhat divided. Some maintain that this power is very evanescent; while others as strongly hold that it endures for indefinite periods of time. If their opinions be taken absolutely, it is probable that both parties are right and both wrong. I have elsewhere endeavoured to show that the more rapid the natural development of a poison of this class, the more rapid, *ceteris paribus*, is its spontaneous extinction also: that here, in fact, as in all other parts of organic nature, rapid growth and rapid decay are strictly correlative. The poison of Rinderpest furnishes, no doubt, no exception to the rule. And so it may well be that, in wet seasons particularly, the infection often speedily dies a natural death. But the same probably no longer holds of the poison in the dried state. It is to be lamented that a point which admits of such easy determination by experiment should not have been so tested. This is an omission which will no doubt be repaired by some future observer. Meanwhile, we know that other contagious poisons, when dried, retain their properties for very long periods, and, as this state is one which almost entirely protects organic bodies from molecular change, there seems no reason why it should fare otherwise with the poison of Rinderpest.

Under the rapid evaporation which often prevails in the open Steppe, complete and rapid desiccation of the intestinal discharges of cattle affected with cattle plague must often occur on a very large scale. The resulting product resolved, as it soon must be, into impalpable dust, and rising into the air with the great company of other organic germs, by which, as Pasteur and Ehrenberg have shown, our atmosphere is so thickly peopled, may clearly, like these germs, give rise to a crop of representatives whose precise parentage it will necessarily be impossible to ascertain.

With these various modes of dissemination before us, two well known facts in the history of this epizootic may be easily understood. The first is that, when the disease is imported into the west, in addition to the outbreaks which can be directly brought home to contagion, other and outlying outbreaks occur, whose exact origin cannot be determined; and the second, that in the Steppe cases often spring up

whose exact lineage it is as impossible to trace, as it would be to trace that of particular generations of fungi or infusoria.

Should the disease unhappily become rife among us, incidents of this kind—with our active trade, dense population, and incessant intercourse—are sure to be of frequent occurrence. In that event, we need no prophet to tell us that men who have never devoted an hour to the study of these arduous problems will write to the *Times*, citing the facts in triumphant proof of spontaneous origin, and arguing, with all the flippant self-confidence which is so characteristic of ignorance, that cattle-plague, which, with one exception, has not visited our shores for a thousand years, is a home-product which may turn up at any time, anyhow, and anywhere.*

Reasoning like this, absurd though it be, will not fail to impose on the unscientific. And then will arise in many minds doubts as to the use of preventive measures at all; and vacillation and feeble and uncertain action will ensue, where the most decided and vigorous action is the one thing needed.

The precise way in which the dissemination of the disease is affected by season, by temperature and other meteorological conditions, has not been studied with the attention the subject deserves. Whether this fever, like the typhoid fever of man, be more prevalent in the autumn and in dry seasons, interesting as such an inquiry would be, there are no data sufficiently exact to show. Nor is it known to what degree the specific poison has the power of resisting extremes of heat and cold. A statement which occurs, I think, in the Russian Government Report, to the effect that the disease, on a particular occasion, was communicated by the dung of some diseased oxen, which had lain for months under the frost and snow of a Russian winter, is the only fact with which I have met which bears in any way on this question. Here is a point, again, which might be decided at once by appropriate experiments.

In this history there is much, it will be objected, which differs widely from anything we know of in the typhoid fever of our own species, between which and Rinderpest it is sought to found here so close an analogy. But the differences, whatever their amount, are clearly differences of degree only, and not differences of kind.

To teach that what holds of the law of propagation of the typhoid fever of the ox cannot be applied to the typhoid fever of man, simply because the one is more virulently contagious than the other, is exactly the same thing as it would be to teach that what holds of the law of propagation of the common thistle cannot be applied to the dwarf thistle, because the seeds of the former are more vigorous and abundant than those of the latter. That there is a wide difference between the contagious power of cattle-plague and that of human typhoid fever, there is no reason to doubt. But even this difference is, in part, more a thing of circumstance than of essence.

If men and women affected with typhoid fever were condemned to lie through the whole course of the disorder on a bed saturated with the hourly accumulating discharges from the diseased intestine—and this is precisely the case of the sick cattle—we know enough, from what happens when there is any, the most distant approach to these conditions, to be sure that few indeed of those exposed to the con-

tagion would escape it. And who does not see that instances of mediate transmission in various ways, and through various channels, would, of a certainty, be much more common than they are now? For myself, I have no doubt that the disease so contracted would affect a much more malignant type, and would in the same degree be at once more fatal and run its course more rapidly. And if it be true, as many surmise, that the length of the latent period varies with the amount of the initial dose of the specific poison, it is not unreasonable to suppose that this period, also, might be materially shortened.

With the termination of this account of the propagation of the disease in the natural way, we reach a point in which the human interest of our subject becomes consummate:—in that cattle-plague—exact correlative of human typhoid fever, as I have shown it to be—may be inoculated like small-pox. This is a fact the importance of which, in all its relations, it is simply impossible to exaggerate.

First, in regard to the source of the virus which is used for this most remarkable of operations. I have already stated that the source generally had recourse to, is the discharge from the nose. We have seen also that the specific disease of the intestine, which is the one mark of the malady, is repeated with all its specific characters in the lining membrane of that organ. The disease of the intestine has, on the other hand, been equally shown to be the exact pathological equivalent of the follicular disease of human typhoid.

I have placed the several steps of this induction before you once before; but its importance is so great, that, even at the risk of wearying by repetition, I will set it down once more here. For the sake of clear apprehension, as well as for the objects of criticism, the propositions of which it consists will be best stated in the simple form of a series of syllogisms.

1. The follicular disease of the intestine in cattle-plague and that in typhoid fever are exact pathological equivalents.

2. The follicular disease of the intestine in cattle-plague, and the follicular disease of the nose in the same malady, are identical.

3. The follicular disease of the nose is, in its turn, the exact pathological equivalent of the eruption of small-pox; seeing that, like that eruption, it furnishes a virus by which the disease may be artificially propagated.

4. The follicular disease of the intestine in typhoid fever, therefore, must (as we had already seen on other grounds) be, also, the exact pathological equivalent of the variolous eruption.

Look at it in whatever aspect we may, this conclusion appears to be irresistible. Seldom or ever, perhaps, in medicine at least, did a truth so fertile in practical consequences of the highest order admit of being stated in words so few, and of such severe simplicity.

The order of events which follows the inoculation of the epizootic exactly corresponds with that which follows the inoculation of small-pox. First, comes a latent period, during which the poisonous germ, too minute to exert any sensible action on the living body, appears to lie dormant. Next comes the development of the disease with all its specific characters, including that most remarkable of all, the power to confer immunity from all future attacks.* If we add that in Rinderpest, as in variola, the inoculated disease is, as a rule, much milder than the disease when taken in the natural way, we may be absolutely sure that the whole process is the same in the two cases, and that

* This prediction has already been more than verified. A more than commonly English letter by a writer of this case appeared in the *Times*, on Thursday, August 18th, under the signature of W. R. The writer has the assurance to say, that the well-weighed opinion of my friend Professor Semakoff, founded on a deep study of this and kindred questions, that cattle-plague never springs up spontaneously, is an opinion which "common-sense" stamps with better absurdity.

* See for all details regarding this operation and its results, the Russian Government Report.

what we actually see with the eye in the one is the perfect image of what occurs in the other. But what we do see in watching the inoculation of variola, is the development from a germ imperceptibly minute of a new crop of the same specific poison, often sufficient in amount to inoculate with small-pox myriads of other subjects.

Here, then, in results open to the eye, and which rival in clearness and precision those which form the basis of the physical sciences, the question to which I referred at the outset as the great question of all is answered for us.

It is in the body of the living ox, and by that most specific of processes which constitutes the disease itself, that the morbid agent is bred and multiplied, which sweeps through the herd with such fatal rapidity. By a limitation which is none the less remarkable because an exactly similar limitation applies to many another member of the same family group, this agent, prolific as it is in the body of the ox, has no power to breed in that of any other creature. Though other animals be made of flesh and blood like this, the flesh and blood of this one species furnish the only soil in which this seed will germinate. To see the bull—the sculptor's favourite type of physical strength—stricken down and done to death by an invisible agent, which neither in earth nor air gives any other token of its presence, is, in every sense, a remarkable sight. To see countless herds smitten at once by the same fatal stroke, is still more so. But what infinitely enhances the scientific interest of the spectacle is, that this agent, deadly as it is to this paragon of living strength, is entirely without power over any other living thing. The fact has not been put, as it readily might be, to the final and decisive test of inoculation; but, as it now stands, the evidence of it appears to be sufficiently conclusive. In the most fatal outbreaks of cattle-plague, no other live stock, no wild denizen of the fields or Steppe, has ever been known in a single instance to suffer from it.

Especially remarkable is the fact that man himself is so entirely proof against it. Not merely because men, in ministering to the sick cattle, are constantly brought into the closest contact with the specific poison; not even because, under the form of beef, they are constantly converting the flesh of the ox into their own; but because men are themselves subject to the action of another specific poison, so nearly kindred in its nature to this, that the most characteristic effects of the two can scarcely be distinguished one from the other.

Once more, it is the case of sheep's small-pox and human small-pox over again. It is, in fact, because these very relations recur in so many instances of the same sort that they are so singularly important. In either case, each animal is proof against the pest whose very counterpart is so deadly to it. What can show in a more striking way than this double contrast, how intensely specific in their nature these morbid agents are, and how intensely specific the conditions needed for their growth and development?

If aught else were required to cap this already consummate climax, it would be the fact, which I need scarcely say is also a generic fact, that oxen which have once passed through the disease are for the remainder of life proof against it. Not only do they never take it again in the natural way, but experience has shown that they cannot even be inoculated with it. The disease may have occurred in the sucking calf, and the subject of experiment may be this same calf grown to the stature of an ox, on whose horns time has engraved some fifteen or twenty rings.

Physiologists teach that in the course of these physiological changes no single atom of the original

flesh and blood is left. And yet, amid all these transmutations of matter, the new matter inherits from the old the immunity acquired in that one first attack. The morbid agent, once so prolific in the body of the very same creature, has now no power even to germinate in it. So subtle—as I have elsewhere observed—so incomparably specific are the conditions on which the generation of these poisons depends.

Bred in the living ox by a process so peculiar, and bred there only under conditions so subtle and specific as to transcend the power of language to follow or define them, has this morbid agent any other source? Can it, as some seem still to think, spring up spontaneously? The product of a disease which only one agent in nature can set up, and that again, only in the yet virgin body of a single species, is it also the product of the common chemical processes which surround both man and ox in the external world?

After what has gone before, this is a question which it seems hardly worth while to discuss. The least objection to such a supposition is that it is entirely gratuitous, and that the known facts are more than adequate to explain all the phenomena of the case. It is, besides, a supposition which has not even the pretence of coming before us in a definite form. No one of the few writers of any consideration who still hold to it has given the remotest suggestion, even, as to the nature or *locus in quo* of the hypothetical process of which this morbid poison is supposed to be the spontaneous offspring. No one has ventured here to start the preposterous notion that the specific poison of Rinderpest—generated by the disease itself though it be—is generated likewise by the natural dung of the same animal.

Gratuitous on the one hand, and without definite form on the other, this figment of the uncultured mind is wanting in the two primary conditions which science has a right to exact of any hypothesis before she condescends to its serious examination. I may add that it is entirely without any real or solid foundation in fact.

After what we know of the actual mode of genesis of the morbid poison, how severe, how exact, how binding, how positive, should be the evidence that it has another and entirely different mode of genesis. To admit of no other possible interpretation is, in the face of this knowledge, the only warrant for such a belief that deserves even to be entertained. But, instead of this, the only plea put forward for it at all is the simply negative fact, that, now and then, in countries in which the disease is not indigenous, and somewhat more often in the Steppe where it is so, outbreaks of it arise whose germ cannot be traced to any distinct and specific origin. In other words, the only plea for this belief consists, as I have already said on a former occasion, "in our inability to follow with the eye the continuity of a chain whose links are known to be invisible."

It is a plea that, if valid at all, would, by parity of reasoning, prove mushrooms and thistles to be bred spontaneously; and, by a single blow, would sweep to the winds the one great result of Pasteur's labours.

But, if this hypothesis, besides being at once gratuitous and vague, be irreconcilable with the known mode of genesis of the morbid agent, it is, if possible, still more hopelessly irreconcilable, as I have already hinted in a former page, with the geographical distribution of the pest.

A single fact, in addition to those I have mentioned before, will put this in the clearest light. I have said that Rinderpest is unknown here. In the latter part of last century, by one of those striking incidents which are so full at once of teaching and of deep and various warning, we ran a great risk of

having this disease naturalised among us. In 1744, its germ was introduced into England. Dr. Layard, who wrote an essay on the disease, seems to have ascertained that it was brought to us by an English tanner, "who had purchased a parcel of distempered hides in Zealand very cheap, because they were forbidden to be sold and ought to have been buried." From this parcel of hides, there issued a power never known in these islands before, which, rapidly reinforced as it went by its own offspring, grew to such a height as to slay myriads of oxen. For ten whole years, this epizootic raged with unheard of severity. In the third year of the disease, 80,000 oxen affected with it were killed; and nearly twice that number died of it. £135,000 were, in the same year, paid out of the Treasury to farmers in compensation for slaughtered cattle. In Nottinghamshire alone, 40,000 head perished in six months; and in Cheshire, upwards of 30,000 in the same space of time.

So great a price did the nation pay for the little lot of distempered hides imported by that sordid and ignoble tanner.

But if the mode in which the disease was introduced into England be instructive, the means by which it was finally extinguished were not less so. By order of the King in Council, the following stringent measures were prescribed and rigidly enforced.

1. All infected animals to be killed and buried entire, with their skins on, slashed from head to foot.

2. All hay and straw used about the sick animals to be burnt.

3. The sheds occupied by them to be cleansed and fumigated, and not to be re-occupied by sound cattle for the space of two months.

4. No recovered animal to be allowed to mix with others for a month after convalescence.

5. No diseased cattle to be driven to fairs or markets, nor their flesh to be used as food for dogs.

6. No healthy cattle to be removed from a farm where the disease had prevailed, in less than a month after its disappearance.

To insure the more certain execution of these measures, Government undertook to pay forty shillings for every ox, bull, or cow, which was killed, and ten shillings for every calf, with a corresponding price for their skins.

In 1747, the disease being still rife, but being then confined to the southern counties, another Order in Council was issued in the month of January, forbidding any cattle, whether sound or sick, to pass the Humber or Trent northwards, from that date to the end of March.

By continuing to execute to the letter every detail of this preventive code—and not, be it observed, by improved drainage of cattle-sheds—the epizootic was at last got under, leaving nothing behind it but this simple and pregnant history.*

These events speak for themselves. All hanging together, as they do, by a single thread, each is, in its way, decisive.

According to the partisans of spontaneous origin, never a year passes that cattle-plague does not frequently arise spontaneously. But, here we have a

thousand years, with all their variations of wet and drought, and heat and frost, and blight, and infinitely various chances of peace and war, of plenty and scarcity, and of breed and keep and condition, bringing back their myriads of departed oxen to bear witness against such a notion.

From the time when he first issued from the loins of the wild Urus, to the date of this outbreak, the British ox, girt in by the sea, had remained protected from this plague, as English sheep had in the same way remained protected from sheep's small-pox.*

That this long immunity was not due to the absence of any of the natural conditions necessary for the manifestation of the disease, was proved by the fact that, when its germ was introduced, it multiplied as rapidly here as in its native home, and with precisely the same results, untraceable outbreaks, without number, included. That the disease when imported was solely due to the continual fructification of the imported germ, was finally proved by this other fact, that it was extinguished by measures in no way affecting the common conditions of cattle-life, but solely directed to the extinction of the specific cause.

Had the pest, of which this is the history, been some newly imported animal or plant, the events could not have testified in a more clear and decisive way against spontaneous origin on the one hand, and in proof of the simple law of propagation by continuous succession on the other.

One narrative more shall be its own apology. The events it records have this striking interest, that they illustrate, in small compass, nearly all the leading positions taken in this essay; while the very blunders of the chief actors in them only serve to put in a brighter light, and, by showing the width of their application, still further to enhance the importance of more than one of the great truths which it is my chief object to establish. The narrative itself, which I owe to the masterly *Report on Cattle Plague*, by Professor Simonds, runs thus:

"Towards the end of 1844, the Rinderpest, which had prevailed among the cattle in Galicia, passed through Moravia, and made its appearance in Bohemia, in the circle of Königgrätz. The malady had already made some progress in the district, when M. Verner, chief of the Veterinary Department of Bohemia, was sent from Prague by the government to inquire into the precise nature of the affection. This gentleman, who had many opportunities of seeing the Rinderpest, had no difficulty in recognising this disease in the malady in question; and, with a view to arrest its further progress, he recommended to the superior authorities the adoption of those measures which experience had shown to be best calculated not only for this, but to cause its quick extermination; namely, to slaughter the sick animals, isolate those which had been exposed to the contagion, and establish a cordon around the infected places. These measures were put in force at once, and soon had the effect of arresting the further progress of the malady, when some young physicians," (disciples of the pythogenic school, I fear) "who had had an opportunity of making, for their instruction, some *post mortem* examinations of the cattle, thought that they recognised in the affection an analogy to that of the *typhus abdominalis* of man. They, therefore, communicated their opinion to some members of the faculty of medicine at Prague, who, after mak-

* From the length of time during which the epizootic lasted, it will, no doubt, be objected, that its extinction was rather due to natural causes than to the preventive measures adopted. That such causes may have had something to do with the decline of the pest, seems probable enough; but that they were powerfully seconded by the steps taken for the direct extinction of the morbid poison, whenever and wherever it cropped up, is absolutely sure. That alone these causes would not have sufficed, seems equally so. There is no instance on record, in fact, in which this terrible disease, once introduced into a country, has died a natural death. That the measures enforced by Government did not shut up the epizootic sooner, is to be explained, partly, by the difficulties attending their application; and partly, by the fact that the disease had already made a great head before they were adopted.

* I have made a pretty careful study of the history of past epizootics in this country, as far as the local resources of a provincial town will allow me; but although in Matthew Paris and in other works relating to the Middle Ages, there is mention made of many fatal murrains among English cattle, I can find no account which at all corresponds with the present malady. We may be pretty sure from the way in which it thrives here, that, had it once been imported, it would not have died out again.

ing several autopsies, came to the same conclusion. A report was accordingly sent to the government, setting forth that the malady was not contagious, that it could rise spontaneously amongst the horned cattle of the country by other influences than those of contagion, and that the means which the government had adopted were not only useless but vexatious. As the faculty had great authority in all sanitary matters, the government, although it did not entirely remove the restrictive measures, still did not enforce them with its usual rigour; the result of which was that in a few weeks the malady had extended into several other circles of the kingdom, committing such dreadful ravages, that the Austrian government took alarm, and forthwith sent M. Eckel, Director of the Imperial Veterinary Institute, into Bohemia. He at once found that it was the Kinderpest, and recommended the rigorous enforcement of the former measures, the result of which was that in six weeks or two months afterwards the malady had entirely disappeared in the kingdom of Bohemia.*

With this narrative I bring the evidence to a close. Precise in character, admitting nowhere of more than one interpretation, sure in all its steps, and bound together by strict logical connexion, this evidence places the following propositions on unassailable ground.

1. Cattle-plague is a contagious and eruptive fever peculiar to the cattle tribe, in which the eruption, instead of occurring on the skin, as in small-pox, occurs on the internal surfaces of the alimentary canal and air-passages, nostrils included.†

2. The poisonous germs thrown off by the eruption are cast out of the body in the discharges from these surfaces, which thus become the chief means of propagating the disorder. In Russia, the plague is often actually inoculated by virus from this source.

3. The specific poison which causes cattle-plague is, like the poison of small-pox, the product of the disease itself; and the living body of the animal affected with it is the only known medium in which it is bred.

4. (A proposition which is merely a corollary of the last). Cattle-plague, like syphilis, like human small-pox and sheep's small-pox, and, I may add, like the living organisms which people the earth, having first come into being under conditions of which we know nothing, is never known to spring up spontaneously now, but is self-propagated only.

To be successful, all attempts at prevention must be based on these principles. It is from want of clear apprehension of some among them, that certain foreign governments, in spite of an otherwise very stringent preventive code, have often failed to stay the pest. It will be from want of applying these principles sufficiently early, or with sufficient vigilance to meet every incident of the case, that we, in England, shall fall now, if fail we do.

To succeed, three things only are necessary; but they are all three vital:

1. To destroy the further manufacture of the poison by the instant slaughter of infected cattle.
2. To get rid of all poison cast off by them.
3. To prevent the reimportation of the pest.

All three, but the second especially, are things which require great knowledge and still greater vigilance—qualities which are only too likely often to be in default in this emergency. The first needs, in addition, a loyalty to high principle in the execution of measures seemingly adverse to the money interests

of the hour, which, I fear, is likely to be often wanting in the farming class. Could all this be accomplished, cattle-plague in England would be no more. Let us strive to go as near it as we can.

So far as to cattle-plague itself. Now for the application of these principles to other contagious diseases, and especially to our own case.

If it be true that the specific poison of cattle-plague is only bred in the body of the ox already infected with it, the fact is one which, I need scarcely say, carries us very far.

We have already seen that this fever of the ox is a perfect type of all the other contagious fevers, human as well as epizootic. From this it inevitably follows, as I pointed out at first, that the same law of propagation must apply to these also. The very characteristics which unite them all into one family group constitute, in fact, the most telling part of the evidence on which the law here referred to is based. And herein, if I mistake not, we shall find the chief answer to the question which Dr. Tindal Robertson brought before us this morning—the question, namely, why sanitary measures are not always followed by a reduction of mortality. It is because in these measures, as hitherto conceived and executed, this law has until lately been almost wholly ignored. While it is to the living body that we must look as the exclusive source of the morbid agents against whose attack sanitary works were first principally instituted, the sanitarian for a long time sought their source, not in the living body at all, but in conditions altogether external to it. Practically, under this regime, sanitary improvement simply meant improved drainage and pure drinking-water. I need not say that I have no desire to underrate the importance of these two cardinal things. On the contrary, no one can think more highly of them than I do. As conditions of health, they are primary and fundamental. They admit neither of equivalent nor substitute. One result they have of a more special kind. As typhoid fever, Asiatic cholera, and some other very fatal diseases, are propagated by specific germs which are cast into drains and often soak into drinking-water, improved drainage, and drinking water secure against this sort of contamination, are among the best safeguards against these scourges. But, if we wish to make sure of preventing their spread, clearly the most direct and effectual way is to destroy these germs immediately on their issue from the body. Under the present conditions of human life in this and other countries, this is our only certain security.

Holding these views, it was no common gratification to me to find that the plan for preventing the spread of typhoid fever and Asiatic cholera by destroying the infectious properties of their characteristic discharges—a plan which I was the first to propose so many years ago—had been incorporated into the excellent code for the prevention of these diseases which was issued by the Privy Council in 1859, and has lately again been made public.

If the views put forward in this essay be in conformity with Nature, the same principle—the principle of destroying, or in other ways rendering of none effect, the specific germs they breed and cast off, each in its own mode—must be applied to all the other contagions also. Until this be done, as I have often said before, and can never weary in repeating, we shall make small way in the great work of prevention. When it is universally done, and when general sanitary improvement goes hand in hand with it, our preventive armour will be complete. And I will venture to prophesy that, whenever this great consummation is reached, we shall no longer have reason to discuss the question why sanitary measures are not always followed by a reduction of mortality.

* Report on Cattle Plague, by Professor Simonds, pp. 55-6.

† By the word "contagious," wherever used in this essay, I simply mean "communicable," whatever the medium, direct or indirect, through which the poison may pass from the infected to the uninfected.

But if the conclusions drawn from the study of the typhoid fever of the ox apply to contagious fevers generally, I need scarcely say that they apply with peculiar emphasis, and in still more specific detail, to the typhoid fever of man. Each having a period of incubation; each being a contagious fever; each destroying the living organism by multiplying within it; each occurring, as a rule, but once in life; each, as far as present evidence goes, confined to the species it is known to infect; each characterised by an internal eruption, not only the exact pathological equivalent the one of the other, but so nearly like as to admit of being confounded by distinguished anatomists—the law of the one fever is clearly, and beyond the possibility of doubt, the law of the other. For these points which the two diseases have in common are not superficial things, but points which touch and grow out of their very essence. To be able to say all this of these two fevers, is to say, in other words, that the specific agents which are their material cause, are things of the same nature, having the same law of specific origin, growth, and evolution, with all the same specific limitations.

Some years ago, in a series of papers published in the *Lancet* and in the *BRITISH MEDICAL JOURNAL*, I endeavoured to show that the follicular disease of human typhoid fever is the pathological counterpart of the eruption of small-pox. In the typhoid fever of the ox, this doctrine receives, in the inoculability of the morbid product, absolute demonstration. In the same series of papers, I showed that the popular notion, that typhoid fever springs up spontaneously, has no scientific foundation. In the case before us, this notion is not only proved to be untenable, but to be wanting in even a plausible pretext to sustain it. I further showed, on the same occasion, that the common idea, that human typhoid fever is caused by the putrescence of healthy faces, is founded on a limited and false induction. In the case of the bovine analogue, such an idea is seen at once to be nothing less than preposterous.

And here I draw this already too long essay to a close. Although originally written with an eye to human disease only, the course of events has given it a two-fold interest. Intended to illustrate the mode of propagation and prevention of the typhoid fever of man, it may be employed in the same degree to illustrate that of the typhoid fever of the ox. Of the two, the latter is likely for the moment most to absorb the public mind. Seeing the magnitude of the interests at stake in the great calamity by which we are threatened, this is not to be wondered at.

It would task a powerful intellect to comprehend at a single glance all their variety and importance. Born and brought up in the country, and having conceived in early life a deep love for farming—that living partnership with nature, in which man and nature work so mysteriously together for the better endowment of life, and “the relief of man’s estate,” I cannot venture to hope that you will share all my sentiments on the subject. And, indeed, I feel that I am quite taking you into my inner confidence, when I say, that my chief delight in journeying hither was to watch the numerous herds of cattle which, grazing peacefully in the green meadows, or lying in the sun, chewing the cud, were the very image of placid animal enjoyment. Beautiful pictures, at once the pride and vindication of the English farmer, and far more lovely than any which ever came from the brush of Cuyper or Paul Potter, Andell or Cooper, were the laborious ox, strong in the plough, a great helpmate to us; the heifer, with udder rich in milk, butter, and cheese, the gentle foster-mother of the English child. But it is not in a rapid journey by rail that it is possible to form an

estimate of the amount and variety of our national wealth in this noble race of animals.

Those who are doomed to live in towns—may obtain some notion of it by looking over the *English Herd-Book*, the “*Burke’s Peerage*” of horned cattle. The long pedigrees, illustrated by portraits of prize oxen, after the manner of “*Lodge’s Portraits of Illustrious Persons*”, will give some idea of the care and expense, and profound sagacity invested in the production of these fine creatures.

For myself, I never can forget the impression made on my own mind, some twenty years ago, when the Royal Agricultural Society met at Bristol, on seeing a long procession of stately short-horns pass in single file into the show yard; the Aristocracy of bullocks: types of ideal perfection, conceived more than a thousand years ago in the fancy of the sculptor and the poet, but now first seen in the flesh: bulls fit to personate Jupiter, and bear away Europa captive; milk-white heifers, in whose lustrous, placid eye, and lovely form and mien, I might seem to live once more. And although this may be thought to be too Arcadian a view for so prosaic and severe a thing as a scientific essay, I am sure it is a view which Colonel Townley, one of the greatest of modern artists in modeling this beautiful living clay, will entirely appreciate, should this deadly pest attack his herd. But even if we descend from these Parnassian heights to the level of the market, we find ourselves still on touching ground.

For although the matter here be ostensibly one of mere buying and selling, it strikes, in the act, the tender chord of human want and human suffering. Beef, butter, and cheese at famine price; the arm of the English workman robbed of one of its main sources of strength; the English child languishing for want of its accustomed milk. And this, be it remembered, is not a picture drawn merely from the imagination, but one that was seen in all its bitter reality in a thousand homes when the plague was last here.

I confess that feelings of no common bitterness come over me, when I think of the havoc that may possibly be made of all these great things by an agent which is not only so low in the scale of being that the toadstool may be said to rank high in comparison, but whose advent to our shores might have been altogether prevented by precautions which science could have suggested.

But these, as I have said before, were not the objects with which I undertook to write this little essay. What first induced me to bring the subject of cattle-plague under your notice, was the brilliant light which the demonstrable laws of this disease throw on the laws which govern the analogous diseases of our own species. Viewed in this relation, this fever of the Siberian ox acquires an interest which, without exaggeration, may be said to be august. If physicians will only take the pains to draw from its history, and will lay to heart, all the deep lessons it is capable of teaching, these poor Siberian cattle will not have perished in vain, but, out of their bones which whiten the Steppe yonder, weapons of defence may be fashioned which, in future time, will often guard our own homes from the fatal stroke of many an invisible power, whose attack no other weapons will suffice to avert.

MEDICAL EVIDENCE. In the Ashburton poisoning case, Mr. Justice Keating said it appeared to him that all the medical men had given their evidence in a way that was highly creditable to them. He saw no pretext for placing blame on one side more than on the other. He thought it a case proper for investigation.

Original Communications.

ON THE LIABILITIES OF CRIMINAL LUNATICS.

By THOMAS MATO, M.D., F.R.S.

IN an article in the JOURNAL of July 29th (pages 95 and 96), on the Hanging of Criminal Lunatics, two antagonistic paragraphs occur, which I proceed to quote, and shall then venture to make some remarks upon them.

"The proposition that every lunatic is irresponsible for his acts, is most clearly not law. In order that a man may be irresponsible for his acts, he must labour under such a defect of the mental powers (or to put it in one word, under such delusions), as either not to know the nature of the act he does; or, not to know that it is wrong."

"You consider that lunatics who know they are committing a crime when they commit murder, ought to be hanged. I do not. You consider that a man who may properly be made a lunatic, as regards the custody of his person and the management of his estate, may still be considered sane and liable to the penalties of criminal law. I do not. You consider that a man who has an irresistible impulse to kill (for example) his own son, who is horrified at the thought of his being the victim of such an impulse, and who seeks the restraint of a mad-house in order to prevent his carrying out the impulse, ought to be hanged if he does manage to commit murder. I do not. You consider (though, if you were a married man and your wife were the victim, I think your logic would hardly hold you good) that a mother seized after childbirth with temporary mania, marked mainly by an irresistible impulse to kill herself or her innocent infant, should be hanged if she effected the deed. I do not."

The first of these paragraphs I believe to be a sound one—that is to say, I think it ought to guide the verdict of the jury.

The second paragraph, forming part of an avowed reply to the first, I believe to be unsound; but only so far unsound as the powerful reasoning which it contains is inapplicable to that stage of the case in which it is applied by the writer.

In a case in which these questions arise apparently and reasonably modifying the ultimate result to the criminal, they required an ulterior and strictly judicial decision—not one arrived at by a probably incompetent jury under the influence of advocates; I say incompetent, because I do not consider that adequate enlightenment can be expected of the jury on questions so refined and so esoteric as these. The depositions taken in the course of the trial, the summing up of the judge, the medical opinions, and possibly the argument of counsel, would enable the Lords Justices (supposing that tribunal chosen) to determine the all important question, whether the impulse to kill ought, in the case before them, to be considered irresistible. To leave this question in the hands of the Home Secretary, as is the case at present, involves an absurdity on which it is unnecessary to dilate. To leave it in the hands of medical experts, is to subject it to the intense though honest differences of opinion entertained on the subject by our profession.

One additional remark I will venture to make. There are criminal cases of this kind in which the result to the criminal ought to be penal, though the sympathies of mankind would justly revolt at its

being capital. I have seen such cases admirably determined in French courts (see Reports of M. Georget). At present, in this country, the infliction of confinement during her Majesty's pleasure on criminal lunatics, is not preventive of crime, from wanting the name and attributes of punishment.

UTERINE HYDATIDS IN FOUR SUCCESSIVE GESTATIONS.

By ASHBY G. OSBORN, M.R.C.S., Dover.

UNDER the head of "Uterine Hydatids in Three Successive Gestations", this case appeared at page 390 of the second volume of this JOURNAL for 1864; and I now continue the history to the end of the patient's fourth hydatid gestation.

She gradually regained her strength last summer; and the menses returned with regularity in the autumn and winter. The catamenial period for Feb. 25th, 1865, was missed; and shortly afterwards morning sickness commenced, increasing till it continued all day and all night; and by April, the vomit was grumous. A magnesian mixture, with nitric ether and an aperient, relieved all this distress.

In the night of April 21st, some liquor amnii escaped, and flooding came on, continuing with uterine pains for an hour. A trifling loss, just sufficient to stain her linen, returned every other day, and then every day towards evening. This lasted a month; when, at about the usual hour on May 20th, it became more profuse, and was attended with labour-pains. Considerable loss occurred; and she became very faint at 9.30 p.m., on the removal of a few vaginal clots. The os uteri was then of about the size of a florin, and very firm; within it, I could feel the ragged hydatid growth, and could tear away a few vesicles, which convinced me that the disease had recurred, as, indeed, we had suspected, from the violent gastric irritation following the cessation of the menses as on former occasions, the loss of the liquor amnii, and recurring hæmorrhage.

As any attempt to insert the fingers within the os to extract the hydatid mass gave her great pain, and I did not expect any more hæmorrhage now that the uterus was contracting strongly, I simply applied cold wetted napkins, kept her head flat on the mattress, and waited the effect of Nature's efforts. These, in a couple of hours, were sufficient to separate and expel the diseased mass, and a large portion of, if not all, the decidua. It filled a pint pudding-basin; and the hydatids themselves were much smaller, and the whole texture more flocculent, than these growths generally are, or than my patient's had been on previous occasions. There was not a trace of an embryo.

There was scarcely any loss after the uterus had begun to contract, and none after delivery; and, on the whole, she suffered less and lost less than she ever did, which I impute to the uterine contractions being regular and continued; thus rendering unnecessary the insertion of the hand into the uterus, which gives such terrible pain during the early months of gestation, when the organ has not been much dilated and is scarcely dilatible.

The peculiarities of the case are—

1. Its occurrence in a healthy young primipara; hydatid degeneration of the chorion appearing, I think, more frequently in the debilitated and multipara than in the young and strong.

2. The singularly defective power of this woman's uterine vessels to support an ovum in health; for the cause is certainly in her case maternal, as she has four times been pregnant, twice by her husband, and twice before marriage by another young man.

3. The excessive gastric disturbance on each occasion.

4. The smallness of the cysts this time. Does this show a diminishing tendency to dropsy of the chorion; and will this dropsical tendency in time cease, and enable her to bear a child?

If any of the readers of the JOURNAL have met with a similar case of repeated hydatid gestation, I should feel obliged if they would state so in the JOURNAL, even though they may not be able to give many particulars.

Transactions of Branches.

NORTHERN BRANCH.

CASE OF ADDISON'S DISEASE.

By DENNIS EMBLETON, M.D., Physician to the Infirmary, Newcastle-on-Tyne.

[Read at the Annual Meeting, June 28, 1865.]

CHARLES LENDFOLDS, aged 33, married, seaman, of Abo, Sweden, was admitted into the Newcastle Infirmary, June 9th, 1865. He is about five feet eight inches high, of stoutish build, with light brown hair, and small grey eyes; rather weak voice; of average intelligence, and speaks English well.

At the age of 17 years, he had, whilst in the Baltic, an attack of ague for four weeks; before and after which he was in good health. At 19 years, being at Rio Janeiro, he had a mild attack of yellow fever, from which, in a month, he quite recovered; and was well up to last spring, when he had a catarrh, attended by no cough, but by a little pain of the head. About this time, he voided about forty feet of tape-worm; and first observed a change of colour in his skin, from light to dark; but he did not suffer the slightest uneasiness or inconvenience, and was quite able to do his work.

He was at Shields in December last, and sailed on the 28th for Constantinople, healthy (as he thought), but observing an increasing coloration of the skin. When at sea, he got wet, and had another attack of catarrh; this time with troublesome cough. He arrived at Constantinople in February, and remained there in hospital six weeks. He still had his cold there; and first experienced a severe pain at the epigastrium, but had no vomiting. He worked his passage back to Shields. The pain became worse; he turned weak and languid, lost his appetite, and suffered from vomitings. Any attempt to eat food was attended with severe pain; he felt easiest when the stomach was empty. He remained six days at the Sailors' Home before coming to the Newcastle Infirmary.

His mother, who had always been healthy until two years before her death, died (he thinks) of some chest-disease. His father lives, and has always been a strong and healthy man. He has two sisters; one older, the other younger, than himself. The elder had tania at the age of 20, when her health was deranged; after getting rid of the worm, it was restored. The younger has always been healthy. This is all that can be obtained of personal and family history.

On admission, his skin, which, eighteen months ago, he said, was fair, was remarkable for its dark mulatto colour, which was most conspicuous on his hands, face, and neck—the parts most exposed—and on the chest and abdomen. The nipples and their areolæ were as dark as in a dark-skinned woman at

the end of pregnancy. There was no increase of colour about the navel. The genitalia were rather darker than the rest of the skin; the thighs lighter. The skin, on the whole, was rather hot and dry. His muscles were rather flabby; but he did not appear much emaciated, though he stated himself to be thinner by a good deal than he was eighteen months ago. He was languid, weak, and consequently disinclined to exertion of any kind, even of talking. He presented no other perceptible affection of the nervous and muscular systems.

His chest was well formed, giving no dulness on percussion; and respiration was free and regular. The action of the heart was regular, and the sounds were quite normal; the impulse of the ventricular contraction was weak; and the pulse was especially feeble, small, and short—about 80 in the minute when he was sitting quietly, but, as soon as he stood up, rose immediately to 100-104. The extremities were cold from deficient or weak circulation. His tongue was clean. The mucous membrane of the lips, velum, fauces, and pharynx, was irregularly mottled with groups of dark pigment grains.

There was no abdominal tenderness, except over the epigastrium, and there it was not severe. There was no perceptible enlargement of the liver or other organs; no tenderness nor pain over the region of the kidneys and suprarenal bodies. He had no constant pain anywhere.

His appetite was bad, and he vomited and had pain after almost everything he took, whether fluid or solid; and the pain, accompanied with short breathing, was aggravated by his moving himself about; the whole being accompanied and followed by great exhaustion.

The urine was voided freely and easily, in usual quantity; of pale straw colour, rather muddy; of specific gravity 1010; reaction acid. The usual tests for albumen produced no change, and those for sugar gave the same negative result. Urea and the earthy phosphates were deficient.

On June 26th, the blood was examined under the microscope. It was difficult to obtain a specimen from the hand, which was cold and exsanguine. An unusual scarcity of the white cells was remarked. The red discs appeared plentiful, and here and there arranged themselves in a little time in *rouleaux*, which coming variously into contact adhered to each other and formed the usual network. At the edges of the little masses of blood on the slide, numerous discs were seen apart, many of which were reniform, pyriform, and of other irregular shapes, as if broken or worn down; many of unusually small size, though circular, were observed; of white cells, scarce one in a field could be seen.

Treatment. The patient had two fluid-drachms of oil of male-fern, followed in a few hours by a dose of turpentine and castor oil, soon after his admission, as his symptoms were vaguely those of intestinal irritation, and he stated that the head of the tape-worm had never come away. The medicines operated very freely, but no worm was voided. Castor oil was given afterwards to keep the bowels free; but the pain and shortness of breath were not abated.

June 19th. The pain in the epigastrium was a little better. The tongue was good; breathing improved; appetite poor; bowels regular.

June 21st. There were more dyspnoea and pain, which appeared constant. No worm was passed. The bowels were open. He lay in bed. He was ordered to take compound iron mixture with decoction of aloes (half an ounce of each) twice a day; and anodyne drops at bed-time.

June 26th. He was improving and sitting up. His

appetite was better. The epigastric pain had abated; and he felt stronger.

R Quinae et ferri citr. ʒss; aquæ ʒviiss; acid. sulph. dil. ʒss; strychnine gr. i. M. Capiat ʒj bis die.

Note after the Meeting on June 28th.

June 29th. The pain is gone, and the vomiting has ceased. He breathes better, and feels stronger; but the skin remains as at first. He is thinner, and his muscles are more soft and flabby, than when he entered the hospital twenty days ago.* At his own request, he is to-day discharged.

The case is submitted to the inspection of the members of the Northern Branch of the British Medical Association, as a specimen of a somewhat rare disease.

The symptoms and signs quite agree with those first pointed out by the late Dr. Addison—a Newcastle man—Senior Physician to Guy's Hospital. We have the general languor and depression of the whole nervous system, the flabbiness of the muscles, the weak but excitable heart, the feeble and small pulse, the dyspnoea on slight exertion, the epigastric tenderness and pain, with nausea and vomiting after food, and the mulatto bronzing of the skin coming on gradually with the increasing weakness.

From such history as could be gathered from the patient, he having been little at home since he went to sea at 17 years of age, no hereditary tendency to cancer, scrofula, or other specific disease, can be inferred.

Whether his tapeworm may have brought on his disease, or whether this is idiopathic, it is difficult to say. His ague and yellow fever attacks, having occurred respectively sixteen and fourteen years ago, may perhaps be left out of consideration as causes; since for fourteen years the man has apparently enjoyed good health.

He is weak and anæmic, but not leucæmic. The white cells of his blood are deficient, not redundant, in number; and his debility appears to depend upon an altered and depraved state of the red discs, such as may be seen to a much greater extent in cases of debility and anæmia from chronic disease of the kidney or chlorosis.

It is unfortunate that no more time is allowed for the observation of the case.

* The preceding report is from notes taken by Mr. J. Parkinson, Clinical Clerk.

CASUALTIES AT WIMBLEDON. Mr. Wyatt, Surgeon-Major of the Coldstream Guards, gives the following details of the medical and surgical occurrences which have taken place at Wimbledon camp. The total number of volunteer troops camped on the ground averaged daily 680. The greatest number camped on any one night was upwards of 1,066. The total number of regular troops stationed here were 539. There were also 221 police. The number of competitors daily firing cannot have been less than 3,000. The number of casualties admitted into hospital on account of gunshot injuries were six, of which three occurred at the review on July 22nd. The volunteers and regular troops requiring medical treatment during the entire period were 107, less than a daily average of 2 per cent. Of gunshot accidents, the most severe were the cases of Sergeant Cousins, who shot himself through the great toe, requiring subsequent amputation; and Private Walton, who was shot in the back of the thigh by the accidental discharge of the rifle of the rear rank man. The total nominal return of diseases and accidents treated was 197: in hospital 17; in camp 40.

British Medical Journal.

SATURDAY, AUGUST 19TH, 1865.

RUDDOCK v. LOWE.

It is not often counsel avow in open court that they are ashamed of the business they have in hand. We may, therefore, assume that the case of Lowe was really very bad, when Serjeant Ballantine felt it necessary to apologise for dirting his fingers in holding a brief in its defence. Lowe, as all the world by this time knows, is the owner of the "Strand Anatomical Museum", which his counsel calls "a nuisance". Of the owner of the nuisance, and of his practices, the serjeant says:

"Whether the defendant was living reputably, and carrying on a reputable trade, was perfectly immaterial. Except for the obligation cast upon him by professional duty, he would not be a party to defend a man who had resorted to the publication of such pamphlets as those which had been referred to, in order to obtain patients. Such practices were most mischievous and injurious; he denounced and discountenanced them in the strongest terms. They admitted of no palliation; and he agreed with all that had been said upon that point. He quite admitted the evil of such an establishment as that kept by the defendant. 'I,' said the learned serjeant emphatically, 'say nothing whatever in defence of the means adopted by the defendant to carry on his business. Such means are, I consider, disgraceful; and I should be ashamed of myself if I said a syllable in their favour. I feel bound to go further, and to declare that such means of carrying on such a business are a disgrace and a scandal to the metropolis; and that it is most desirable that the proceedings of such persons should be put a stop to, if they can be, by any means which are just, proper, and fair.'"

The character of the owner of this "nuisance"—of this client tabooed by his counsel—may be best gleaned from his own evidence.

The defendant admitted that he was not a regular practitioner; and that he had connected himself with Abercrombie as a "protection", Abercrombie being, he said, a registered member of the Royal College of Surgeons. In cross-examination, it was elicited that he had, since the age of 16 or 18, been connected with the turf. He had not qualified in this country as a medical practitioner; but he said he had a diploma from the "Reformed Medical Society of America", for which he was examined and paid two guineas. He had practised in Glasgow for some years in the cure of these disorders; and had issued there, as here, little books of the character described. Copies of two books put forth from the Strand Museum—one under his own name, and the other in the name of Abercrombie, were put into his hands, and passages therefrom were read to him, and he was challenged, amid roars of laughter, to verify them upon oath. He admitted that as many as three-quarters of a million of copies had been issued. He declared that the letters put forth, purporting to have been received from patients, had been so received; but he admitted that some addressed to himself had been published as addressed to Abercrombie.

He was challenged particularly with this passage in his book—"I seek my remedies in far off climes; some in the distant prairie; some in the ever-blooming balsam; in the western climes, where eternal summer reigns"; and, amid roars of laughter, he was asked to state what remedies he got from the far off climes or the distant prairie, and, after much pressure, admitted that he could not state any, though he had been, he said, abroad—in America.

Now, this member of the Reformed Medical Society of America, requiring a "protector" in the way of practice, hires a regular registered practitioner. Casting about, he finds ready to his hand one Abercrombie.

"He made arrangements with a person named Abercrombie, a registered member of the College of Surgeons, that he should attend patients. Mr. Abercrombie was a friend of his, and was sitting by him yesterday in court. He had not seen him that morning; and they did not part upon friendly terms, for he told him he should not come down to Croydon the next morning, as he was afraid of his name getting into the papers. When witness first knew him, he was acting as 'protector' to another quack doctor. Mr. Abercrombie was not engaged as his 'protector'. He was his paid servant; at least, he paid himself out of the moneys he received."

We have heard of druggists keeping "prescribing doctors"; but we believe it is quite a novel thing to find a registered member of the medical profession assisting in the furthering and carrying on of these disreputable nuisances. Even he, it appears, was not without a sense of the degradation entailed upon him by the connection; and was afraid, through fear of exposure, to appear in court at Croydon to defend his doings in the Strand. We trust, however, that his conduct may not escape the inquiry of the Medical Council. It would be, indeed, a scandal to the profession, and to the Medical Council, if men like Lowe could manage successfully to perpetrate their Strand Museum practices on the public through the aid of a qualified and registered Abercrombie.

Every one will, indeed, cordially second the words of Serjeant Ballantine.

"Perhaps that person (Abercrombie) might fancy that, by skulking out of court in this way, he might escape the consequences of his conduct in connecting himself with such practices and such an institution. But he hoped that in this Abercrombie would prove quite mistaken, and that proper inquiries might be made by those to whom the care of the profession was intrusted, which might lead to the exclusion from its ranks of a person who could lend himself to the purposes of such an establishment as this."

The position of this registered gentleman in the social scale of doctors is still further defined by a note in the *Daily Telegraph*, from "A. J. Coffin, M.D.," who indignantly repudiates the notion of being protected by Abercrombie. Abercrombie, says "A. J. Coffin, M.D.," was my "paid servant."

"In reference to the statement of Lowe, in the trial of Ruddock v. Lowe, the defendant said that 'when he first knew Abercrombie he was acting as protector to Dr. Coffin, another quack in a legal point of view.' I beg to state that this statement is

false in every particular, as Abercrombie was my paid servant, and that, under the present laws of England, I do not require any protection but the law.—I am, sir, yours, etc., A. J. COFFIN, M.D."

As a fitting sequel to this case, counsel appeared in court a few days later, and stated that,

"Immediately after the verdict, the museum was closed, and bills had been posted outside notifying that all the effects of the defendant were to be sold. Advertisements to the same effect had been published in the newspapers; and he had, therefore, to apply to his lordship to grant immediate execution against the defendant. The learned judge upon this ordered execution to issue on Thursday next."

Happy as the conclusion of this particular case may have been, there is nothing, unfortunately, in the trial, which in any way shows that the law has power to screen the public against practices of this kind, but rather the contrary. The case, from beginning to end, simply hinged upon the question, whether or no the plaintiff was ill-treated; and, in fact, could just as well have been brought against a registered or qualified practitioner of medicine. There is nothing to prevent another Mr. Lowe from starting again in the same line of business to-morrow, and nothing to prevent him from hiring another "protector", in the shape of a Mr. Abercrombie, to do his respectable work for him. Indeed, the "protector" is not necessary. The only use of the registered "protector" is, that there may be on the premises some one who can legally call himself surgeon or physician, and who can legally sue for medical debts, and so throw an air of respectability and genuineness over the concern. There is in truth nothing, as the law now stands, to prevent any man in the country from practising medicine or surgery. Every one who does so practise, whether he be a registered practitioner or an ignorant scoundrel, stands in the eye of the law on an equal footing. Both are equally, and only equally, liable for mal-praxis. The only difference *in fact* is, that the law usually rather excuses or protects the quack, and punishes severely the regular doctor, in cases of mal-praxis.

The very same fact is illustrated in the case of *Jones v. Fay*, lately tried at Croydon.

"The action was brought by a house-painter against a druggist, for unskilful or careless medical treatment, whereby the patient had, as he alleged, been brought near the grave. The appearance of the plaintiff in the witness-box justified the eloquent appeal which was made by his counsel for redress; and, indeed, the trial would have had an excellent dramatic effect but for the unfortunate circumstance that it had been sworn that, if the trial were put off to November, there was danger of the plaintiff getting well before he could have an opportunity of exhibiting his pitiable condition to a jury.* According to medical testimony, the plaintiff's illness had been caused by salivation produced by mercury, upon which bronchitis had supervened. It was charged against the defendant, that he had given this mer-

* The poor fellow actually died within twenty-four hours after the trial.

cure improperly in treating the plaintiff for what was called painter's colic. The plaintiff answered by denying that he had given mercury to the plaintiff, and describing an entirely different course of treatment as having been adopted by him. His own oath was supported by those of his assistant and other witnesses; but the jury would probably have been more easily persuaded to believe that mercury had not been given, if an attempt had not been made at the same time to show that, if it had been given, it would have been suitable, according to old-fashioned authorities, for painter's colic. A further difficulty in the defendant's case was that, if no mercury had been given, it was necessary to account in some other way for the symptoms which had been exhibited by the plaintiff; and, accordingly, an attempt was made to show that the effects of mercury were ordinarily produced in painters by handling the materials of their trade. It was said that mercury might be taken into the system by the pores of the skin, and by the breath, as well as by the stomach; and that the two former methods were as effectual as the latter. The constant use of red lead and vermilion, it was alleged, caused painters to be often ill, and to die while yet in middle life. On the other hand, it was said that the dangers of the painter's trade had been exaggerated. To breathe air impregnated with mercury was not nearly so injurious as to sit all day in the vitiated atmosphere of courts of justice; and yet there were barristers who, after many years practice, had not died, and did not mean to die, by any such means. The jury gave the plaintiff £100 damages."

In this case, Mr. Baron Pigott struck out the words "as a surgeon and apothecary" in the declaration. They were, he said, quite immaterial; for the substance of the case was, whether the defendant had, in fact, properly treated and attended the defendant for his disorder. The only point to be considered was whether or no the druggist had, by his ignorance or carelessness, injured the plaintiff. There was no question at all as to his right to practise on the fifty or sixty patients who, we were told, daily sought advice in his shop.

THE VIENNA UNIVERSITY JUBILEE.

THE Jubilee was neither began, carried out, nor concluded, to the taste of the liberal German medical and other journals.

"This shame might have been spared thee; hide thy head, my *Alma Mater*!" says the *Wiener Medizinische Wochenschrift* as its peroration over the University Jubilee. The journal is outraged that Virchow and others of his class should not have been included among those to whom honorary distinctions were awarded. Virchow, Gneist, and Waldeck, are "stars of the first magnitude" in the German firmament. The University, which has to deal with philosophy alone, has descended into the field of political passions. As philosophers, and as writers, those men have never given offence; they belong not to that class of materialists whom Rector Hyrtl, in his inaugural address, stigmatised as revolutionists, murderers, and Heaven knows what be-

sides. What honour can any physician gain from an University which declares Virchow to be unworthy of belonging to it? Virchow has been excluded, we suppose, in deference to Herr von Bismark. Never did we believe, that this jubilee would have so wretched an end. The only real jubilee is one for the enemies of Austria.

"On August 3rd, ended the University of Vienna Jubilee. It began without a show of sympathy, and so it ended. The hall on the second and third days was not filled; the collegiate professors were few. The Joseph Academy was altogether unrepresented. On the third day, Rector Hyrtl spoke in Latin, and as fluently and as elegantly as in German. The clerical colouring of his discourse came strongly out in Latin. His praise of the theological faculty was beyond words. At the conclusion of the sitting, he was unexpectedly presented with the Crown Order of Prussia of the second class. Was this his reward for excluding Virchow, Gneist, and Waldeck, from the list of honorary members?"

Rector Hyrtl, in giving the name of Professor Carl Ludwig as Honorary Doctor of Philosophy, announced him simply "as a clever dissector of living animals"—*animalium vivorum dissector*.

"The whole festival was more like an ovation of Rector Hyrtl than of the University. It is asserted, that Hofrath Hyrtl has his eye upon the portfolio of the Minister of Instruction, and is, therefore, playing into the hands of the clerical party. We hope he will have his wishes satisfied; but we doubt it; for we estimate the wisdom of his Eminence Cardinal Rauscher higher than the cunning of Rector Hyrtl. His Eminence the Cardinal sees through his Magnificence the Rector?"

The following are the names of those who have been made honorary members of the Medical Faculty of Vienna, on the occasion of the festival to celebrate its five hundredth anniversary; the University having been founded by Rudolph IV on March 12, 1365. E. Gräfe, R. Bunsen, Baron von Liebig, K. G. Mitscherlich, R. B. Langenbeck, A. Y. Middeldorpf, M. Pettenkofer, G. J. Henle, M. H. Romberg, H. Helmholz, M. Chelius, F. von Scanzoni, C. Donders, T. Frerichs, O. Weber, J. Purkinje, G. K. Carus, K. Reichert, T. C. Ruete, V. von Bruns, W. Baum, E. von Baer, W. Griesinger, A. Kölliker, G. Valentin, M. Huss, A. Nélaton, C. Bernard, N. Pirogoff. Not a single English medical philosopher was known to our Vienna Faculty brethren as worthy of so much honour!

What shall we say? Are the Viennese Professors utterly ignorant of the English tongue; or is there really not a man amongst us worthy of standing by the side of the worthies here mentioned? We fear that one of two things only can account for the fact—viz., gross ignorance or gross jealousy; and we believe the former is the cause—ignorance founded on a tolerable share of that vanity which has so very much of late ignored in Vienna everything which was not intensely German.

THE town of Berkeley is dear to every lover of our noble profession as having been the birthplace of one who, perhaps more than any other single individual, has added to its lustre. It is with pleasure that we learn from our advertising columns of to-day that a Committee has been formed for the purpose of erecting a memorial window to Jenner in the church where he was baptised, and where he was buried. We have no doubt that the Committee will be successful in their excellent effort; indeed, we learn that a considerable sum has already been subscribed. We strongly recommend the proposal to the consideration of our readers.

A NON-MEDICAL journal thus speaks of some *very striking* woodcuts which lately appeared in one of our cotemporaries. It is well for us to note how the public view these sort of things.

"We are prepared to allow great scope to the expositors of science in the language they may use and the illustrations they may employ; but when physiology is adopted as a mere mask for gross obscenity—when the engraver's art, under cover of a scientific purpose, is made to pander to the lowest and foulest tastes—we have a right to utter a protest in favour of the purity of periodical literature. We need not describe more pointedly to what we allude. We unhesitatingly say that the article referred to, with its pictorial illustrations, was not ministrative to any sound scientific result whatsoever. Everything appertaining to science contained in it could have been said in twenty lines, without a word to offend the most refined and delicate mind. But, the fact is obvious, a disgusting monstrosity was expounded with an elaboration, and illustrated with a minuteness, which appealed to lascivious curiosity much more than to a legitimate thirst after knowledge and the truth. The regret which that gross indiscretion has awakened prompts us to declare with much less reserve than we should have otherwise cherished, that the *Lancet* does not represent the moral sense or the social obligations of the medical profession."

It is surprising that some serious inquiry is not made into the character of the accidents which every week occur in the streets of the metropolis. Surely something might be done to prevent the weekly mortality which in this wise characterises our bills of mortality. Again, this week, we find that no fewer than seven fatal accidents by horses or horse-carriages were registered. A lad, aged 13 years, was run over by a cab; a labourer fell from a cart; the wheel of a cart passing over a carman; a printer's boy fell from a horse; a cabman, aged 71 years, was thrown from a cab; the widow of a chandler, aged 74 years, was run over by a dray; the daughter of a warehouseman was run over by a van. No one can walk in the streets of London without noticing constant examples of the most careless and reckless driving; and equally also the most careless and reckless exposure of themselves to danger from passing carriages by women, children, and half-witted men.

THE LATE SIR WILLIAM JACKSON HOOKER.

SIR WILLIAM JACKSON HOOKER, Director of the Royal Gardens at Kew, whose death is lately announced, was born at Norwich in 1785, and from a very early age manifested a taste for botanical studies, which ultimately resulted in his being appointed Regius Professor of Botany at the University of Glasgow, an appointment which he subsequently resigned for the curatorship of the gardens at Kew. Sir William was a member of nearly all the learned and scientific societies on the continent and in America. He received the honour of knighthood in 1835, and the degree of D.C.L. in 1845 from the University of Oxford, on the nomination of the Duke of Wellington. He was the author of *The British Flora*, *Flora Borealis Americana*, *Icones Filicum*, *Genera Filicum*, *Musci Exotici*, *Flora Exotica*, *Musciclosa Britannica*, etc., and contributed the botanical portion of the work to Admiral Beechey's account of his voyage of discovery in the Arctic region. He was a Knight of the Legion of Honour. It is to be hoped and expected that he will be succeeded in his office by his son, Dr. Joseph Hooker, who has been so long distinguished as a traveller, as a man of science, and a highly accomplished naturalist.

SIR B. BRODIE'S CHOICE OF A PROFESSION. It was determined that I should embark in some part of the medical profession. Dr. Denman had married one of my father's sisters. Dr. Baillie and Sir Richard Croft had married my first cousins. In the autumn of 1801 I was sent to London. Others have often said to me that they supposed that I must have had, from the first, a particular taste or liking for my profession. But it was no such thing; nor does my experience lead me to have any faith in those special callings to certain ways of life which some young men are supposed to have. For the most part, these are mere fancies, which are liable to give way to other fancies with as little reason as they themselves first began to exist. Such persons take the *ignotum pro magnifico*; and when they find that the *magnifico* is not equal to their expectations, they as readily fly to something else. The persons who succeed best in professions are those who, having (perhaps from some accidental circumstance) been led to embark in them, persevere in their course as a matter of duty, or because they have nothing better to do. They often feel their new pursuit to be unattractive enough in the beginning; but as they go on, and acquire knowledge, and find that they obtain some degree of credit, the case is altered; and from that time, they become every day more interested in what they are about. There is no profession to which these observations are more applicable than they are to the medical. The early studies are, in some respects, disagreeable to all, and to many repulsive. But in the practical exercise of its duties in the hospital, there is much that is of the highest interest; and the collateral sciences, to those whose position gives them the opportunity of cultivating them, offer at least as much to gratify our curiosity and excite our admiration as any other branches of knowledge, not even excepting the sublime investigations of astronomy. (*Sir B. Brodie's Autobiography.*)

THIRTY-THIRD ANNUAL MEETING

OF THE

British Medical Association.

*Held in Leamington, August 1st, 2nd, 3rd, and 4th.**

FRIDAY.

The sixth general meeting took place at Ten A.M., Dr. Jeaffreson presiding at the commencement, and Sir Charles Hastings during the latter portion of the proceedings.

REGISTRATION OF ATTENDANCE AT HOSPITALS.

The PRESIDENT wished to take the sense of the Association on the following question:—

"Whether it be consistent for physicians or surgeons of hospitals to sign, by the order of the managing committees, a return of the time they enter on their duties each day of attendance, the time of leaving, and the amount of professional labour performed?"

It was unanimously decided:—

"That such registration is inconsistent with the position and dignity of members of the medical profession."

BIOGRAPHIES OF LIVING MEDICAL MEN.

Dr. STEWART (London) moved—

"That this meeting sees no reason to dissent from the strong and very general verdict of condemnation, which was pronounced, in 1854, on the practice of publishing the Biographies of Living Members of the Medical Profession."

He said that eleven years ago the subject excited a great deal of attention, and it was thought to have been definitely settled that the practice of publishing biographies of living members of the profession was a practice deserving of the strongest condemnation. Had the practice been revived under the same circumstances as before, he should not have troubled the Association by referring to the matter; but when it had been recommenced by a gentleman of such high character and standing as Dr. Barker of Bedford, he thought it was calculated to be prejudicial to the profession. He did not think it possible to form a correct estimate of any man until after death, because some who were thought moderately of in life had subsequently been discovered to have been great men, whilst others who had held prominent positions during life, were lost sight of altogether after death. There could be no doubt that the three distinguished members of the profession already noticed were fully worthy of the distinction; but who was to decide where the series should end, and what degree of eminence should be the line of demarcation? Some might to-day be considered worthy of the honour, who in a few years' time might forfeit all claim and title to be included amongst the eminent of the profession. In the former series, he knew that several of the medical men noticed spread their biographies over the length and breadth of the land, until it became positively sickening; and so strong was the indignation of the profession generally, that they would not tolerate it. The fact of the name of Dr. Barker being associated with the present series might induce those who would scorn to defile their fingers with the biographies previously published to regard them as something totally different; but the principle was essentially the same, whatever difference there might be in the mode of carrying it into prac-

tice. [*Hear.*] One evil would be that men would be anxious to get their biographies published, in the hope that it would assist them in their profession, and thus it would become a fulsome system of puffing.

Dr. BURNETT (Alton) seconded the motion. The practice had been generally condemned some years ago, and he did not see that it was now any the less objectionable.

Dr. BARKER (Bedford) said that, so far from the principle itself being objected to, some of the most distinguished members of the Association had consented to the series of biographies he had had the honour to commence. With respect to the individuals to be selected, he did not apprehend there would be any more objection to those hereafter published than to those whose biographies had already appeared. In preparing biographies, his object would be to faithfully record all that the subjects of them had accomplished for the profession or for science, and to avoid all kind of personal details. He hoped to make these works useful, and to render them perfectly unobjectionable. He did not believe that any gentleman whose biography would be included in the series would make any improper use of the distinction.

Mr. ZACHARIAH LAURENCE (London) thought that if the motion were put, it would be placing the members of the Association in a very invidious and disagreeable position [*No, no*]; and he suggested that no vote should be taken on the subject.

The PRESIDENT then put Dr. Stewart's motion to the meeting, when it was carried unanimously.

DISCUSSIONS IN STATE MEDICINE.

I. Dr. J. A. SYMONDS (Clifton) introduced for discussion the following subject:—"What Measures should be advocated by the Association for Securing an Improved Position to Medical Scientific Witnesses in Courts of Law?"

He began by speaking of the difficulties under which medical witnesses laboured in Courts of Law—difficulties which often neutralised their evidence. For instance, they were often called upon to give direct answers to questions put on the spur of the moment; and, in addition to that, they were required to cast aside the current language of their profession, and utter their opinions in words which did not fully convey their meaning. There were also other difficulties; and the existing practice was disadvantageous to the witness, not only on account of the incapacity of his audience to understand him, but also because he was constantly endeavouring to accommodate himself to them. The best witnesses were those who gave their evidence without any anxiety as to the impression which their statements might produce; but medical men, feeling the responsibility of their position, and the serious results depending on their words, and knowing that most of those who heard them might not comprehend them, naturally felt very solicitous to express themselves in such a way that they might be understood; and, in consequence of that, the value of their evidence was frequently much deteriorated. Dr. Symonds also mentioned that medical men were very much underpaid for the scientific evidence they were called upon to give. The great question to consider then was, whether some amendment in the mode of obtaining medical evidence could not be obtained? In his opinion, that amendment might be obtained; and he believed that the Association might be instrumental in inaugurating certain reforms. As a remedy for these inconveniences, he thought that regularly qualified practitioners should be established by the Government, and placed where medical men could consult them in cases of great difficulty, and some-

* Concluded from p. 167 of last week's JOURNAL.

times delegate to them certain extra duties. Medical men were called upon occasionally to give certificates of insanity, and those certificates might be the means of bringing them into courts of law in the character of defendants. It should be borne in mind, that in giving those certificates, they have often conferred a benefit on the family of the insane man by separating him from them; and also on himself by removing him to a place of safety; and, in the third place, on society, by taking away a person dangerous to life and property. In granting these certificates, medical men ought to have the support of officers appointed by Government; and he thought they ought to be released from the responsibilities of those certificates; and if the Legislature refused to take away the responsibility, they would be justified in refusing to give certificates. He suggested that these medical officers should be placed on Boards of Health. In conclusion, he moved—

“That a Committee be appointed to take into consideration the present position of medical practitioners in respect to medico-legal investigations, and to confer as to the expediency of pressing upon the legislature the appointment of State physicians, whose duties might embrace both medico-legal inquiries and the care of the public health; that the Committee be requested to present their report at the next annual meeting of the Association, or to report to the Committee of Council; that the Committee of Council be requested to devote a sum not exceeding £20 to the purpose of carrying out the objects of this resolution; and that the following gentlemen be requested to serve on the Committee now appointed: Dr. Jeaffreson; Sir Chas. Hastings; Dr. Richardson; Dr. Stewart; Dr. Barker; Dr. R. Hall; Dr. Acland; T. Heckstall Smith, Esq.; Dr. Robertson; Dr. Westall; and Dr. Tuke.” [The names of Dr. Symonds and Mr. Rumsey were subsequently added.]

Mr. RUMSEY (Cheltenham), had for years worked, thought, and written on this important subject; and he began to hope that it was beginning to attract more attention both in and out of the profession. It would be requisite—in the future, at least—that there should be thorough preparation for the office which Dr. Symonds had suggested; that undivided attention should be given to the subjects with which the officer appointed would have to deal; and that such an officer should be placed in a thoroughly independent position by the legislature. [Hear.] The officer should not be a witness either for the prosecution or for the defence, but should act as *amicus curiæ*. He did not advocate specialities in the profession, of which he thought they had more than enough already; but he looked upon this as a totally different matter; and therefore thought certain bodies should have the power of certifying that certain students were specially qualified for medico-legal investigations. It was impossible for one engaged in the ordinary practice of the profession to bring to bear the knowledge which might be required instantly for some difficult inquiry; and although Dr. Taylor and a few others were available as witnesses on scientific and abstruse matters, yet the number of such required to be greatly increased. The independent position of such officers as Dr. Symonds contemplated was very essential, and could only be secured by their being paid adequate salaries by the state, according to the amount of duties which they would be likely to be called upon to perform. These officers should have certain definite districts assigned them; and in addition to acting as medical jurists, they might also discharge the equally important duties of officers of health; and if they had charge also of the registration of births and deaths, much more accurate statistics than those at present collected would be ob-

tained. For the elucidation of the more difficult questions that might be brought before these medical jurists, he would suggest an ambulatory commission, composed of men of the highest eminence, who should go, like the judges on circuit, wherever their services might be called into requisition.

Dr. RADCLIFFE HALL observed that the cases which usually brought the members of the medical profession into collision were those of poisoning, lunacy, and accidental injury. He did not see any way of getting out of the dilemma of medical men giving conflicting evidence in a case of the latter description, where the question to be solved was whether the injured persons would recover from certain anomalous nervous symptoms. After alluding to several recent cases of poisoning, he suggested, as a means of obviating conflicting medical evidence, that certain medical men, not less than three, should meet and deliberate upon the facts, and then pronounce a decision on the matter to be investigated. In that way individual responsibility would be lessened, greater justice would be done, and it would materially tend to put an end to conflicting medical testimony in the cases to which he had adverted.

Dr. MARKHAM pointed out that one argument had been overlooked by Dr. Symonds, which was likely to have great influence on the minds of those engaged in the administration of the law. It was that, often, in deciding whether a criminal was lunatic, the investigation was not conducted according to law; in illustration of which he cited the cases of Dr. Smethurst and of Townley. This brought justice into disrepute; because, after a criminal had been found guilty by a jury and sentence had been passed, the Lunacy Commissioners, or some other authority, interposed and overrode the decision of the court and the jury. He thought that, in all cases of difficulty or doubt, the assistance of an expert should be called in to decide the point at issue, and that then the jury should give their verdict, which should be strictly adhered to.

Dr. HARRINGTON TUKE also spoke upon the question, and in doing so pointed out that the judges themselves did not agree in their ruling as to what exonerated a prisoner from responsibility for his actions.

The PRESIDENT put the resolution to the meeting, and it was carried unanimously; the names of Dr. Symonds and Mr. Rumsey being added to the Committee.

II. Dr. TINDAL ROBERTSON (Nottingham) opened for discussion the question—“Why are Sanitary Measures not always followed by a decrease of Mortality?”

He adduced, as the first reason, the imperfect organisation of Boards of Health. In London, Liverpool, etc., Medical Officers of Health were the advisers of the Boards; in most places, however, the boards consisted of laymen, of whose inability to perform the duties Dr. Robertson drew an amusing picture. Secondly, he believed that the Boards of Health had not sufficient power. The number of deaths from phthisis was from one-fourth to one-seventh of all who die. Further compulsory legislation was requisite to prevent the origination of the tubercular diathesis. Two especial points were noticed: the great importance of attention to the skin, and the reluctance of many of the patients to admit fresh air into their dwellings. Allusion was also made to the improvement in mortality from burns and scalds. The annual sacrifice in England from this cause was 2841; 127 lives had been saved last year by proper precautions. The absence of vaccination to a great extent was also touched upon. Out of twenty-two cases in the Nottingham Hospital this year, five had

contracted diseases in the wards. As shewing the propriety of isolation, out of five private cases, two only had been vaccinated for the second time. The machinery for epitomising reports of health throughout the country was imperfect. No reliable data for connecting sickness with meteorological phenomena existed. In connection with the necessity for light, air, and water, the experience of Higginbottom, Ward, and others, were adduced. As a question of economy, the hardness of water was shown to have cost Liverpool an annual sum of £50,000. The faulty state of drainage in towns, the absence of plans was commented on, and the necessity for abolishing the present system of water pollution was enforced. Statistics were given to show the necessity for better ventilation, especially in schools, theatres, churches, etc. The amount of sickness ought to be better known. In Staffordshire potteries it was in the year 9-03 days; in silk mills, 7-08 days; in woollen mills, 7-08; in the cotton mills of Glasgow, 5-06; in dock-yard servants, 5-38 days. The state of the tenements of the poor was a frequent and frightful source of disease. The absence of baths, the sale of patent medicines, the adulteration of drugs, the enormous amount of infant mortality, and the frequent insufficient system of nursing, were each enlarged upon. The present cattle epidemics Dr. Robertson said he would not enlarge upon, as they would be taken up by Dr. Budd later in the day. The conclusions arrived at from the data given in the paper were—1. Boards of Health should be established in every township, composed of two laymen, one medical man, one lawyer, one civil engineer, and other inferior officers, all properly qualified for the office by their talents, their education, and their experience. 2. These Boards, while endeavouring to carry their wishes into effect in a conciliatory manner, should, on the principle of *salus populi suprema lex*, have full compulsory powers when the public good required it. 3. Each Board should form an annual digest from its reports, and transmit this for incorporation into the annual report of the General Board. 4. A systematic and uniform plan of registering atmospheric phenomena, in connection with disease, should be carried on at certain stations throughout the kingdom. 5. In laying out new streets, and in altering and extending old ones, ample provision should be made for a supply, in purity and abundance, of light, air, and water. 6. Drainage, sewerage, and paving should be carefully attended to. 7. In the erection of churches, schools, and in other public buildings, and in private ones so far as possible, ventilation should be more carefully attended to. 8. Measures should be taken to ascertain the amount and character of sickness in different localities. 9. The habitations of the poor should be placed under special superintendence. 10. Baths (if on ever so small a scale) should be established in every city, town, and village. 11. The sale of patent medicines should be discouraged instead of encouraged by the legislature. 12. Unwholesome, spurious, and adulterated articles should be confiscated, and their vendors fined. 13. Institutions should be formed to train and qualify nurses for the sick. 14. The subject of infant mortality should be referred to a committee and brought under the notice of the legislature.

Mr. WHITEFIELD (Ashford) said that, with the view of checking the spread of any infectious disorder in the locality where he resided, he had built a cottage to which all such cases might be removed, the charge for the right to do so being secured by the annual payment of sixpence for each individual. This institution had been in existence for six years, and had been the means of completely checking the spread of small-pox on four different occasions. But he had found by experience that, although those afflicted

with small-pox would readily pay £5 to be cured, very few would give sixpence a year to prevent the danger of being attacked by it. Amongst the great causes of disease in the present day, he included the habit of juveniles smoking, the universal and habitual use of stimulants, want of ventilation and cleanliness, and overcrowding in cottages. These, he thought, were far more than sufficient to explain why improved sanitary measures were not attended with a corresponding reduction of mortality.

Dr. BUDD (Clifton) exhibited a wire dog-muzzle, prescribed by the authorities of Berlin for the prevention of rabies. He explained that the use of the muzzle had reduced the cases of hydrophobia from the bites of dogs, from the large number of 123, to, at the very most, three, during the years in which its use had been enforced by the authorities.

Dr. RANSOME (Manchester) thought one important cause why there had not been a corresponding reduction in mortality had been overlooked; and that was the increasing tendency to overcrowding the population of large towns. All the other causes alluded to had, to some extent, been dealt with by legislation; but, as yet, nothing had been done to prevent the overcrowding of the population of large towns. It was a fact that, whilst the population of the country at large had only doubled during the present half century, the population of many large towns had quadrupled. There was, therefore, intense compression of human life in great centres; and the result was necessarily increased mortality, notwithstanding all the sanitary improvements that had been effected.

Mr. TURNER (Manchester) agreed in the main with what had been advanced by Dr. Robertson and other speakers; but he also thought that one fruitful cause of the apparent failure of sanitary measures to promote longevity was, the entire ignorance which prevailed amongst the masses of the people respecting sanitary measures. The Sanitary Society of Manchester had been endeavouring to remedy this, so far as that city was concerned, by giving periodical lectures on sanitary matters, when they usually obtained crowded audiences, so anxious were the public to gain information on so important a subject. The poor especially were grossly ignorant of the laws of existence, and had no conception of the possibility of poison entering the system except through the mouth. Another cause of mortality was the overcrowding of the population of large towns, the wretchedness of the homes of the poor, and the disregard of cleanliness that was often so lamentably prevalent amongst the lower orders of the people.

Dr. RICHARDSON (London) thought they must all admit that there had been a considerable revolution, both in the public opinion and in the opinion of professional men, on the question under discussion. There was a time when sanitary science was almost totally unknown; and there was a time when it was thought that its perfection would result in a millennium of health. In the parish of Marylebone, the mortality in 1863 fell lower than he had ever known it before, being only 19 in every 1000 of the population; whilst, in the Cavendish Square district (where Dr. Burrows resided), the mortality was only 16½ per 1000 inhabitants. But, whilst there had been a gradual extension of sanitary measures and regulations, the mortality of the parish had increased, until, by recent returns, it was shown to be nearly 28 in every 1000. He thought that there were two reasons for this failure of sanitary measures to reduce the mortality. The first was, that in this country the legislature did not, and perhaps never would, directly legislate for the individual. The other was, that there were causes at work which science only could

fathom and elucidate, and which the present state of knowledge did not enable them to cure.

Dr. BURROWS (London) thought there had been unusual causes in operation which had affected the mortality of Marylebone, to which Dr. Richardson had not adverted. The construction of the Metropolitan Railway, and the great middle level sewer, through the centre of the parish, had, in his opinion, prejudicially affected its healthiness. Soil saturated with animal matter and excretions had been thrown to the surface, the exhalation of the gases from which into the atmosphere would certainly be detrimental to health. Besides, schoolchildren and workmen were in the habit of standing by the side of the works for a length of time, inhaling the noxious effluvia. When he held the office of Physician to St. Bartholomew's Hospital, it was remarkable what an increase there was in the number of patients brought to the institution whilst the Metropolitan Railway was being constructed through the parish of Clerkenwell. Had Dr. Richardson, with his usual penetration and ability, taken what he (Dr. Burrows) had stated into consideration, he would probably have admitted that the construction of the works referred to had had something to do with the increase of mortality to which he had alluded in the parish of Marylebone. He was frequently called to consultation in towns in the vicinity of London, and had invariably noticed that, whilst any great sanitary improvement was in progress, there was positively a great increase of disease, although eventually the healthiness of the locality would be materially augmented.

Mr. PROPERT agreed thoroughly with the remarks of Dr. Burrows, and only wondered that the explanations had escaped the notice of so astute a reasoner as Dr. Richardson.

The meeting then adjourned, and re-assembled at 2 P.M., Dr. Jeaffreson in the chair.

MEMORIAL TO THE ADMIRALTY AND TO THE SECRETARY OF STATE FOR WAR.

Dr. FALCONER (Bath) moved the adoption of a memorial to the First Lord of the Admiralty, and the Secretary of State for War.

Dr. BURROWS (London) said that the memorial seemed to state the case plainly but temperately, and he had great pleasure in seconding its adoption.

The resolution was carried unanimously.

VOTES OF THANKS.

The PRESIDENT moved, and Dr. BARKER seconded, and it was unanimously resolved—

“That the cordial thanks of the meeting be given to those gentlemen who have contributed papers and cases.”

The PRESIDENT proposed, Mr. SHAW seconded, and it was unanimously resolved—

“That the cordial thanks of the Association be given to the Trustees of the Leamington College, to the Committee of Management of the Jephson Gardens, to the Leamington Board of Health; and to the Directors of the Pump Room for the accommodation rendered, and the hospitality shown, to the Association during this meeting.”

The PRESIDENT proposed, the Rev. Dr. BELL seconded, and it was unanimously resolved—

“That the cordial thanks of this meeting be given to Thomas Ebbage, Esq., the Hon. Local Secretary, and to the Local Committee, for the admirable arrangements made for the reception of the Association.”

Mr. TURNER (Manchester) having taken the chair, Dr. MEERIMAN (London) proposed—

“That the very cordial thanks of the Association be given to the President Dr. Jeaffreson, for the very

able manner in which he has conducted the proceedings of this annual meeting.”

Dr. RICHARDSON. Some of us may remember the old proverb, familiar to us in our schoolboy days—“*Boni rari sunt.*” I think we have found that rare treasure in our President. [Cheers.]

The motion was carried by acclamation.

Dr. JEAFFRESON, in acknowledging the compliment, said that if he had thus far succeeded in discharging the duties of President to the satisfaction of the Associates, it was a great happiness and consolation to himself. When they elected him to the office, he promised to do his best; and he had endeavoured to do all in his power to fulfil the promise. [Cheers.]

PAPERS.

The following papers were read on Thursday and Friday.

1. Notes on Injuries near Joints in Children. By Jonathan Hutchinson, Esq.

Mr. Hutchinson's paper was illustrated by diagrams, photographs, and specimens. The author commenced by stating, that injuries near to joints in children and young persons differed from similar ones in adults, in that very frequently separation occurred at the line of junction of the epiphyses. These lesions were, he felt certain, very much more frequent than they are generally thought to be. The immense casualty practice of the London Hospital had afforded him unusual opportunities for their clinical investigation. After adverting to the special peculiarities of a detachment of an epiphysis, as distinct on the one hand from a true dislocation, and on the other from a fracture, the author described the symptoms which usually attend these accidents when occurring near to any one of the several principal joints. He devoted attention particularly to the shoulder, elbow, knee, and ankle. After asserting that these injuries were much more difficult, both in diagnosis and in treatment, than simple dislocations or fractures, the author concluded by urging the great importance of the use of chloroform in the first instance as an invaluable aid to both. Attention was also called to the need for great caution in prognosis, and to the impropriety of keeping the injured joint motionless for any long period.

2. Abscesses of the Abdomen. By Furneaux Jordan, Esq.

After pointing out the numerous localities in which an abdominal abscess may arise, and suggesting that all localities may be classed under two heads, visceral and parietal—the latter including the iliac and lumbar glands, in connection with which, the author contended, syphilitic and gonorrhoeal abscess might arise—Mr. Furneaux Jordan proceeded to treat more in detail two varieties of abdominal abscess. There was, he said, one form of abdominal abscess which had been very imperfectly studied—that which contains extraneous bodies. It was commonly held, that these abscesses contain feces; that they are almost exclusively confined to the iliac region; that they are accompanied by symptoms of obstruction; and are almost invariably fatal. The author's cases, and those which had come under his notice, led to conclusions precisely the reverse. Such abscesses pointed as frequently at or near the umbilicus as at the groin; frequently they contained no feces, and were accompanied by no symptoms of intestinal obstruction. The author was not acquainted with a single case of abscess of the abdomen, containing an extraneous body, which had terminated fatally. The subject of syphilitic and gonorrhoeal abscesses of the abdomen, Mr. Furneaux Jordan treated at some length. Nearly ten years ago, he published a case in the *Edinburgh*

Medical Journal, entitled "Bubo within the Abdomen." After ten years of further experience and reflection, he still believed his diagnosis to have been correct. Cases of bubo within the abdomen were undoubtedly rare; but either he was mistaken in his view of the affection, or it was sufficiently common to deserve attention. After some remarks on the probable reasons why this condition had not been discovered before, the author said: In bubo within the abdomen, one of two conditions is present, either a noxious agent passes through the inguinal glands without causing irritation in them, or, more probably, the lymphatic tube which transmits the virus passes directly to the iliac glands. Bearing in mind the known variations of arteries and veins from the normal type, it would be truly marvellous if the lymphatic vessels never deviated into the abnormal.

3. A Case of Progressive Muscular Paralysis of the Tongue, Soft Palate, and Lips. By J. K. Spender, Esq.

4. On Extraction of Soft Cataract by Suction; and on Suction-Curettes. By T. P. Teale, jun., Esq.

Having described the details of the operation, and the most recent improvements in suction-curettes, Mr. Teale referred to the special advantages which the operation possessed over other methods of treating soft cataract, and of certain difficulties which might arise during its performance. He concluded by relating several cases from his own practice, in which the operation had been followed by signally rapid and perfect results.

5. The Influence of Uterine Displacement on the Sterile Condition. By J. Marion Sims, M.D.

Dr. Sims did not propose to give a complete paper on the subject of sterility, but only to present it in one of its relations—viz., that of its dependence upon misplacements of the uterus. He divided his sterile patients into two classes: 1. Those who were married a sufficient length of time and did not conceive; 2. Those who had borne children, but for some reason ceased to do so long before the termination of the child-bearing period. The first he called "natural sterility;" the second, "acquired sterility." To show the frequency of uterine displacements in this relation, he said that of 250 cases of "natural sterility" that had fallen under his observation, 103 had anteversion, and 68 retroversion; and of 255 cases of "acquired sterility," 61 had anteversion, and 111 retroversion, the anteversions predominating in the first class, the retroversions in the second, the two opposite displacements being almost in inverse proportion in the two classes, and forming about two-thirds of the whole number, being 343 out of 505 cases; which proved beyond question the bearing and importance of these displacements in connection with the sterile condition. He illustrated by diagrams the normal position and relations of the uterus, explained the various causes and complications of anteversion, whether dependent upon fibroid tumours, elongation of the infra- or supra-vaginal cervix, shortening of the utero-sacral ligaments, or hypertrophy of the fundus. In all these cases, he said, not much could be done for the relief of the sterile condition by merely mechanical means; but efforts should be directed to seeing that the os tincæ was properly open, that the canal of the cervix was free from engorgement, and that the secretions, both vaginal and cervical, were not poisonous to the spermatozoa. One form of anteversion was easily cured by a simple operation, which he originated eight or nine years ago. He illustrated this by cases and diagrams. It was as follows. The uterus lies on the anterior wall of the vagina, and parallel with it. The fundus is most usually the seat of a fibroid growing anteriorly. The anterior wall of the vagina is greatly elongated,

the os tincæ pointing directly backwards. Under these circumstances, he has shortened the anterior wall of the vagina an inch and a-half, by denuding a surface a half-inch wide and two inches long across the axis of the vagina in juxtaposition with the cervix uteri, and making a similar transverse scarification parallel with the first, about an inch and a-half, more or less, anteriorly to it, and then uniting these two transverse cut surfaces by silver sutures, as in uniting the edges of a transverse vesico-vaginal fistula. This necessarily shortens the elongated anterior wall of the vagina, draws the cervix forwards into its normal relations, and as a consequence elevates the fundus. He related several successful cases of this operation, and had seen it followed by conception and child-bearing. He then passed to the consideration of retroversion as influencing the sterile condition, pointed out its varieties and anomalies, and showed how it was to be diagnosed and how replaced. By diagrams, he illustrated various modes of reduction, showed how conception was difficult, and sometimes impossible, in some forms of retroversion, advocated mechanical treatment, pointed out the dangers of pessaries, but advocated their use when judiciously applied under proper circumstances. He preferred a malleable ring, either of block tin or a ring of copper wire covered with gutta-percha, and then bent or curved to the proper diameters of the vagina of each patient. He said this was a modification of Hodge's pessary. Under some circumstances he also used Meigs's ring pessary, made of watch-spring covered with gutta-percha. He pointed out the peculiar advantages of each of these, and paid a just tribute to his countrymen, Drs. Hodge and Meigs, who were the earliest advocates of the mechanical treatment of uterine displacements. The great secret of treating the sterile condition when dependent upon retroversion was to adjust a malleable ring which would hold the uterus in its normal position, and which was to be worn always during the act of coition. He explained its philosophy, its efficiency, its safety, and its harmlessness, and related many cases in which its use had been followed by conception: one after a sterile marriage of six years, another of ten years, another of fifteen years, and others at various periods of time after sterile marriages. He also showed how miscarriages, often dependent upon this displacement, were prevented by the use of a properly fitted malleable pessary. He then pointed out the course to be adopted when it was impossible for the patient to wear a pessary, showing why it was so, and what was to be done.

6. The Siberian Cattle Plague, or Typhoid Fever of the Ox. By William Budd, M.D. [This paper is published at page 169 of the present number.]

7. The Treatment of Stoppage of the Bowels; with special reference to the Use of Atropia and Galvanism. By Alexander Fleming, M.D.

In this paper, the author referred to his success in the treatment of constipation and of obstruction of the bowels by the use of atropia and of galvanism; illustrating the action of the drug on the bowels, by comparison of its effects on other parts of the body, such as the throat and bladder. The advantages of atropia over irritant purges were also explained. The author's method of administering the drug in constipation was as follows. Ten minims, containing one-sixtieth of a grain, of a solution were added to a gentle saline draught and given every evening. The dose was increased nightly by two minims, till a slight degree of the physiological effects of the atropia was induced. It was then somewhat diminished, and continued as long as might be necessary at the reduced quantity, being finally replaced by strichnia. In obstruction of the bowels, the atropia was directed to be

given in conjunction with a saline draught every four hours; and the patient should be seen frequently, in order that the action of the medicine might be carefully regulated. In conjunction with this medication, enemata, introduced by means of a long rectum tube, were enjoined. Dr. Fleming used a tube marked off in inches, to indicate the length of insertion, and to prevent its doubling upon itself during introduction. It was fitted with a stilette. Between the enemata, Dr. Fleming recommended galvanism to be applied to the bowels, and so conducted into the rectum, by means of a copper wire passed through the tube, as to traverse, as nearly as might be possible, the paralysed gut. Much care was enjoined in applying this agent; so as, on the one hand, to secure its full value, and, on the other, to avoid undue suffering and exhaustion. Dr. Fleming had employed galvanism in this way at the Queen's Hospital, Birmingham, since 1857. In conclusion, the author narrated several cases of much interest, which exhibited, in a striking manner, the success of the modes of treatment recommended.

8. Life Insurance Offices and Suicides. By James G. Davey, M.D.

The object of Dr. Davey's paper was to prove that the rules accepted by the Government, and having reference to the insurance of lives through the Postmaster-General, were not what they should be. Objection was taken to Clause x, Part 1; which provides that, "if any person whose life the Postmaster-General has insured shall die by his own hands, he will by so doing cancel the contract made with him; all the payments made by him will be forfeited; and no payment will be made to his family or representatives." It was assumed by the author that, the act of suicide being a consequence of cerebro-mental disorder, and therefore not voluntary, the contract made ought not to be forfeited or cancelled, but duly and faithfully observed. The newspaper press, it was said, contained an abundance of evidence in favour of the position taken. The tendency to suicide, Dr. Davey affirmed, exists not unfrequently as a primary or monomaniacal form of insanity; and this tendency is found to assume a paroxysmal or recurrent character. In such cases, the patient will conceal from others the feelings which oppress him, and so it happens that the verdict of *felo de se* is recorded; a coroner's jury not being very likely to credit the fact, that madness can exist and its indications be kept in any thing like abeyance; or, in other words, that the pains of the mind, like those of the body, may be endured in secret, and remain unknown to all save him most concerned. The author recited cases occurring in his practice; and these, he declared, went far to illustrate the views insisted on, as well as to demonstrate the desirability of omitting in the future the aforesaid rule, as above quoted.

Mr. LOEB (Hampstead) coincided with Dr. Davey, that suicide was frequently caused by cerebral disease; and that, if the brain were in a morbid condition, it could not produce either the proper moral or mental phenomena. He had often been pained to find coroners' juries recording verdicts of *felo de se*, when there was absolute proof in the evidence before them of the insanity of the suicide. He was of opinion, that no sane man would commit suicide, and that the act itself was one of the most conclusive evidences of insanity.

Dr. BURNETT (Alton) said they would all admit that the question of cranial insanity was a very important one to decide. They would all probably agree, that many of the suicides which came under their notice were attributable to cerebral disease; but crime stood in relation to the law paramount to the

laws of pathology. Let them endeavour, then, to ascertain what were the evils in relation to the influence of the profession, and what was the evil in relation to the law, civil and criminal.

9. On the Non-Transmission of Syphilis by Vaccination. By W. Boeck, M.D., Christiania.

A translation of Professor Boeck's paper was read by Dr. Henry. In it the author stated that he had most carefully examined the question, whether syphilis could be transmitted by vaccination; and had been unable to find any evidence in favour of such transmission either in published records or from experiments performed by himself. He related instances in which he had vaccinated syphilitic children, and had endeavoured, but without producing any result, to inoculate with the matter obtained from them two patients suffering from elephantiasis. He considered that no doubt should be thrown on vaccination unless on the most convincing evidence; and, while he did not deny that syphilis might be transmitted by vaccine matter, he must withhold his belief that such an event could occur until he saw it. The facilities for observation were great in Norway; but the transmission of syphilis by vaccination had never there been observed.

10. The Relief of Near Sight (Myopia) without Spectacles. By J. Vose Solomon, Esq.

The author commenced his paper by stating that five years had elapsed since he discovered that an intraocular myotomy of the ciliary muscle increased the range of vision of near-sighted persons, and conferred other remarkable advantages. After explaining the optical condition of the perfect (emmetropic), the myopic, and the hypermetropic eye, he remarked that these opposite (a too high and too low) refractive conditions presented certain points of resemblance. 1. The apparent size, especially in their transverse diameters, of the myopic and hypermetropic eye, may not differ. 2. In each optical defect, the patient may acquire the habit of contracting the brow and eyelids. 3. In both, the farthest point of distinct vision for natural landscape is not nearly so great as when the eye is perfect. 4. In each instance, concave glasses may render remote objects more distinct. 5. In either, the fundus of the eye, when examined by the ophthalmoscope, may present a whitish or grey crescentic patch at the outer side of the optic nerve entrance. 6. The hypermetropic eye is much assisted in reading by a convex glass of suitable power. So likewise are some myopics who are far-sighted in respect to their nearest point of distinct vision, while they require concave spectacles to obtain a clear outline of distant objects. 7. The myopic and the hypermetropic are again alike, in that one eye is commonly of far inferior optical value to its companion; amblyopia being frequently present. 8. These opposite refractive conditions are often hereditary. Mr. Solomon then pointed out the points of contrast. Of these, we have space only for the following. *a.* In numerous examples of hypermetropia, impaired vision of grave degree of one eye receives no explanation by careful exploration of the eye with the ophthalmoscope; and, moreover, there is a tendency rather to improvement by exercise of the worst eye, than to further deterioration. In myopia, the ophthalmoscope reveals morbid changes of tissue which fully account for the impaired vision, which has a tendency to terminate in amaurosis. *b.* Hypermetropia and cataract bear no relationship as cause and effect. In myopia, such connexion had appeared to the reader of the paper not uncommon. In some, he had found it to be congenital. When the cataract was zonular—more or less opalescence of the nucleus of the lens, surrounded by a transparent belt—the patient appears to get on tolerably

well up to about the middle period of life, when, the zone losing its perfect translucency, vision becomes so much impaired as to oblige the patient to seek advice from an oculist. In speaking of the congenital malposition of transparent lenses, which he had noticed in patients affected with myopia, Mr. Solomon related an instance where those bodies occupied the upper and outer quarter of the vitreous humour, and in which full dilatation of the pupils and glasses afforded striking relief to the vision. Before operating for the relief of near sight, the condition of the lens and vitreous humour, and the absence of syphilitic taint, must be carefully ascertained. He advised that, subject to the exceptions indicated, *all* children and young persons should be disallowed spectacles, and submitted to intraocular myotomy. The paper was concluded by the narration of three cases; two of them were treated in the present year, and one five years ago. A girl of thirteen, with extreme myopia, was enabled by the operation to perform with efficiency the duties of housemaid, for which she was before quite incompetent. She also read Snellen's largest type at a distance three times greater than before treatment. A woman, aged 44, of languid mental energy, in four months after operation gained four inches and a-half in the distance at which she read brilliant type, and seven feet for eight-line Roman. Also a concave glass, of six inches less power than one she was tried with before the treatment, now affords greater advantages to her vision—a conclusive proof that intraocular myotomy lessens the refractive power of the near-sighted eye. A boy, aged 16, on May 16th, 1865, read brilliant type at fourteen inches, and small pica at thirty-four; Snellen's 1 at sixty feet, and the first two letters of XL at the same distance. The two last observations were made in the open air, with the sun shining on the printed characters. On May 29th, 1860, this patient could read small pica at six inches, and distinguish features at twelve yards only.

11. New Forms of Anæsthetics. By Thomas Nunneley, Esq.

Mr. Nunneley showed to the members two substances, the bromide of ethyl and the chloride of olefant gas, which for some time past he had used as anæsthetics. He stated, that he had not lately performed any serious operation, either in private practice or at the Leeds General Infirmary, without the patient being rendered insensible by one or other of these agents; each of which he believed to possess important advantages over chloroform. They were amongst the many analogous bodies experimented upon by him; and were favourably mentioned in his essay upon Anæsthesia which was published in the *Transactions of the Association* for 1849. At that time, the difficulty and cost of their manufacture were too great to allow of their being commonly used. This difficulty had, however, been overcome; and, should their use become general, they can be made at a cost not exceeding that of chloroform, if not at less. They both act speedily, pleasantly, and well. The patient might be kept insensible for any length of time; while the most painful and prolonged operations were being performed. No disagreeable symptoms had, in any case, resulted from their use. They were prepared for Mr. Nunneley by Mr. Squire of Oxford Street, London, from whom they might be obtained.

12. The First Attempt in England to Remove a Growth from the Larynx through Division of the Pomum Adami. By George D. Gibb, M.D.

In his preliminary remarks, the author dwelt upon the views entertained by various writers upon obtaining access to the larynx through section of the thyroid cartilage, a proceeding first introduced by

Desault. Before the use of the laryngoscope, Ehrmann had removed growths from the larynx in this manner; and when the author attempted it in 1864, he was not aware it had been done since the revival of the laryngoscope. He subsequently learnt that he had been preceded by Boeckel of Strasbourg, some weeks prior to the date of his doing it. Both observers had, however, conceived the idea of its performance independently of one another. Dr. Gibb's patient was a single lady of 29, whose voice had been affected two years, with obstructed breathing for two months. This depended upon a rather large growth, springing from the root of the epiglottis, extending to the right side of the larynx, involving the false cord and concealing the true. A portion of this he succeeded in removing with a loop of wire through the mouth; the remainder he contemplated getting rid of through the pomum Adami. Tracheotomy became necessary from urgent dyspnoea through increase of the growth; and some days later the thyroid cartilage was opened by Mr. Holthouse, and the remains of the growth removed by Dr. Gibb. Good results followed; speech returned; and the patient became convalescent. Unfortunately, the disease proved malignant, and recurred some months later; and ultimately destroyed life a year after the operation. The objections to the operation, and arguments in its favour, were considered in detail; and the author concluded by a chronological summary of cases in which this mode of operation had been practised.

13. The Inhalation of Atomised Liquids; with a Description of a New, Cheap, and Portable Atomiser. By Morell Mackenzie, M.D.

After giving a short sketch of the history of the subject, the author observed that, in order to reduce a liquid to such a fine state of subdivision that it could be inhaled, two principles are employed. In one, a fine column of liquid is driven out by a projecting body, and thus becomes dispersed; and, in the other, the liquid is reduced to a state of subdivision by the velocity with which it is driven through a very minute aperture. The former might be called the *concussion principle*; the latter, the *velocity principle*. In the latter kind of instrument, the atomised liquid is accompanied by a strong current of air; but, in the former, there was no draught. Siegle's apparatus acted on the velocity principle; but steam was used instead of air, and this was a great advantage. Unfortunately, however, Siegle's apparatus is constantly getting out of order, and is very expensive. The author next described and exhibited his atomiser. It consist of a little bottle, to the mouth of which, through the interposition of a piece of vulcanite tubing, a small India-rubber ball fits. Between the mouth of the glass bottle and the India-rubber ball, there is a minute opening; and, by pressing the ball, the liquid is driven through the opening on to a disc, on which it breaks into a very fine spray. The instrument is very cheap when compared with those hitherto in use; it costs only ten shillings. It is not liable to get out of order. It can be made to act either by gently pressing the ball with two fingers, or by allowing a piston to descend upon it. There is no metal in the instrument, hard and soft India-rubber being the only materials employed. The system had been most advantageously used in phthisis, bronchitis, and asthma.

14. A Few Words against the Habitual Use of Purgatives. By C. B. Radcliffe, M.D.

Dr. Radcliffe considered the habitual use of purgatives to be needless in all cases, and harmful in very many. The bowels would act well enough if the diet were properly regulated; and the natural way of preventing constipation was to take care that the

food be not deficient in oily and fatty matters, and (in suitable cases) in green meat. He stated, also, that the cases in which purgatives were habitually resorted to were very generally cases of old age or of debility—in various other forms—cases in which the constipation which it was intended to correct, was a salutary condition rather than otherwise. The kind of diet most suited to the wants of the system in all these cases, was one which (by the exclusion of the more indigestible and unnutritious kind of food) did not dispose to stools; and the same result was brought about in some measure by the digestion being much slower than in vigorous health. In these cases, in fact, constipation, within certain limits, was a state to be encouraged rather than corrected; and he protested against the common notion that the bowels ought to act every day. Such a practice was nearly as bad as that of Sancho Panza's mock doctor at Barataria; which was, to take away each dish from the table before there had been time to make use of it.

15. *Extensive Carbuncular Disease Cured without Stimulants.* By J. Hitchman, Esq.

16. Mr. J. Z. LAURENCE exhibited a series of Ophthalmic Instruments, which he had invented during the last four or five years. He said that, as he had already described these instruments at length in various periodicals, it would be unnecessary to do more than briefly enumerate their leading properties.

1. *The Eye-lid Tourniquet.* This instrument was intended to facilitate operations on the eyelids; it so completely checked the afflux of blood, as to permit the surgeon to perform his operation as leisurely and easily as if he were operating on the dead subject.

2. *An Improved Eye-speculum.* The author had found that the utility of the ordinary wire-speculum was seriously impaired by the patient in many cases spasmodically attempting to resist the action of the speculum by forcing the skin and conjunctiva of the lids over and under the wires; thus, the field of operation of the surgeon became sometimes practically annihilated. Mr. Laurence remedied this defect by replacing the wires by grooves which received the free borders of the lids. He stated that, with the aid of his head-rest and this speculum, he had over and over again operated on the eyes of the most unruly subjects with perfect ease and without employing chloroform.

3. *The Strabismometer.* This was a simple instrument for accurately measuring the deviation of a squinting eye. Mr. Laurence urged the importance of always measuring the amount of squint before operating on a case, as on the results of that measurement depended the extent of the operation to be performed. If, in a squint of (e.g.) one line, the tendon of the muscle and the subconjunctival fascia were separated as freely as in a squint of four lines, the result would probably be to substitute a divergent squint for a convergent one—a greater deformity for a less one.

4. *A Pupillometer.* This was an instrument for accurately measuring and registering the size of the pupil.

5. *An Astigmometer.* For determining the proper direction the axis of a cylindrical glass should be inclined to accurately correct a case of astigmatism.

Mr. Laurence likewise exhibited his binocular ophthalmoscope; for a description of which he referred to the printed directions for its use published by Murray and Heath.

Finally, Mr. Laurence handed round a specimen of Pagenstecher's yellow amorphous oxide of mercury ointment; which, he stated, was peculiarly applicable to cases of phlyctenular inflammation of the

conjunctiva and cornea. He said that the ointment should be applied under proper indications and precautions every night before the patient retired to rest; referring for further particulars to Dr. Pagenstecher's own paper in the sixth number of the *Ophthalmic Review*.

17. Dr. Richardson exhibited some Preparations of Iron, etc., in Oxygenated Water, which he had had prepared.

NEW MEMBERS.

The following new members were elected during the meeting.

Bartlett, J. J. H., Esq., Kensington Dispensary, London
 Birt, Joseph, Esq., Dispensary, Stourbridge
 Bright, John M., M.D., Forest Hill
 Busby, R. A., Esq., Leamington
 Goodchild, Frederick, M.D., Warwick
 James, Alfred, M.D., Forest Hill
 Jeaffreson, J. R., Esq., Leamington
 Jenner, William, M.D., F.R.S., Physician to the Queen, Harley Street, London
 McVeagh, Denis, L.K.Q.C.P., Coventry
 Nason, John J., Esq., Stratford-on-Avon
 Nunn, J. R., Esq., Surgeon to the Dispensary, Warwick
 Perkin, Richard C., Esq., Warwick
 Rice, D., Esq., Southam
 Royston, Christopher, Esq., Bath
 Rutledge, T. F., Esq., Southam

REGISTRATION OF DISEASE.

The following are the names of the Committee appointed to carry out Dr. Ransome's proposal regarding the Registration of Disease (see JOURNAL, August 12th, 1865, p. 164).—Dr. Acland, Dr. Hughes Bennett, Mr. Crompton, Dr. Farr, Dr. Fleming, Dr. Harley, Dr. Hodgson, Dr. Handfield Jones, Mr. R. C. Browne, Dr. Morgan, Dr. W. Ogile, Dr. Philipson, Dr. A. Ransome, Dr. Stewart, Dr. Sibson, Mr. Thomas Turner, Dr. Waters, and Dr. Eason Wilkinson.

LUNCHEON.

Through the kindness and hospitality of the local members, a sumptuous and elegant luncheon was provided each day, in the basement of the College, for the convenience of gentlemen attending the meetings of the Association.

THE DINNER.

At 6 P.M., the President and about one hundred members of the Association and visitors dined together at the Regent Hotel. The President, Dr. Jeaffreson, occupied the chair, supported by Lord Leigh (the Lord Lieutenant of Warwickshire); the Rev. Archdeacon Sandford, Dr. Jephson, Dr. Paget, and others. Amongst the guests were the Rev. J. Craig, Vicar of Leamington; the Rev. T. B. Whitehurst, and Mr. John Haddon. The vice-chairs were occupied by the Local and General Secretaries, Mr. Ebbage and Mr. Watkin Williams.

The usual loyal toasts having been given from the chair and enthusiastically received,

Mr. CARDEN, of Worcester, proposed the "Army, Navy, and Volunteers," coupled with the names of Mr. Jeston, as the representative of the army; and Major Machen, as the representative of the volunteers, who both responded in brief but appropriate speeches.

Dr. THOMSON proposed the "Bishop and Clergy of the Diocese." He would not enter then into any remarks upon the affinity between the two professions; but he would observe that the most likely way to secure mutual regard and respect was by neither interfering with the other. [Cheers.] The Bishop of the diocese had been invited to be present, but previous engagements prevented his attending. He coupled with the toast the name of Archdeacon Sandford. [Cheers.]

The Ven. Archdeacon SANDFORD, in responding to the toast, thanked them very much for the compliment they had paid to his excellent diocesan, who was at once the

pride and the model of his clergy. [*Cheers.*] He was proud that he was able to say that the clergy of the diocese merited any kind of tribute which could be paid them. They were earnest in the discharge of their sacred duties, and he was sure that the compliment which had been paid them by Dr. Thomson would be doubly welcome as coming from a body of men whom they (the clergy) venerated and esteemed, whose profession they considered allied to their own, and from whom he, as the representative on that occasion of the clergy, was ready to admit they often received most noble examples of devotion to the cause of their common humanity. [*Applause.*] A liberal profession engendered affinities and sympathies with all kindred pursuits—with law and with medicine; with the arts which embellished and protected life; and with science, which had realised astounding results, and was riveting the attention of all thinking men. For his own part, he had a devoted and passionate attachment to the profession of his choice—to which he had dedicated his life, and which he had preferred to the fascinations of the army and navy, and to those more attractive and more lucrative professions which were presented to him. And after the experience of a long life, he had no cause to regret his choice; but felt towards that noble and sacred profession to which he belonged an ever deepening devotion. [*Cheers.*] At the same time, he had often felt the claims of other professions; and when he had read of the noble deeds of a Nelson, of a Wellington, of a Napier, when he thought of a Parry and a Franklin,—he had often thought he wished he had been a soldier or a sailor. Then, again, when he had been hearing a Derby or a Gladstone, he wished he had entered the arena of political life; and when he had contemplated the great works of the Stephensons and the Brunels, he sometimes wished he had been an engineer. But he could truly say that, if his affections had ever been likely to swerve from his church, it would be when he looked at the great benefits conferred on mankind by medicine and surgery. When he had heard what had been done to assuage human suffering by an Abernethy, a Brodie, and an Astley Cooper, and, as he (Archdeacon Sandford) was born in Edinburgh, he might be permitted to add a Gregory, a Liston, and a Syne—when he had heard blessings pronounced on the medical attendant in the mansions of the opulent and the cottages of the poor—when he had witnessed the devotedness, the superhuman exertions, and self-sacrificing labours of the poor country practitioners [*cheers*], who were continually rising from their beds to go long journeys through miry lanes in inclement weather at the bidding of some poor man who might never pay his bill [*hear*]¹—he had felt within himself, “I wish I had belonged to the medical profession;” and he had thought that, if he had to begin life again, he might render more glory to God and greater service to his fellow-men, by being a country practitioner instead of a Christian pastor. [*Cheers.*] It had been justly remarked by Dr. Thomson, that the medical and clerical professions were akin. He must confess himself that he considered them to be identical, for, considering the reciprocal action of the mind upon the body, and the body upon the mind, he had often as a pastor to thank God for the labours of the medical profession; and he felt confident that the medical man must admit the curative influence of the Gospel. He had sometimes wondered how it was that the two professions did not work more harmoniously together, and that it was not until the medical practitioner resigned his work, that he said to the weeping relatives: “Now, you may send for the minister of religion.” But his esteemed and venerated friend, Dr. Jephson, had explained to him the cause of this apparent want of harmony in the professions; and he was afraid that it was because clergymen were not always sufficiently gentle, judicious, and self-restrained in the sick room, that they

were not more popular with the medical profession as joint-labourers. He wished everyone of his brethren had heard the lecture delivered in his ear that day by Dr. Jephson; and he felt satisfied that if a clergyman administered strong meat when meat was not tolerated, he must bear the displeasure of the medical man; and that it was only when Christian pastors understood how to attend a sick room that they would be popular with medical men or with their patients. [*Applause.*] At the same time, he must be permitted to say that the great physician of the soul was also a physician of the body; and the more they trod in His footsteps the greater benefits would be derived. There was one point of similarity between the two professions—they were both pledged to the pursuit of truth, the whole truth, and nothing but the truth [*Applause*]; and in their researches into the book of Nature, or into the book of Revelation, they must pursue it to the end, undeterred by any fears of injuring their personal interests or reputation. He did not mean that every one should arrogate to himself the right of pronouncing on questions with which he might be very imperfectly acquainted. He did not mean that we were to put aside all the instructions given by the experience of past generations; but simply that, whether as divines or as medical men, they should make truth their first object, and not be deterred by any personal consideration from stating the results of their own personal researches. [*Cheers.*] He felt that there was much of petulance and intolerance in the way in which many questions exciting great interest amongst scientific men were dealt with in the present day. He did not think it was right that they should condemn books which they had never read, [*Hear*] or theories which they had never investigated. He felt satisfied that men of genius did not propound their theories until they had carefully examined them, and were satisfied of their soundness; that they did not begin cackling over their incubation until they knew whether it was to be a mountain or a mouse, a cock or a cockatrice. [*Laughter.*] But, having satisfied themselves of the soundness of their premises, and the truthfulness of their deductions, they staked their credit on the result. This was how a Humphry Davy, a Hunter, a Galileo, and a Jenner, had thought and acted, and had encountered a great deal of contumely and reproach; but they stood firm, and truth had triumphed. [*Cheers.*] He trusted that this might be the experience both of the clergy and of the medical profession; and that the former would investigate doctrines before they asked their fellow men to peril their souls upon them. [*Cheers.*] The venerable Archdeacon alluded to having, years ago, when his health was shattered by close study at college and arduous duty in a populous parish, consulted Dr. Jephson, and expressed his thankfulness that the doctor's treatment had been the means of greatly prolonging his life. He concluded by formally returning thanks for the honour that had been done him in associating his name with the toast of the Bishop and Clergy of the Diocese.

The PRESIDENT proposed the toast of the evening, “The British Medical Association,” coupled with the name of Sir Charles Hastings. [*Cheers.*] He said: As there are amongst us to night some members who know little about the purposes or objects of our Association, I shall make no apology if I briefly explain what the Association is, and what are its objects. [*Applause.*] This Association was started about thirty-three years ago by our respected friend Sir Charles Hastings. [*Cheers.*] The first object of the Association was to collect useful information, whether speculative or practical, through original essays, or reports of provincial hospitals, infirmaries, or of private practice. I think we cannot do better than appeal to the present successful meeting for an answer to the question of whether the Association has not carried out this object for which it

was established. That the Association has carried out this is proved by the numerous and valuable papers which have been read. It is unnecessary for me to allude to all those papers, and I need only to say that they are equal to any that have been read at former meetings, whether medical or surgical. I may, perhaps, be allowed to particularise the admirable Address in Medicine by Professor Stokes, and the equally admirable Address in Surgery—practical, sound, and truthful—by Professor Syme. The next object for which this Association was established is the increase of knowledge of the medical typography of England, through statistical, meteorological, and geological inquiries; the investigation of endemic and epidemic diseases in different situations, and at various periods, so as to trace, so far as the state of art will permit, their connection with peculiarities of soil or climate, or with the localities, habits, and occupations of the people. The discussions in scientific medicine, a new feature in connection with the meetings of this Association, have been admirably conducted and ably opened by Dr. Symonds and Dr. Robertson; and I must also refer to the most interesting and valuable paper by Dr. Budd, upon the Typhoid Fever of the Ox, and its relation to Typhoid Fevers in General. This is the first meeting, I believe, at which open discussions have been held on scientific and state medicine. These have been most instructive and most practical, and, I think, are calculated to promote the interests of the Association, as well as to be productive of great good to humanity at large. [Hear.] Another object for which this Association was founded was the maintenance of the honour and respectability of the profession. Whether it has accomplished this object or not, I must leave you, gentlemen, to judge. I think the time that this Association has existed is the best evidence of its healthy condition; and this meeting seems to have carried out, as far as possible, all the five great cardinal points on which this Association was founded. I think, too, we may congratulate ourselves on having done more; I think we have shown ourselves in a more healthy state than we ever were before. Our finances are in a more satisfactory state than they have ever been, and we have been able to cast off seventy members who had failed to pay their subscriptions. [Laughter and applause.] I enumerate all these evidences of stability and success, because I think it must be a subject of congratulation to Sir Charles Hastings, our founder and firm friend. [Cheers.] I am sure I do but give utterance to the sentiments of every one present, when I say with what exceeding great pleasure we see him amongst us, after a period of fear and anxiety respecting him, and that we have the gratification of again seeing him, "Mens sana sano in corpore," enjoying, as I trust he will long enjoy, the meetings of the Association. [Cheers.] I call upon the members to drink to the success of the British Medical Association, coupled with the name of Sir Charles Hastings. [Continued cheering.]

The toast having been drunk with three times three, SIR CHARLES HASTINGS said: Mr. President, Lord Leigh, and brother members of the British Medical Association: I have ever maintained, and I still continue to think, that you have always over-estimated my services with regard to the formation of this noble institution. [No, no.] But my services were but small in comparison with those of individuals who surrounded me at the formation of the Association, and to whom I attribute the marvellous success which has attended our exertions. [Cheers.] It is indeed a proud position to stand as I now do—in the thirty-third year of the existence of the Association—to find it, after a vigorous childhood, and a still more vigorous adolescence, now in its manhood still more vigorous, and producing a still more decided effect in advancing the interests of our great and noble profession. [Cheers.] At the same

time, when I look back, and when I think that we have just passed through a meeting of more than ordinary interest, and more than ordinary importance, and find myself the only individual who was present at its formation thirty-three years ago, is, as you will admit it should be, a matter giving rise to a feeling, I may say, of regret. [Hear, hear.] But when at the same time it is evident that those who have since joined the ranks of the Association have been imbued with the same spirit as those who originated it, I hope and believe—aye, am strongly convinced—that this Association is destined to exist for years to come. Long after I have ceased to advocate its interest, and long after my cold remains are covered by the sod, and the cold winds whistle over my lifeless remains, this Association will continue to flourish and produce benefits to mankind in general, and assist in placing our noble profession on a more firm and enduring foundation. With the assistance of those who have rallied round it, I believe that in years to come it will continue to hold out the same advantages, and to produce the same beneficial effects, in advancing the common interests of humanity, in soothing the sufferings of those who are afflicted, and in comforting those who mourn. [Cheers.] Gentlemen, this present anniversary, as I said before, has been pre-eminently productive of great results. There have been peculiarities connected with this meeting which will leave their mark behind to distinguish it. One bright star from the sister isle has illumined our proceedings; and Scotia has sent her surgical oracle. [Applause.] Then, gentlemen, it is known to you all that the authorities of this town have received as with open arms, [Cheers] and have shown us their splendid hospitality, which clearly convinces us that they feel great admiration of the objects which engage our attention. And this is no small advantage. I hold that it is a great benefit that in our migration from town to town we enlist the sympathy of the inhabitants in our proceedings and our progress. [Applause.] At Cambridge last year the distinguished authorities of the University came forward and told us we were doing a work in which they were anxious to assist us, and there can be no doubt that there is implanted in that celebrated University a favourable feeling in behalf of the objects which engage our attention. Then, looking to our Association in a social point of view—and I confess that this is a view of it that has always appealed to my heart—we cultivate the amenities of life. We have in connection with the Association a Benevolent Fund; and recently we have advanced further, and added a Provident Society, in order that those of the profession who are not wealthy may have an opportunity of providing for themselves an independency in their downward career. I hold that this marks out this Association as contemplating in every possible way the desire to advance the interests of the profession at large, as well as to cultivate the amenities of the heart and mind. Looking at what we have effected, and at what we hope to effect, you cannot but suppose that it is the crowning event in my humble life that I have in any way assisted to carry forward this great, this noble Association. But while I disclaim any exclusive title to having been the person who has carried it forward, I glory in the reflection that, as a humble individual, I have forwarded this great cause, and, God willing, I will continue to do so to the last [Cheers]; and nothing but death, debility, or decrepitude, shall separate me from the Association. [Cheers.] I have to thank you, gentlemen, for the honour that you have done me, and wish you all health and prosperity; and, with regard to the Association, "esto perpetua." [Cheers.]

Dr. PAGET proposed the "House of Lords, coupled with the name of Lord Leigh, Lord Lieutenant of Warwickshire." [Cheers.] In Lord Leigh, his neighbours and those who knew him best recognised the best characteristics of an English nobleman, [Cheers] truly

English because he preferred work to idleness, duty to pleasure; and an English nobleman, because his time was at the service of all who desired and deserved it, regardless of his personal convenience. [Cheers.]

LORD LEIGH, in acknowledging the toast, thanked the assembly for the way in which they had received his name in connection with so honourable a roof as the House of Lords. He hoped that that distinguished assembly would ever so discharge its duties as to retain the affection of all classes of Her Majesty's subjects. [Cheers.] The medical profession in this country might justly be said to be pre-eminently successful as well as humane. [Cheers.] He hoped he should never receive a less pleasant invitation than that forwarded him by the Association, and he rejoiced at having been afforded an opportunity of meeting his friend Dr. Jeaffreson, whom he had known for eighteen years, and who, both in and out of the profession, enjoyed the respect of all present. [Cheers.]

DR. RADCLIFFE HALL proposed the "Magistrates of the County," coupled with the name of Dr. Jephson. He expressed the gratification it afforded him to find Dr. Jephson occupying a most honourable position amongst the magistracy of Warwickshire. [Cheers.]

DR. JEPHSON briefly returned thanks.

DR. RICHARDSON proposed the "Local Authorities," coupled with the name of Mr. John Hitchman." He alluded to the beauty and salubrity of the town, the hearty welcome which the Association had received at the hands of the local authorities, and contrasted the present appearance of the Royal Spa with its condition when a local rhyme sang:—

"Leamington without its doctors

Were a thing without a name;

Doctors elsewhere—what's their waters?

Here the waters makes their fame." [Laughter.]

As it was admitted that Leamington owed its existence to the doctors, he thought it was only a piece of retributive justice that the doctors should return *en masse* to Leamington. [Laughter.] They had received the greatest possible kindness from the local authorities, the Trustees of the College, and the members of the Tennis Court Club. [Cheers.] He begged to couple with the toast the name of Mr. Hitchman as the representative of the local authorities. [Cheers.]

MR. HITCHMAN, in responding to the toast, said that the quotation of Dr. Richardson had reminded him of another distich, also the effusion of a local poet:—

"Come hither, ye Britons, with your sons and your daughters,

For ye never will die, while ye drink of the waters."

He did not fully endorse the sentiments of the writer of the couplet, but he certainly did affirm that, if Dr. Richardson came to reside in Leamington, and drank judiciously of the waters, his health would be greatly prolonged. After some further humorous observations, he expressed the gratification it had afforded the authorities and inhabitants of the town to welcome amongst them the Association, which he thought could render valuable assistance to the legislature in the settlement of many difficulties with regard to lunacy, forensic medicine, and the sanitary regulation of towns, a subject in which the Association at the present time was deeply interested.

SIR CHARLES HASTINGS proposed the health of the President, Dr. Jeaffreson. [Cheers.] The Association was indebted to Dr. Jeaffreson for the manner in which he had discharged his duties, for the success of a meeting very much depended on the president.

THE PRESIDENT, in returning thanks, said that he had accepted the office with great diffidence, observing that Leamington was a smaller and far more modern town than the Association had been in the habit of visiting; but rejoiced that he had been of any service to a body in which he felt such a deep personal interest, and for which he had so much respect, as the British Medical Association. [Cheers.]

DR. FALCONER proposed the "Medical Council and Corporations," coupled with the names of Dr. Burrows, Mr. Turner, and Dr. Goodfellow. [Applause.] It was a matter of common fame, how well and ably Dr. Burrows discharged his numerous and onerous duties as President of the Medical Council. [Cheers.] It was a matter of peculiar gratification that he (Dr. Falconer) was also enabled to associate with the toast the name of a provincial surgeon, who, by the force of his surgical knowledge, had been placed on the Council of the College of Surgeons, and who possessed the reverence, regard, and affection of his professional brethren—Mr. Turner. [Cheers.] He had also to mention the name of Dr. Goodfellow, as the representative of the Royal College of Physicians, with whom he had had a long personal acquaintance, and who was held in the highest esteem by the profession in the metropolis.

DR. BURROWS expressed sincere thanks, not only on behalf of himself, but in the name also of Dr. Paget and Professor Syme, for the compliment that had been paid the Medical Council. As President of the Medical Council, he was only expressing the views of his colleagues when he said that they felt the Council should not only hold its proper relation to the profession, but should hold a friendly social intercourse with the members of it; and this, he thought, was practically evinced by the fact that five out of the twenty-four members composing the Council had attended the meeting of the Association. He could not refrain from adverting to some strictures which had recently appeared in the JOURNAL, with respect to the proceedings of the General Medical Council. The Editor had asked what the General Medical Council was going to do, and had appealed to him (Dr. Burrows) for an explanation. That, therefore, was his justification for adverting to the subject. Although he had the honour of presiding over the deliberations of the General Medical Council, he was not prime-minister, and he was obliged to keep himself perfectly independent and impartial with respect to all matters brought before the Council; and, so far from being in the confidence of the Colleges, he really did not know what they were going to do. No doubt, the first duty of the Medical Council was to carry out faithfully the Act of 1858. But this Act, although it embodied most valuable principles for which the Association had long contended, was clogged and obscured by phraseology that it would almost require some one with superhuman powers to resolve the problems it contained. Magistrates in one place construed it in a very opposite sense from what had been adopted by the magistrates of another; whilst even the judges gave different interpretations of it. They were, therefore, constantly experiencing great difficulties in their efforts to carry out such an act. If the Editor of the JOURNAL, instead of finding fault with their efforts, would bring the weight of the publication to bear on public opinion, so as to assist in getting a better act of Parliament, he would render far better service to the profession. They had endeavoured to secure the registration of all medical men in England, Scotland, and Ireland, but their efforts had to a certain extent failed, because many members of the profession had refused to register. Thus their Register was a very imperfect document; but the fault lay entirely with the profession. As to professional education, after having bestowed many years' labours on the subject, when they attempted to act, the opinion given by the law officers of the crown was that they had no right to proceed as they were going on; that they might establish a minimum standard of education before a licence should be granted to practise as a surgeon, but that they had no power to impose any restrictions on the higher degrees. The consequence was that they were obliged to begin again, and establish a code of laws in relation to medical education. Until the passing of the Act of 1858, the profession in England, Scotland, and Ireland, were totally

different, and now they were attempting to lay down regulations suitable to the three countries. Could anything do more to raise the status of the profession, than taking care that every man who entered it had received something of the education of a gentleman? Had that been the only result of the labours of the Council, he thought it would have been a great boon conferred on the profession. Composed as the Medical Council was, of the representatives of every medical college and corporation, they were naturally the proper guardians of the material interests of the profession. The answer to the question, "Quis custodiat ipsos custodes?" was, that the proper censorship by the free press was the proper mode of keeping the General Medical Council in order. [Cheers.] He would not for a moment attempt to stifle free criticism and discussion of the proceedings of the Medical Council. It must be most beneficial to that body that they should know what was the well expressed opinion of the profession generally respecting them and their proceedings. One of the inducements, in fact, that had led him to attend the annual meeting of the Association was, that he might gain an insight into the views and requirements of his provincial brethren, and thus make himself acquainted with the views of the profession in different parts of the kingdom.

Mr. TURNER was at a loss to divine why his name was associated with the toast, unless it was to give him an opportunity—which he appreciated most highly—of thanking the members of the Association and his professional friends for having elected him a member of the Council of the Royal College of Surgeons. He felt the responsibility of the post, and assured them that he would endeavour to do his duty to the very utmost [cheers], whilst he should ever have a regard and consideration for the honour and privileges of the College of Surgeons of England. He believed the College of Surgeons to be a most valuable corporation. Like all human institutions, it was defective; but he believed its defects might be remedied, and that there was a disposition on the part of the Council to remedy them. Reform, however, was not a tree of rapid growth; and he should always be an advocate for the College of Surgeons reforming itself, not that he would exclude external pressure [hear], which had already been brought to bear, and, he might say, with advantage.

Dr. GOODFELLOW, in returning thanks, observed that the College of Physicians was gradually adapting itself to the altered condition of the times and the requirements of the age. The Fellows of the College of Physicians were most anxious to promote the interests of the profession generally; and the proceedings of the College for some time past had tended very much to the general improvement of the status of the profession.

Dr. SYMONDS proposed "THE BRITISH MEDICAL JOURNAL", coupled with the name of the editor, Dr. MARKHAM. [Cheers.] He thought it would be admitted that Dr. MARKHAM occupied a very difficult position as the editor of the JOURNAL. [Applause.] He had not only to keep himself on a level with the progress of medical science, but to regard it as a person out of the profession; to keep the profession supplied with a due proportion of editorial matter, and yet to make the JOURNAL the organ of the Association. He had to find space for the proceedings of the different Branch Associations; to ever be alive to the interests of the profession; to conduct the JOURNAL with due regard to the views of the Association, and yet to perform the very delicate task of maintaining the literary character of the JOURNAL. He thought that, for the performance of all those duties in the most satisfactory manner, Dr. MARKHAM was entitled to the gratitude of the Association. [Loud cheers.]

Dr. MARKHAM (who, on rising to respond to the toast, was received with loud cheers) expressed his sincere thanks for the manner in which the toast had been proposed and received. As Dr. Symonds had said, the task

of editing the JOURNAL was a very difficult one; the person representing it was placed in a very anomalous and difficult position. The JOURNAL was criticised as he believed no other publication was criticised; it was so situated that every person considered himself not only capable of, but justified, in criticising, and that his opinions should be considered as representing the true facts of the case. He had felt it a great consolation that he had the sympathy of the Association. [Cheers.] He did not refer to what had taken place at another part of the proceedings, but would only say that, unless it had terminated as it had done, it would have been utterly impossible for him to have remained one moment longer in the position he occupied. He must not only receive their tacit, but their overt and most unmistakable confidence. But he must say, that it was a matter of great personal satisfaction to him that, after they had been called upon to express their opinion on the management of the JOURNAL, they had done so in the determined manner they had done. When he undertook the post of Editor, he did it from no mercenary motive. But he felt that he should like to assist in any way in the interest of the profession. From the nature of the case, it happened that all the evil that he did—the slightest slip of the pen—was remembered and recorded against him; whilst the good was speedily forgotten. He might be allowed to indulge in a little editorial personality, although it was anything but pleasant to do so; but, after what had occurred elsewhere, it might be forgiven. It had been said that nobody listened to what he said in the JOURNAL. He had had one most flattering contradiction of that statement—that the President of the Medical Council had not felt it beneath himself to listen to the words of the Editor of the JOURNAL, as the mouthpiece of the Association. [Cheers.] With reference to his friend Dr. Burrows, he thought he had been a little too hard, and had not answered the question fairly. One of the greatest difficulties in the way of the proceedings of the Medical Council existed in the very nature of the Council itself. Dr. Burrows, if he understood him correctly, stated that the Council was composed of such heterogeneous particles, that every man was thinking of the individual place he represented rather than of the benefit of the profession generally. When he (the Editor) asked the question, what the Council intended to do, he intended rather to ask how they intended to conciliate those heterogeneous elements. [Cheers.] He would ask the members who were inclined to criticise the JOURNAL in future, to take a commercial view of the question. He did not shrink from a comparison of the JOURNAL with other similar publications. He believed that one of its volumes would contrast favourably with any other medical publication in existence. But he would ask his critics whether it was reasonable or fair to compare a JOURNAL upon which the Society spent a certain sum with a publication upon which double and treble that amount was expended? [Hear.] When any gentleman made up his mind to criticise the JOURNAL, let him make a fair comparison, and not expect those who conducted it to find straw as well as bricks. [Applause.] He did not say this to cast any blame, but simply in justice to those who had the management of the JOURNAL. He concluded by expressing his thanks for the honour that had been done him, and the flattering way in which the toast had been received.

Mr. TURNER proposed the health of Dr. Waters, the President-elect. [Cheers.] He thought there was every prospect of the next meeting at Chester being a most successful one, and that they could not have selected a better President than his respected friend Dr. Waters.

Dr. WATERS said that the chief object of the Association selecting different localities for holding its anniversaries was to bring home, by its direct presence, the actual weight of its vast influence on the most remote parts of the kingdom. He should have shrunk from

attempting to welcome the Association to Chester, which possessed none of the facilities of the great seats of learning, or any of the attractions of Leamington; but, in the selection of Chester, facilities would be offered for associates in Wales attending the annual meeting, and they would be gratified in consequence, whilst the old city would be honoured by the presence of the Association. He thanked the members for selecting him as President-elect, and he trusted that when he vacated the office, he should have so conducted himself as to secure their approval. [*Applause.*]

Mr. BARTLETT proposed the "Readers of Addresses," coupled with the name of Professor Syme. [*Cheers.*]

Professor SYME said that his attendance at the meeting had brought him into contact with many of his former pupils, who, having fought the battle of life with success, still cherished a kindly feeling towards himself. [*Cheers.*] He believed they had communicated that feeling to other members of the Association, and, therefore, they had listened with favour to the imperfect attempt that he had made to discharge the duty with which they had honoured him. He expressed his good wishes for the success of the Association, and his sincere gratitude for the flattering compliment paid him.

Dr. STEWART proposed the health of the General Secretary, Mr. Watkin Williams; who, in responding, proposed the health of Mr. Ebbage, the Local Secretary, whose valuable assistance and energetic services, he acknowledged in the warmest and most complimentary terms.

Mr. EBBAGE said that he had been most ably assisted by the local Committee and the President in any efforts he had made to welcome the Association in a proper manner; and, although he could not take the credit ascribed to him, it was nevertheless a source of intense gratification to him to know that the members were pleased with the reception they had met with in Leamington, and that the meeting had in every respect been most successful.

"The Ladies," responded to by Mr. STEELE, brought the toast list to a conclusion.

THE SLOW POISONING PANIC. The sympathetic public have, since the revelations of the Pritchard case, been smitten with an imitative idea similar to that which follows cases of suicide. Two cases have within the last week been decided in the English law courts, in which medical men were accused under the most improbable circumstances of slow poisoning, and in both the accusation was proved to have no shadow of foundation. Mr. Sprague of Ashburton was brought to trial for having attempted to poison three of his own relatives. Of motive there was only the vaguest suspicion, and of evidence of the existence of poison no greater surety. Dr. Jervis communicates his suspicion as to the nature of the poison to Professor Herapath, and that gentleman having moistened his conjunctiva with the washings of the pie-dish in which the poison was supposed to have been, and imagining that he observed an unusual dilatation of his pupil, at once assumed that atropine was used with a view to poisoning. The second case is more ludicrous still. Dr. Bradshaw gets rid of his cook, who, it appears, is of an hysterical temperament. The woman is smitten with the idea that she has been slowly poisoned, though she is sworn to have been to all appearance in good health, and on retelling her story to another medical man is assured by him that she has been slowly poisoned. After a careful investigation, the charge is discovered to be perfectly absurd, and the result only of the hysterical ravings of a woman and the foolish and hasty judgment of a doctor. (*Medical Press.*)

Medical News.

UNIVERSITY OF LONDON. 1865. First B.Sc. Pass Examination. Entire.

First Division.

Anderson, Tempest, University College

Second Division.

Isner, St. John's, Private study

Scottson, James, University College

Smith, Alfred Michael, Owens College

Excluding Mathematics.

First Division.

Martin, William, B.A., Private study

Second Division.

Griffith, Arthur William Kay, B.A., Spring Hill

APOTHECARIES' HALL. On August 10th, 1865, the following Licentiates were admitted:—

Leach, John Comyns, Crediton, Devon

Lowndes, Frederick Walter, Southport, Lancashire

At the same Court, the following passed the first examination:—

Baron, Thomas, St. Thomas's Hospital

Hedley, Charles, Guy's Hospital

Howard, Charles Edward, St. Mary's Hospital

Wood, Robert, London Hospital

APPOINTMENTS.

Cooper, G. H. Cresswell, Esq., Clested Surgeon to the Holloway and North Islington Dispensary.

MILITIA.

VIPAN, H. Esq., to be Assistant-Surgeon 5th Middlesex Light Infantry Militia.

VOLUNTEERS, (A.V.=Artillery Volunteers; R.V.= Rifle Volunteers):—

ADYE, W., M.D., to be Ensign 9th Wiltshire R.V.

BENNETT, F. G., Esq., to be Assistant Surgeon 1st London A.V.

EWINGTON, C. H. T., Esq., to be Surgeon 1st London A.V.

KNOCK, F., Esq., to be Honorary Assistant-Surgeon 4th Berwick-shire R.V.

PRESTON, A. R. R., Esq., to be Assistant-Surg. 3rd Devonshire R.V.

SPRATLEY, S. M.D., to be Honorary Assistant-Surgeon 1st Cheshire Engineer Volunteers.

TULLOCH, J. S., Esq., to be Assistant-Surgeon 38th Middlesex R.V.

MARRIAGE.

On August 5th, at Walsall, *Alfred James HARRISON, M.B.Lond., of Walsall, to Selina, youngest daughter of George Bradurch STUBBS, Esq., of Walsall. No cards.

DEATHS.

ELSTON, William A., Esq., Surgeon, at Bugbrook, Northamptonshire, aged 59, on August 4.

GREENISH, John, Esq., Surgeon Royal Navy, at Stubbington, Hants, on July 29.

WHITE, Samuel, Esq., Surgeon, at Sherborne, aged 70, on July 25.

Dr. NICHOLAS McCANN, of Parliament Street, has been placed on the Commission of the Peace for Middlesex and Westminster.

The ASTLEY COOPER PRIZE of £300, on the subject of "Injuries to the Head and their Treatment," has been awarded to Mr. Jonathan Hutchinson. The subject of the next Astley Cooper Prize, to be awarded in 1868, is Pyæmia.

MADemoiselle R. has passed her Bachelor of Arts degree at Algiers; and is about to enter the school of medicine there, with the intention of hereafter practising medicine.

The ITALIAN COUNCIL OF HEALTH. The medical element has been introduced for the first time into the Superior Council of Health in Italy. Of thirteen members, nine are medical men; and Buffalini is the president.

ROYAL COLLEGE OF SURGEONS. The museum and library will be closed as usual during the ensuing month of September.

QUACK MEDICINES. Upwards of £55,333 has been paid during the past year for the government duty on quack medicines.

QUEEN CHARLOTTE'S LYING-IN HOSPITAL. The governors of this hospital have decided to increase the medical staff. There is a vacancy for a medical officer for the *out-patients*. Candidates may be either fellows or members of the Royal College of Physicians or fellows or members of the Royal College of Surgeons not practising pharmacy.

SOCIETY FOR RELIEF OF WIDOWS AND ORPHANS OF MEDICAL MEN. The last of a series of adjourned meetings of this Society was held on Wednesday evening, when the new bye-laws, the formation of which had been rendered necessary in consequence of the granting of a Charter to the Society, were approved.

CHARGE OF IMPROPER DRUGGISTS' TREATMENT. The deceased was plaintiff in the action lately tried at Croydon. He obtained damages £100 from Mr. Fay, a chemist, on the plea that he had been wrongly treated by Fay. At an inquest held on his body, the jury returned the following verdict:—"We find that the deceased, Henry Fitzroy Jones, was found dying, and did die, from the mortal effects of an attack of bronchitis, with emphysema of one of the lungs, and other diseased conditions; and the jurors further say that the said death of the said deceased was the result of natural causes, accelerated by a weakness produced by excessive salivation."

DR. BRADSHAW, of Welbeck Street (who a few days ago applied to the magistrate for advice in consequence of his cook hurriedly leaving his house and subsequently spreading a report that she had been slowly poisoned), wishes it to be stated that the woman, when in his service, suffered from diarrhoea, vomiting, and uterine irregularity, which subsequently assumed the form of hysterical mania, and for which diseases he had prescribed the usual medicines. Dr. Bradshaw further states that it was never insinuated that he had administered poison to his servant, but that the entire allegations referred solely to his butler, whom the cook had constantly suspected of administering poisons to her when she was in a paroxysm of hysterical mania.

NORTH OF SCOTLAND MEDICAL ASSOCIATION. A meeting for the purpose of forming this Association took place in Aberdeen on the 5th inst. Professor Harvey presided, and more than sixty other members of the profession were present. A series of resolutions, establishing the Association was moved by Drs. Gavin, Keith, Bruce, Brown, Struthers, Mortimer, and Mackie, and unanimously adopted. The Association comprises the members of the Aberdeen Medico-Chirurgical Society, the Buchan Medical Society, the Garioch and Northam Medical Association, and the Banff, Moray, and Nairn Medical Association, and other members of the medical profession in the North, irrespective of their being connected with any society. The various societies are not amalgamated in the new Association, but confederated, each retaining its independent existence in its own district. The object of the Association is to unite the members of the medical profession in friendly intercourse, and to enable them to express their views on questions affecting the profession. Dr. Kilgour was unanimously elected president. The members reassembled at three o'clock at Douglas's Hotel, when upwards of sixty sat down to dinner.

GUY'S HOSPITAL. Examination of Students in Medicine and its Allied Sciences, August 3rd, 1865. *Third Year's Students: The Treasurer's Gold Medals:* Henry Denne, Sandwich, for medicine; John Gill, Weston, Hawkstone, Shrewsbury, for surgery. *Prizes:* Henry Denne, Sandwich, first prize £40; John Gill, Weston, Hawkstone, Shrewsbury, second prize, £35; Henry S. Taylor, Alton, Hants, honorary certificate. *Second Year's Students:* Benjamin Neale Dalton, South Lambeth, first prize, £35; William Johns, Haverfordwest, second prize, £30; William Spratt, Tottenham, honorary certificate; James Rawlings, St. Pinnock's Rectory, Liskeard, honorary certificate; Arthur Bowes Elliott, Richmond, Yorkshire, honorary certificate; Samuel John Truman, Nottingham, honorary certificate. *First Year's Students:* William Bevan Lewis, Cardigan, first prize, £30; John F. Codrington, Newcastle, Australia, second prize, £25; Frederick William Salzman, Brighton, third prize, £10 10s. (presented by one of the governors); James William Barry, Ramsgate, honorary certificate; Charles John Sells, Guildford, honorary certificate.

THE CHOLERA was, on August 9th, diminishing in Ancona, where it has prevailed with much severity; but that isolated cases, traceable to communication with the above named place, have appeared at Rimini, Ravenna, Bologna, and Milan. The *Official Gazette*, August 8th, contains the following:—"The increase of cholera at Ancona, and the occurrence of isolated cases in some other towns of the kingdom, induce the government to call upon the most willing medical men, and those not bound by public service, to register their names at the offices of the prefects, in order to immediately assist the sanitary corps in Ancona or other localities, if the necessity may hereafter arise. The government being certain of meeting a ready response to this appeal, from the tried abnegation of the Italian medical profession, will not fail on their side to duly take into account any extraordinary services they may render to humanity and their country." According to a telegram, the Italian government has ordered a quarantine of seven days for all arrivals from French continental ports on the Mediterranean, on account of the existence of cholera at Marseilles. In Constantinople, 1,442 persons were reported to have died of cholera from July 26th to August 1st inclusive. By the latest telegrams, the disease is said to have nearly disappeared from Pera, but to have extended greatly in Stamboul and the Bosphorus villages, the daily average of mortality being 360. The cholera has ceased, or nearly so, in Alexandria and other parts of Lower Egypt; but it is still prevalent in Upper Egypt, and a sanitary commission of ten medical men is consequently to be sent thither by order of the Viceroy. The Viceroy has presented 7,500 francs to the Prussian Hospital, in recognition of the care bestowed on the sick during the epidemic.

THE CATTLE DISEASE. A few days ago a meeting of the medical officers of health of the metropolis was held, for the purpose of considering the probable effect of the prevailing cattle-plague on the health of the public, etc. Dr. Druitt presided. There were present Drs. Whitmore, Hillier, Ballard, Gibbon, Vines, Messrs. Lord, Beale, and the medical officers of health of most of the metropolitan districts, as well as a number of members of the profession. Dr. Whitmore moved a resolution to the effect: "That each of the medical officers of the metropolis be requested to furnish to the secretary of the Association, without delay, the number of cowsheds in their respective parishes and districts, the number of cows usually kept, the number that had been attacked with the disease, the number of infected cowsheds,

the number of cows that had actually died in the sheds where they were attacked, with such other information as to symptoms, sanitary condition of the cowhouses, and other matters bearing upon the subject, as it was possible to obtain." It was further resolved, on the motion of Dr. Whitmore, that a letter be addressed to the Secretary of State for the Home Department, praying that the act 11th and 12th Victoria cap. 107, which provides for the prevention and against the spread of contagious and infectious diseases amongst cattle, might be rigorously enforced and carried out by the police authorities, under the advice and instructions of competent persons. A discussion then arose as to the effect produced by the disease on milk; and the general impression seemed to be that during the incubation of the disease, or until the symptoms of the malady manifested themselves, there were no grounds for supposing that the milk was unfit for human consumption, and the fact of the drying up of the milk being one of the first symptoms of the disease was in itself a satisfactory assurance that milk of diseased cows would not be sold. The meeting was adjourned for the receipt of the returns referred to in the first resolution, and for the reply of the Secretary of State as to putting the Diseases in Cattle Prevention Act rigidly in force.

UNIVERSITY COLLEGE, LONDON. At the last session of the academical year, held by the Council on August 8th, the result of the class examinations of the medical faculty for the summer term was declared as follows:—*Medical Jurisprudence: Gold Medal and First Certificate: H. C. Wigg, of Geelong, Australia. Silver Medal and Second Certificate: Thomas Hopgood, of Chipping Norton. Certificates: 3. W. B. A. Scott, of London; 4. C. J. Hardy Smith, of London; 5. Thomas B. Hay, of London; 6. Richard M. Pryce, of Caersws, Montgomeryshire.—Materia Medica: Gold Medal and First Certificate: W. R. Gowers. First Silver Medal and Second Certificate: Henry N. Martin, of Boyston. Second Silver Medal and Third Certificate: David Harvard, of Newport. Certificates: 4. Lewis A. Killick, of Maidstone; 5. Essex J. Williams, of Penberry; 6. Henry C. Gill, of London; 7. Robert Pollock, of London.—Pathological Anatomy: Gold Medal and First Certificate: John Williams. Second Certificate: William A. Stuart, of Barbadoes.—Practical Chemistry: Gold Medal and First Certificate: A. P. Hurlstone, of Cheltenham. Certificates: 2. Henry Seward, of London, and Temple A. Orme, of London (equal); 3. Milward Harding, of London; 4. A. Hensman, of Northampton; 5. W. Price, of Cardiff; 6. Robert Pollock and David Harvard (equal); 7. W. H. Allechin, of London, Henry Cass, of Cowes, and Henry C. Gill (equal).—Midwifery: Gold Medal and First Certificate: Francis J. Buckell, A.A., of Romsey. First Silver Medal and Second Certificate: Henry Clothier, of Haslemere. Second Silver Medal and Third Certificate: Edward C. Shoppee. Certificates: 4. Thomas Hopgood; 5. Edgumbe Cornish, of Tavistock; 6. S. Morrisson, of Tasmania; 7. R. M. Pryce.—Botany: First Silver Medal and First Certificate: Alfred H. Garrod, of London. Second Silver Medal and Second Certificate: A. N. Martin and A. Payton Hurlstone, of Cheltenham (equal). Certificates: 3. Henry Cass; 4. S. B. Brooks, of London; 5. Samuel Pidwell, of Penzance; 6. Tempest Anderson, of York.—Fellows' Clinical Medals: Gold: Edward L. De Morgan, of London. Silver: William A. Stuart, of Barbadoes.—Medical Entrance Exhibition: Second Moieties were paid—£15 to T. Anderson, £10 to T. A. Orme, and £5 to H. Cass.*

OPERATION DAYS AT THE HOSPITALS.

MONDAY.....Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.
TUESDAY....Guy's, 1½ P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.
WEDNESDAY...St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.
THURSDAY.....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopaedic, 2 P.M.—Royal London Ophthalmic, 11 A.M.
FRIDAY.....Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.
SATURDAY.....St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.—Clinical Demonstration and Operations, 1 P.M.—Royal Free, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

TO CORRESPONDENTS.

*. All letters and communications for the JOURNAL, to be addressed to the EDITOR, 37, Great Queen St., Lincoln's Inn Fields, W.C.

COMMUNICATIONS.—To prevent a not uncommon misconception, we beg to inform our correspondents that, as a rule, all communications which are not returned to their authors, are retained for publication.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

ERRATUM.—In last week's JOURNAL, p. 164, col. 2, lines 14-17, for "and in Manchester, where.....one report was missing", read "and, in four years' time, during which eight thousand separate returns had been made, only one return was missing."

JOURNALS WANTED.—A member requires, to complete a volume, the numbers of the BRITISH MEDICAL JOURNAL for January 2nd, 9th, 16th, 23rd, and 30th, 1864. Any gentleman who may have no further use for these numbers, will oblige by forwarding them to Mr. Honeyman, 37, Great Queen Street, London, W.C.

F. P.—The grace given by Dr. Jeaffreson at the public breakfast at Leamington was Shakespearian: "May digestion wait on appetite, and health on both."

THE BRITISH COLLEGE OF HEALTH boasts in its advertisements, and as a claim to public consideration for its pills, that it has paid £150,000 to the Government.

"Morison's pills is the only medicine that strikes at the root of all disease. This has been proved by an experience of forty years, during which time upwards of 500,000 cases of cure have been effected; and stamp duty on that medicine, to the amount of £150,000, paid to the English Government."

VACCINATION FROM THE COW.—SIR: Allow me to draw your attention to an advertisement which appears in the medical papers, upon Vaccination by Animal Vaccine Lymph. At a considerable expense, I have been induced to allow a number of experiments to be made upon cows kept for the use of my family; and having entered fully into the subject of vaccination as carried on so successfully in Naples and France with unflinching good to the public, I have advertised to the profession the fact of my having—and if the profession and the public support me, I shall continue to have—cows always in a state of vaccination, to supply the pure lymph.

I trust the importance of the subject will be a sufficient excuse for the liberty I have taken in thus addressing you.

I am, etc., F. CROOK.

Vine Cottage, Forest Hill, July 29th, 1865.

THE SOURCE OF CANCER.—SIR: Under the head of "Discussions in Scientific Medicine," I see that the subject of cancer is introduced by Mr. C. H. Moore, in this question: "Are there any Antecedent Conditions Influencing the Production of Cancer?" After many members had given their opinions, the subject was still enwrapped in its usual mystery. Many years ago, a contribution of mine appeared in our JOURNAL, in which I attempted to prove that cancer was a blood-disease, that its *fons et origo* was in the liver; and the longer I live and meditate thereon, I am more and more convinced that this is not far from the truth, and that if this be kept steadily in view, cancer is preventable. If this be worthy a place in our admirably managed JOURNAL, perhaps you can refer the readers to my said contribution.

I am, etc., THOMAS POPE.

Clebury Mortimer, Salop, August 14th, 1865.

Addresses and Papers

READ AT

THE THIRTY-THIRD ANNUAL MEETING OF THE BRITISH MEDICAL ASSOCIATION.

[Held in LEAMINGTON, AUGUST 1st, 2nd, 3rd, and 4th, 1865.]

THE ANTECEDENT CONDITIONS OF CANCER.

By CHARLES H. MOORE, Esq., F.R.C.S.,
Surgeon to the Middlesex Hospital.

[At the meeting of the Association on August 3rd, Mr. Moore opened a discussion on the question, "Are there any Antecedent Conditions influencing the Production of Cancer?"—with the following remarks.]

Before presenting my contribution in reply to the question I have the honour to introduce to you, I will endeavour to give a brief definition of what we may agree to include in the term Cancer. Such a definition is necessary, chiefly for the purpose of precisely limiting the conditions and period of time to which our inquiry should extend. It is a disease originating in a single spot as one tumour or new growth. In that spot it mixes with the natural tissues, which are destroyed in it, and never reproduced. Its component microscopic cells having a greater power of multiplication than those which it displaces, but less of vital stability, the tumour is liable to early degeneration, ulceration, and gangrene. Its elementary parts are capable of filtering or being shed into the adjoining healthy tissues, and they may thus be dispersed over a very wide area; they may also be conveyed to parts remote from their place of origin, travelling with the circulation, or sinking by gravitation in the liquids of a serous cavity. Afterwards, when attached in a new site, they manifest a power of growing, as they might have done where they first sprang. In each new place, they thus give rise to a separate tumour similar to the first. The disease, so far as we know, is common to men of all nations, all times, and all parts of the world; and it is not limited to the human species, being met with also in the domestic animals, both herbivorous and carnivorous.

These qualities and characteristics are not all possessed by every example of the disease; and, happily, the most virulent are the most rare. It is in some cases limited to the part in which it first arose; whilst in others, not apparently dissimilar, it becomes widely dispersed. Every degree of malignancy in this respect is, in fact, observable in different cases; from that which remains for twenty years a local, albeit an advancing disease, to that which is diffused all over the body in as many weeks. The solid growth which slowly creeps over the face, and is followed so closely by ulceration that the substantial disease of the margin rarely exceeds the thickness of an old penny-piece—that growth misnamed an ulcer, which scoops such hideous caverns in the human visage—is no less a Cancer than the occult tumour which forms in the male or female mamma, and which, when "open," as we term it, has a like

ulcer with only a thicker edge. So, too, a capacity for diffusion is possessed by all Cancers; and it also varies in degree. The Rodent Cancer, and some of the mammary, may yield up to the absorbents no more of their substance than a fatty tumour, the elements of which, when taken into the circulation, display no power of reproduction in the next place they come to occupy. Cancers of such a kind may never pass out of the vicinity of the original tumour, or reach beyond the glands; yet, in the peculiarities of their local progress and in their common hostility to every indigenous texture, they are equally Cancers with those which can spread to distant regions and luxuriate in dissimilar organs, and which possess sufficient vitality to grow after transplantation, not only from one organ to another, but from one to another animal. It is to Cancer thus broadly defined that the chief remarks which I venture to submit to you apply.

"Are there any Antecedent Conditions influencing the Production of Cancer?" Our question relates to that which precedes what has been defined as the commencement of the disease—precedes, that is to say, its first appearance in the form of a tumour. Is it possible to discover any anterior condition which can be assigned as the cause of this earliest local outbreak of Cancer? The question is one passing all description in the importance of its bearing upon the treatment of the disease.

Now, I must at once avow that I am not in a position to demonstrate any such anterior occasion of the disease. Excepting local irritation, no prior cause is known from direct observation.

Rokitansky has drawn attention to the resemblance between the acutest forms of Cancer and the effects of typhoid fever on the intestines. The two diseases have, indeed, some likeness in the microscopic cell-growth which occurs in them, and in their invasion of the adjoining lymphatic glands; but I need not say that the resemblance does not show their identity, and that there is no probable similarity in their causes. It has been argued, that there must be a preliminary fault in the blood; but chemistry and the microscope have alike failed to show any, even after the disease has begun; and the arguments on which that theory rests (too lengthy here to dispute) are, I think, in collision with facts. Were Cancer in the blood before its deposition in the tissues, it should be far less subject than it is to the local influences of the part in which it breaks out. The acute diseases affecting that fluid should also have an appreciable effect upon it. I have searched for such effects, endeavouring to discover if Cancer were arrested, and its local tumours subsided, during acute diseases which alter the condition of the blood. It has never happened to me, however, to see continued fever in a patient suffering from Cancer; and I have, consequently, been unable to study its effects on a cancerous tumour.

In looking round upon other known diseases as probable sources whence Cancer may spring, we cannot but regard Tubercle and Syphilis as having a suspicious alliance to it, from their manifest similarity in several pathological and clinical points. But suspicion is disarmed in the case of Syphilis by the observation of Cancer where Syphilis does not occur—namely, among the lower animals. And the concurrence of Phthisis and Cancer in the same persons or the same families is not more frequent than the

fearful prevalence of the former disease among us may explain.* Dr. Fenwick has begun an investigation into the origin of Cancer by a microscopic and chemical examination of those blood-making organs which are not involved in the fatal cancerous disease, and in which, therefore, any changes tending to a preparation of materials for the morbid growth might be detected. In a paper communicated to the Royal Medical and Chirurgical Society during its last session, he reported that a majority of fifty-seven cases, of which he had procured specimens from the Middlesex Hospital, had afforded him proofs of both physiological and chemical defects in the gastric and intestinal mucous membrane. Whether these followed or preceded the outbreak of the disease, he was unable to assert, as the cases had, of course, proved fatal before the changes in question came under his eye. It would be premature to pronounce upon the value of such an investigation. Though promising, it has thus far shed no light on the first period and cause of the disease. The same remark applies to all other modes of conducting the inquiry. Only after the malady has already declared itself can the search for its cause be undertaken, and it can be directed only to antecedent facts of which we can then take cognisance; for the disease always creeps forth insidiously, and we may not institute examinations of apparently healthy people with a view to its possible development in them.

Setting aside merely mechanical irritation, as inadequate of itself to determine the growth of Cancer, I suppose that all our present conceptions of the efficient cause of this disease are embraced in the idea of its constitutional nature. However broad or however partial the idea we form, whether we connect it with the blood, or with the system as a whole, or with one offending organ, that, in some degree or other, is our explanation of the origin of Cancer. It is probably pictured in our minds as an innate or an acquired misdirection of natural growth; and that not as a consequence of some fault resident in the structures showing the disease, but as enforced upon them by a concealed control on the part of the general system. It is an antecedent constitutionalism, ensuring the production of a local tumour, possibly in some elected spot; but, if that most appropriate for its development be wanting, or have been removed, then in some less disposed structure; still, however, and always, under the constraint of a general necessity somewhere and somehow to deposit the characteristic material. The constitutional influence may be itself disease, or the accumulated and overflowing product of a still anterior disease; this matters not to our idea, the essential point in which is, that the causation of Cancer is not solely in the part where its first independent tumour springs.

Perhaps no opinion bearing on the pathology and surgery of Cancer more needs investigation than this. It is an opinion which stops inquiry, anything constitutional looking so like an ultimate fact. If it be incorrect, it diverts attention to wrong and profitless channels; to the state of the blood; to previous or

concurrent ailments of the patient; to peculiarities in the habits or construction of himself or of some of his ancestors. It seriously vitates practice; inducing hesitancy and delay in operating during the early and really hopeful period of the disease. It is an opinion, moreover, which goes far to pervert even our perception of facts; leading some surgeons to dissociate from Cancer, the presumed constitutional malady, certain other diseases which are obviously cancerous, solely because they are usually devoid of this conjectural antecedent malignant element. It would be impossible to obtain a satisfactory reply to the question before us, without examining the foundation on which the theory of the early constitutional nature of Cancer rests.

The grounds on which Cancer is held to be originally of constitutional nature are, I apprehend—

1. Its final universal diffusion throughout the body.
2. Its occasional commencement in many primary tumours simultaneously.
3. Its capacity to grow in various textures.
4. Its local recurrence after an operation on the primary tumour.
5. Its appearance in internal organs notwithstanding the extirpation of the primary tumour.
6. Its repetition in families (hereditary nature).
7. Its relation to Tubercle.

1. The opinion that Cancer is constitutional is not an unjust one, if it be restricted to the final and widely spread condition of the disease; for nothing can be more nearly universal than the dispersion of tumours through the body sometimes is, or more plainly tainted and infected than the organs through which they are scattered.

But if this conclusion, which expresses the result of the disease, be reflected back upon its earlier nature, and an inference be drawn, that as it is finally constitutional, it must have been so from the beginning, more is asserted than the multiplicity of tumours proves. Common as it is in the end to many regions and to diverse structures, Cancer is not proved to be constitutional in the sense of each several tumour having originated directly and apart from all the rest in some prior general disease. For, in the observation of many cases, the sequence in growth of tumour from tumour is to a great extent demonstrable, which sequence, as it explains the successive appearance of tumours by continuity and vascular connection, supersedes the necessity of referring them to any other cause. We thus trace back the disease to a period at which but one tumour existed; and we come upon cases in which one tumour alone constitutes the total and final disease.

It follows from this that, if multiplicity of tumours in the later stage of Cancer does not prove their common derivation from the constitution, one chief reason for regarding the original tumour as constitutional is taken away. On the theory which attributes Cancer to a prior universal disease, the first tumour is but one of many which will be certainly evolved from their common cause, whether that first remain in the body or be removed from it. But, if the later tumours are all traceable, directly or indirectly, to the first, the origin of that one can only be referred to the constitution on grounds which are altogether independent of any subsequent progress of the disease.

2. An argument for the constitutional nature of

* After the discussion on the question treated of in this paper, the President of the Association, Dr. Jefferson, drew my attention to a frequent and marked coincidence of Cancer and Rheumatism in the same persons, which he had observed. Such clinical remarks are highly valuable, and they may be confirmed in our JOURNAL by the experience of the members of the Association. They will also be found to bear upon chemical and geographical investigations of the subject.

Cancer is drawn from its occasional outburst in multiple primary tumours. If it do thus originate in many parts at the same time, its dependence on the constitution would not be worth contesting. For a common tendency of the whole body to the disease is much the same as a liability of many of its separate parts. The removal of a tumour from one part could not then hinder, as it does, the production of the disease in other parts; and surgical operations would be useless, offering neither a prospect of delay in the development of the coming tumours, nor hope of a permanent exemption from them. In fact, however, these cases of simultaneous multiple Cancer rest only on traditional authority. They are not met with under the more exact observation of the present day. The most rapid outbreaks of the disease are as orderly as the most chronic; and the appearance of a contemporaneous origin of many tumours is due to the rank growth of medullary Cancer, and to the rapidity with which its soft materials are conveyed to all parts with the circulation.

3. Its capacity to grow in various textures furnishes another reason for attributing Cancer to the constitution. Distant tumours in the same body are alike, and their manifest unity demands that they should be referred to a single source. What source so natural as the constitution, which, at any rate, can be assumed to be one, whilst the organs occupied by the tumours are so dissimilar? But the production of multiple tumours is as conceivable out of the travelled elements of the first tumour, as it is out of a cause so indefinite and imperceptible as the constitution; and we are not compelled to adopt the constitutional theory, if a mechanical distribution of living elements from the first tumour suffices to explain the origin of the later growths.

4. An influential argument for the constitutional nature of Cancer, is derived from the results of surgical operations for the removal of the primary tumour. Either, as in the majority of cases, the disease re-appears in the wound, or in the neighbourhood of the scar; or, without any recurrence in its first site, a tumour of the same nature grows up in the subordinate lymphatic glands. Again, it returns neither in the region it first occupied, nor in its lymphatics, but in some internal organ of the body, and then pursues its course as if the original tumour had never existed; or, once more, by one of the rarest successes in operative surgery, the entire disease is finally extirpated. It is cut out, and it never returns.

Now, it is impossible to call in question such imposing and practical evidence for the constitutional nature of Cancer, without seeming to impugn the practice of surgery. For, on the hypothesis of the primarily local character of the disease, its return after operation proves it to have been but partially removed. But, although Cancer be thus local, yet recurrence of it will take place without fault in the surgeon. Of many cases, it is enough to explain that the exigencies of practice demand incomplete operations; and that they must be done, not unwittingly, but deliberately, for the sake of advantages far short of a complete extirpation of the disease. With regard to the remaining cases, the alternative of a constitutional or a local origin of Cancer must be decided by an examination of all the facts. If the disease do not return in the site of the operation, the possibility of finally extirpating it, at least from a part, and,

therefore, its independence on the constitution when once locally deposited, are established, whatever be the constitutional influence under which it is assumed to have originated. And if, after such complete local eradication, Cancer nevertheless show itself in an internal organ, the local character of the original tumour is the more confirmed, since this conjectural constitutional influence, which is alleged to be ample to produce secondary internal disease, is powerless to resuscitate that of the region first selected for its growth. But, if operation avail in one case for the extirpation of the primary disease, its failure in another case, or even in many other cases, proves, not the constitutional nature of the malady in those instances, but the incompleteness of the operation. And, indeed, it cannot be doubted that, notwithstanding the utmost circumspection, inappreciably minute fragments or prolific elements of the disease are sometimes left in the wound at the time of the operation; and that others may exist which are beyond detection, in the glands, in an internal organ, or in transition from one part of the system to another. And, further, some operations are done with more regard to neatness in the scar than to the free removal of suspected parts. So long as it can be reasonably doubted whether the whole of the morbid structures existing at the time were removed, no light whatever is thrown on the nature of the disease by any number of disastrous recurrences after such operations. Recurrence is inevitable, with disrepute, which is shared in unfair proportions between the operator and the disease.

Could any circumstances have been more likely than others to confirm, by the results of surgical operations, the constitutional nature of primary Cancer, they would have been those of a family well known at the Middlesex Hospital, of which six female members had that disease in the same organ, the left breast. What more hopeless, apparently, than operations in persons in whom constitutionalism seemed so pronounced? Yet, two sisters in this house passed eleven and twelve years respectively after the removal of the breast without recurrence of the disease; and, upon its return at those dates, and a repetition of the operation, each remained healthy for seven years more. No further recurrence of the disease is yet known to have taken place in these persons.

5. Notwithstanding its complete and final extirpation from the part first attacked, Cancer sometimes eventually appears in internal organs. Is it not there an independent disease, and a product of a morbid tendency common to the whole body? In the present state of our knowledge, I cannot think this a proof of the constitutional origin of the disease. For it is not shown that the internal disease originated of itself subsequently to the removal of the primary tumour. Unless that be proved, the appearance of secondary Cancer in the internal parts, or indeed in any distant region, can equally be referred to dissemination from the primary disease, as when that is not operated on, or when it has been but partially removed. Even a considerable delay in the growing of the secondary tumours, does not show that they were not initiated by materials which had travelled from the original disease; for I have known six years to elapse from the removal of a cancerous breast to the time of troublesome growing of the disease in an unsuspected gland behind the

pectoral, and twelve years in one of the cases just referred to before the local recurrence of Cancer of a breast removed by Mr. Arnott.

6. The opinion long prevailed in the profession, and still more out of it, that Cancer is an hereditary disease. The facts, however, on which the opinion is founded, do but partly support it. Still less do they prove that, in its transmission by inheritance, Cancer passes as a constitutional disease.

For first it is to be noticed that, while the disease is traceable in more than one member of a family once at most in six times, yet five times out of the six it is not to be found in any of the relatives of the affected person. Even the rule of inheritance is, therefore, far from being established. And next, although the disease may occur in two or more persons who are related to one another, the circumstances attending its repetition in a family vary much, and consequently bear with unequal importance upon the argument for the constitutional nature of the disease. It will be convenient, and, I think, accordant with facts, to separate and study in two classes, the few examples of multiple Cancer occurring in families.

a. The fact is a very imposing one, when two, when three, even four, or six members of one family connexion are known to be cancerous. It is, indeed, impossible to question the reality of such an occurrence, and consequently to deny to inheritance some influence in the generation of Cancer.

This conclusion is confirmed to some extent by an examination of particular instances of concurrent Cancer in families. It is found that the disease is traceable in a direct descent from parent to child. I saw a case with Mr. Nunn and Mr. McOscar, in which a woman died of Cancer of the mouth, who had recently for a long period attended her father with Cancer of the lip. Mr. Sibley has recorded an instance in which a mother and two daughters were affected with Cancer; another, in which two sisters and the daughter of one of them suffered from it; and a third, in which a mother and five daughters were cancerous. Mr. Paget met with the disease in a grandmother, mother, and daughter; and Dr. Warren, in a note in his book on *Tumours*, refers to six cases of Cancer distributed in three generations of one family.

A yet closer hereditary relationship is to be acknowledged when the disease of the allied members of a family is found in the same organ. This fact was very strikingly pronounced in the three families last referred to. The persons in Mr. Paget's observation were grandmother, mother, and daughter, and the disease in each of them was situated in the uterus. I know of a family in which all the sisters had Cancer of the breast, while the brothers were free from the disease. Dr. Warren's observation is as follows. In the family of a man who had Cancer of the lip, a son and two daughters had each Cancer of the breast. In the succeeding generation, a daughter of this son and a daughter of one of the daughters had again Cancer of the breast. Dr. Warren added that he suspected other members of this unfortunate family to be suffering from the same disease, but to be carefully concealing the fact. In Mr. Sibley's last example, the mother and five of her daughters had each of them Cancer of the left breast.

Another fact illustrating the inheritance of Cancer is its tendency to repetition in one sex. Out of all

proportion to their liability to Cancer above men, it is among women that multiple family Cancers prevail. The occurrence of Cancer in women above its frequency in men is nearly as 5 to 2; but in Mr. Sibley's inquiries, it was found traceable among the women of a family nearly eight times as often as among the men. Where a family proclivity to the disease was manifested by its occurrence in more than two related persons, it was found almost only amongst the women. This limitation of repeated family Cancer to one sex, tends to withdraw Cancer from its present isolation among diseases, as the peculiarity is one which is shared with it by deformities, and by some remarkable cases in which progressive fatty degeneration of muscles was absolutely limited to the boys of one family.

It was remarked to me by Mr. Paget that Cancer appears to increase in intensity with repetition, for it begins at an earlier age in a second generation than in that from which it was derived. The observation corresponds with what has been noticed at the Middlesex Hospital; and it appears to be most distinct when the disease presents itself in the same organ in persons of the same family. Hence, it may happen that a parent and child may be suffering from the disease at the same time. Mr. Nunn had, at one time, under his care a mother and her daughter suffering from Cancer of the breast; and Mr. Lawson attended a young man with Cancer of the stomach, whose father was at the same time a patient of Dr. Budd's for the same gastric disease. In a family referred to by Mr. Sibley, a daughter died at 32, and her mother at 52, of Cancer of the uterus. Mr. Paget's observation extended to an additional generation; and the granddaughter died of Cancer of the uterus at an earlier age than the mother, as she in her turn had died of the same disease earlier in life than the grandmother. From Mr. Sibley's report, I find that the remarkable Middlesex Hospital case illustrates the same fact, the five daughters being all attacked at an earlier age than their mother with Cancer of the left breast. And it can be further made out that almost uniformly each daughter was successively attacked at an earlier age than the one next older than herself. The disease thus appeared to increase in intensity in the children as they were born nearer the time when the disease broke out in the mother; and it happened that the eldest of the five was attacked with Cancer subsequently to its appearance in the second, third, and fourth of her sisters.

These several facts, the occurrence of Cancer in plural members of a family, its direct descent, even through more than two generations, its appearance amongst relations in corresponding organs of the body, and at an earlier age in a child than in his parent, when both are similarly affected, as well as its tendency to repetition in one sex, these facts insuperably prove some effect of parental influence in the production of Cancer. Were they the only facts bearing on the subject, the hereditary nature of that disease might be taken as established. But how rarely do such facts present themselves! The concurrence of them all is not met with once in a hundred times. Can circumstances so rare, or the comparatively less infrequent event of any one of them, be held to decide the hereditary, and therefore the constitutional, nature of the disease, considering how far more numerous are the instances in which it happens to a single member of a family? In some

relative, the disease is traceable once in six times; to a parent, it can be referred but once in thirty-eight times: or, to state the same fact conversely, a direct inheritance of the disease from a parent does not happen thrice in a hundred cases.

5. The second class of cases of multiple Cancer in families is, by itself, of no great force in proof of the hereditary nature of the disease; yet it both gives and receives importance when taken together with the first. Affecting more than one member of the same family, the disease, in cases of this class, presents itself in distant relatives, or in dissimilar organs, or in both. It may thus, in members of several families, attack respectively the lip and the liver, the lip and the mamma, or possibly any other diverse parts. The argument for inheritance is plainly weakened, even when the Cancers are alike, in proportion as the affected persons are distantly connected with one another; that is to say, in proportion to the number of persons intervening in the relationship without presenting the disease. It is further weakened, or else it is entirely altered in its bearing upon inheritance, and therefore on constitutionalism, according to the interpretation which is put upon dissimilarity of the disease in the several affected relatives. If it be usual for dissimilar Cancers to prevail in direct inheritance—for the children of cancerous parents to have primary Cancer of various organs—then Cancer passes from parent to offspring as a general and not a local disease. It belongs indifferently to all the body. Its constitutional nature is established. But if dissimilar Cancers prevail only or chiefly in persons remotely connected to one another, the probability increases that the disease is independent of the relationship. It is certain that near relatives do sometimes have dissimilar Cancers. Perhaps the most convincing example of the fact is one in which two sisters in middle life were attacked with Cancer of the breast; and their father after them, in a ripe old age, had the disease in the humerus. In Warren's case of Cancer in the breast of both the males and females of two generations, the disease of the grandfather was in the lip. Nevertheless, it may be asserted, though I cannot state the fact numerically, that this multiplication of dissimilar Cancers amongst near relatives is exceptional. Compared with the more striking repetition of similar Cancers in the same household, it is certainly rare. And a connection between them, when they do occur, cannot be established without a satisfactory exclusion of the influence of the other parent (as of the grandmother in Warren's case), through whom, after all, the singular repetition of the disease in one organ of several of the offspring may have been brought about. On the whole, it may be concluded, that distant relatives having similar Cancers, and near relatives with dissimilar Cancers, may possibly owe their common disease to its prior existence in some ancestor; but the evidence is not such as to establish the fact. Relatively to the whole number of cases in the community, the concurrences in question are so infrequent and uncertain as to be more probably due to accidental conditions in the lives of the several persons than consequent on their family alliance.

Such being the principal evidence for the hereditary, and therefore the constitutional, nature of Cancer, what are the arguments against it?

There are circumstances in which the hereditaryness of Cancer may be a reasonably doubted when it

happens in a scar; but perhaps the most obvious objection to the notion is contained in the inquiry, If Cancer be heritable, what becomes of it? Reversing the information derived from cancerous children in respect to their ancestors, we may assert that, more than ninety-seven in every hundred times, a parent who dies of Cancer has—that is, is known to have—no instance of that disease in his progeny. In the vast majority of cases, Cancer dies out in the affected person, and is lost. And this failure to propagate it cannot be from want of offspring; for the women in whom the disease occurs are notoriously prolific. But if it be heritable, in those ninety-seven times it is averted. We may more reasonably conclude that, in this great proportion of cases, it is a personal disease of the parent, and one not capable of transmission.

This conclusion is supported by an examination into the prevalence of the malady at different ages. No period of life being absolutely exempt from Cancer, the influence of inheritance in its production can be tested. Were it inherited, it should be most common while the influence of parental structure and character is yet strong over offspring; and it should diminish in frequency with the augmenting independence of the individuals. The Cancer of infants should be the most numerous in the community; and the proportion of it should regularly lessen with advancing age.

The reverse of this expectation is the fact. Of 60,196 deaths from Cancer in England and Wales during the ten years 1851-60, not more than 559 occurred in the first five years of life; of which 178 took place in the first twelve months after birth. As this last number represents the largest mortality from Cancer in any of these five years of life, it might seem that the influence of the parents contributed to this small excess of the Cancer of the newly born over that of young children generally. But there is doubt even as to this trifling fact; since in 1855-6, the number of cases of Cancer in the first five years of life suddenly diminished, and the proportion of the disease is now actually less in the first than in any other year of life. From 1851 to 1855, the deaths from Cancer under 5 years of age were 361; whilst those in the next equal period were but 198. In the former half of the decade, the deaths during the first twelve months were 141; in the latter half, they were only 37.

I have characterised such a proportion of Cancer in early life as of trifling importance; and, in view of the opinion that Cancer is derived by inheritance, it appears so. For even were there a preponderance of Cancer in early infancy above that of childhood generally, yet the great rarity of the disease, both then and in youth, is destructive to the theory of inheritance, when contrasted with its prevalence in later life. And, when it is remembered that the influence upon offspring is necessarily most strong and continuous on the part of that parent who is the most liable to Cancer, and is liable to it, moreover, pre-eminently in respect of her child-bearing faculty, the argument becomes increasingly forcible against the notion that any regular or effectual influence is exerted by either parent in subjecting the offspring to Cancer.

There are distressing cases, in which unborn infants are exposed, not to the supposed influence of predisposition only, but to that of actually existing Cancer of their mother—cases in which a woman having Cancer of the breast, is pregnant. Is the fœtus

born cancerous, or early infected with the disease? I believe this to be by no means usual. In one such instance, in which Dr. Protheroe Smith took my opinion as to the propriety of removing the breast, the infant was born puny, and soon died. But the cases are happily rare in which a woman already cancerous conceives. For every fatal case of Cancer in infants, a thousand women die of that disease. Again, is it the youngest children of a mother soon to die of Cancer who become cancerous? I shall offer a negative reply to this question in a later part of my remarks.

Yet, notwithstanding these considerations, some kind of inheritance of the disease must be admitted. The early and the later statements I have made on the subject are alike facts; and they may, I conceive, be harmonised. Cancer of the uterus in three successive generations, Cancer of the left mamma in a mother and five of her daughters, Cancer of the breast both in the males and females of one family, these diseases are hereditary; and they are the more plainly so because of their likeness to various defects and peculiarities which pass from parents to offspring in corresponding organs. But, in tracing deformities to their source in inheritance, there is no thought of resorting, for the explanation, to a constitutional, that is, an universal disease. The inherited peculiarity is clearly a local one. And it is equally so in Cancer. Whatever its eventual progress when once established in the system (and it is not this, but only the condition of its origin, which is at present in question), the disease is initiated under a parental influence which dominates only in a part, and determines a local malady. It is only when the attempt is made to prove Cancer constitutional, that the other great fact, viz., the rarity of its ancestral descent, conflicts with it. If Cancer be commonly hereditary, an appropriate ancestry is wanting for that of the mother and her five daughters—a case as conspicuous as it is unique. So too are the cancerous descendants wanting from our many Cancer-patients. But, if it be not necessarily hereditary, but may originate in a generation (that is, five times out of six, at least), it is equally likely to be a local as a general disease.

Whilst these several arguments have afforded a semblance of reason for the opinion that Cancer is originally constitutional, there are others tending to establish the opposite opinion, which I venture to think more consistent with facts. I can but briefly touch upon them, and, indeed, can only enumerate the first, that I may leave time for a longer attention to the rest.

Cancer appears to me to arise as a local disease, independently of a constitutional or general cause:

1. Because of its invariable origin as a single tumour.

2. Because of the manifest dependence of the later tumours upon that first. This opinion is supported by the observed similarity of the morbid substance, in whatever organ or texture it may grow; by the order regulating its dissemination; by the interruption of the progress and dispersion of the disease, if the primary tumour be removed; and by the possibility of extirpating that tumour by an early and adequately extensive operation.

3. Because of the remarkable manner in which it is inherited as a local, and not as a constitutional peculiarity—a disease of the corresponding organ of plural members of one family; whilst at the same

time any inheritance of the disease is uncommon, and that by infants extremely rare.

4. And, lastly, because of its preference of the healthiest persons. Upon this subject I venture to speak more at large.

Cancer is eminently a disease of persons whose previous life has been healthy, and whose nutritive vigour gives them otherwise a prospect of long life.

The first ground for this statement is the assertion of the patients themselves. With remarkable uniformity they allege that they do not remember to have been laid up in their whole lives; and that strength and vigorous feeling, excellence of appetite, digestion without discomfort, and habitual regularity and ease in the natural functions of the body, have been the prevailing and constant rule with them. The surprise which is manifested, and the descriptions of the patients, are sometimes very graphic. "She had a constitution that might have lived on till ninety." "There was never anything the matter with me till this lump came." As the persons who form exceptions to this rule are not more than one in ten, and the previous ailments of those few are not uniform, the conclusion that Cancer is neither connected with nor dependent on a foregoing morbid condition is confirmed.

The appearance of a patient recently attacked with Cancer generally bears out this statement as to his generally healthy life. I meet with none of the alleged cases in which cachexia can be deciphered in the countenance of persons recently attacked with Cancer. Often, indeed, the copious flooding which first betrays the existence of uterine Cancer produces pallor and emaciation in that class of patients; and a marked sallowness and emaciation are early symptoms when it is situated in the vegetative organs. Sometimes, also, the disease comes on in the spare and ill-fed, whose aspect is, of course, unhealthy, but not characteristic of Cancer. With these exceptions, which might, indeed, be anticipated, persons recently attacked with Cancer are, as a rule, well nourished and strong. Their wounds heal readily, and their various functions are well performed. The first onset of the disease is sometimes accompanied with even a general impulse of growth, and some *embonpoint*, which may continue throughout the period in which the disease remains local, and occasionally persists to the end. Even medullary Cancer of the breast, in its first stages, generally produces little pain; and it may continue a year, and reach a considerable size, before inducing weakness or wasting.

It is important here to observe, that these statements have reference only to the previous condition of the patient, and to his state in the early period of the disease. It would be incorrect to allege that this healthy and vigorous habit prevails throughout the progress of the disease. On the contrary, after long infection of the system, this character is changed; and the patients, in the later stages of their illness, need much support and watchful care, from their proneness to succumb to moderate causes of exhaustion.

Should death happen from any cause in an early period of the cancerous malady, all the structures of the body are found, as a rule, conspicuously healthy. The organ in which the disease originated is not perceptibly morbid at the parts not yet invaded; and, as to other organs, the secondary deposits are usually found in structures which are

perfectly normal. At a late period of the case, when secondary tumours lie scattered throughout the liver, the intermediate tissue of that organ most commonly presents no sign of disease. It may, however, be fatty, or cirrhotic; or, together with the cancerous masses, there may be others quite distinct, which can be recognised as syphilitic. There is no appreciable morbid character common to all the cases, to which the production of Cancer could be assigned. On the contrary, when, in the microscopic examination of a doubtful cancerous gland, I have lighted on a very minute nodule of Cancer, its abrupt outline and contrast with the absolutely normal and not even compressed glandular tissue next it were such as inevitably to suggest that it did not spring from or spread by means of any prior disease of the part itself, but was an independent and interjected matter. Whilst, therefore, the capacity to grow indifferently in natural and in altered structures subverts the notion that Cancer is the product of any one antecedent local disease, it is in no way inconsistent with the observation of its origin in persons who were theretofore generally healthy.

A healthy life in the period preceding the outbreak of the disease might further be looked for from the prevalence of longevity among the parents of Cancer-patients. Seventy and eighty are frequent figures in a list of the ages of those persons; and I accepted it as a fact, that her mother's mother had died very old, when a woman with Cancer of the breast told me that that ancestor of hers had reached the age of 109.

With the view of establishing or confuting this observation as to the previous healthiness of the persons who become the subjects of this disease, I have made inquiry into the comparative liability to Cancer of the different children of mothers. It appears from common observation that, with occasional exceptions, the earlier children of a family are the stronger and the longer lived. Conceived during the youth and vigour of their parents, they might be expected to possess the most robust health of any of the family; while the constitutional energy of the younger would progressively deteriorate with the increasing age and much previous childbearing of the mother. Now, as Cancer-patients come of large families, the distinction, if any exist, between elder and younger children, would be conspicuously shown in their comparative liability to Cancer. Two sources of fallacy affect, though they do not vitiate, the conclusion from such an inquiry. One is, that younger children, being weaker, die earlier than elder; many of them succumbing in infancy, or early in mature life, to external causes of mortality. The proportion of elder children surviving to have a disease of declining life would thus be too large; and their numbers would further be swelled, with some unfairness to the comparison, by the occasional occurrence of Cancer in an only child. The exact result could only be obtained by comparing those elder and younger children together who should attain the same ages. But such an investigation would lead to no conclusion until every younger child had reached the age at which his elder brother or sister had manifested Cancer; and it could not be carried out at all without a prolonged and rare acquaintance with many families. The result of the inquiry is, therefore, to be taken with this reserve, that it is not strictly a comparison of the elder and all the younger

children of each family, but an arrangement of the patients I happened to find suffering from Cancer according to their place in the family of their mothers. The value of the result is, however, not materially, if at all, affected by this mode of conducting the inquiry, since it is supported by the two collateral facts, that these particular patients had lived to an age at which they could become the subjects of Cancer, and that their previous lives had been eminently healthy. The result may even be regarded as a sufficient approximation to the truth for the purpose in hand, on the sole ground that, taking the community at large, we are sure at all times to find many more younger than elder children alive; while juniors, as a rule, and especially in the prolific families in which Cancer occurs, are far in numerical excess of the single eldest born.

With the kind aid of my colleagues at the Middlesex Hospital, and of a few medical friends in different towns, I have ascertained the place of 101 Cancer-patients among the children of their mothers. The result of the inquiry shows that, while no position in the family exempts a child from cancer, yet there is a decidedly greater liability to the disease among the elder born. One patient was the twenty-first child of her mother; and three, as it happened, were thirteenth children; but more than half the cases of Cancer occurred among the first three of the children, more than one-third in the eldest two, and more than a quarter of them in the first-born. If the number of only children in these families be excluded, the proportion of Cancer among the first-born is still in excess of that in any younger member of a family. I have added to the table a list of the families among whom most of the cases in the table occurred, arranging them according to the numbers of children in each family.

Table showing the place of 101 persons affected with Cancer in the family of their mothers.*

Eldest child	26	Seventh	3
Second	11	Eighth	5
Third	19	Ninth	2
Fourth	13	Tenth	1
Fifth	9	Eleventh	3
Sixth	8	Twelfth	1
		Thirteenth	3
		Twenty-first	1

An arrangement of the families, among whom 89 of the foregoing cases of Cancer occurred, according to the whole number of the mothers' children.

Families consisting of		Families consisting of	
An only child	5	Ten	4
Two children	6	Eleven	5
Three	5	Twelve	4
Four	3	Thirteen	4
Five	10	Fourteen	2
Six	9	Fifteen	1
Seven	9	Sixteen	2
Eight	7	Seventeen	1
Nine	8	Twenty-one	1

Although this result is such as to confirm the opinion which it was designed to test, yet I cannot pretend that it conclusively establishes the superior healthiness of those who become cancerous. The numbers are too small to be convincing. I offer it to your consideration for what it is worth; and also because the inquiry is one which can be pursued to advantage by the several members of an Association like this, united for scientific purposes.

* This table includes cases of Cancer occurring in more than one member of a family.

Trustworthy results could be secured in so plain an investigation; and they might be accumulated in such measure as to confute or to establish an additional fact, which appears in my small figures, but which I have not ventured to assert—viz., that the proportion of first-born who have Cancer is greatest where the conditions of health are worst. Certainly I have found more Cancer among eldest children in my inquiries in London, than my friends who have supplied me with information from the country.

An examination into the distribution of Cancer in the community leads to results which bear upon the general state of the persons who are particularly liable to this malady. Such an inquiry offers much interest and much promise; for not only has cancer existed in all time, so far as surgical records extend, but it is also every where to be found. Now, if a disease common to all the human race is yet unequally distributed, some cause influencing its prevalence or its rarity might be disclosed by an examination of the circumstances.

In the first place, as there are some families in which Cancer constitutes the disease of a majority of the individuals, so there are other families in which it has been never known to occur. Is it possible to detect any differences in such families upon which this exemption from Cancer, and the prevalence of it, respectively depend?

This inquiry needs peculiar opportunities for being fairly and exhaustively conducted. Only now and then could it happen even to a discerning and trusted family practitioner that he should be at liberty to impart from his experience one contribution to such an investigation. I can myself do little more than indicate the direction it might take. The solution of it, as of too many other important questions, must await the accumulation of sufficient facts.

On the one hand, one old English family, in which the occurrence of Cancer is doubtful, and another, of which I happen to have private cognisance, in which it is unknown, are distinguished by the absence of phthisis, syphilis, and disease of the lungs, kidneys, and liver; by moderate longevity (up to the ninth decade) amongst the elder born; by deaths from diseases of the circulating system; and by an ample supply of good air and other external conditions which tend to invigorate the body and mind.

On the other hand, the history, procured by Mr. Sibley, of the remarkable family well known at the Middlesex Hospital, in which the mother and five of her daughters suffered from Cancer of the left breast, comprises residence, I believe, in London, longevity on the father's side, and phthisis on the mother's, and possibly on both sides. It is evident that this information offers no distinct clue to the generation of Cancer in the one house, and its absence in the other.

But, failing this narrow inquiry, can we find in the distribution of Cancer among large masses of people, any rule which would connect its rarity or frequency with the general conditions of their life?

It is impossible to institute a comparison between different nations in respect to their liability to Cancer. The knowledge of disease in other countries than our own, and the sources of governmental returns, even where these are rendered, are not satisfactory. I do not in this refer to the United States of America. They possess public records of mortality, but I have not yet had access to them.

Again, in our own country, there is no method of determining the prevalence of a disease, but by the Registrar-General's records of the deaths which may be due to it. As, however, in the instance of a malady so fatal as Cancer, the death-rate only too accurately represents its numerical prevalence among the people, the Government returns are suitable for the inquiry before us.

The various facts to which I have to refer are contained in the following tables.

Table showing the Annual Mortality from Cancer in England and Wales from 1850 to 1862.

1850	4966	1857	6201
1851	5218	1858	6433
1852	5477	1859	6676
1853	5663	1860	6827
1854	5826	1861	7276
1855	6016	1862	7396
1856	5859		

This table exhibits an almost regular increase in the number of yearly deaths from Cancer. There is too much uniformity in the variation of the figures for the progression they represent to be due to error only, or to a better recognition of the disease in the later years. Were the returns thus worthless, they would, in all probability, be very unequal; but they do, in fact, show an annual increase of about 200 in the mortality from Cancer throughout the country. If the fact be further investigated, it will be found that the increase is shared with considerable exactness both by the deaths of males and females, and also among the mortuary returns from all the eleven divisions of the country. The exceptional instance of the year 1856 furnishes a remarkable confirmation of the general correctness of the returns. In that year the mortality did not increase, but fell short of that of the previous year, and the usual increase of 200 deaths was postponed till the following year. On examining in detail the returns for 1856, the depression of the numbers below those of the previous year is not abrupt and confined to only a few localities; but a lessened increase of the deaths from Cancer is found in ten of the eleven divisions, and an actual diminution of the numbers is common to eight of them. Five years afterwards, in 1861, the usual annual increase by 200 was more than doubled. This great increase, again, was not a result of local error; but was shared by ten out of the eleven divisions, and the lowest share among seven of them was 37.

This general fact, that Cancer increases amongst us, is not to be explained by the simultaneous advance of the population. The disease has an increment of 2000, or about two-fifths, in ten years; the people multiply by one-tenth only, or about 2,000,000, in the same period. Unless, therefore, mere fecundity produce the disease (a notion which throws very far back the cause to which it may be due), it follows that there must be some considerable change in the general condition of the people. This change, to be effective in producing Cancer, must have acted, not during the recording of the cases, which did not happen until after the death; but must have been in operation before the outbreak of the disease. Now, the only great changes in the general condition of the people, preceding by a few years this increase of the disease, are those which result from accumulated wealth and sanitary improvements. Cancer has augmented with the well-being of the nation. A disease characteristic of the healthy may be expected to

abound amid conditions of health; and thus, from our present point of inquiry, Cancer may be ascribed to corn-laws and good living, to the discoveries of gold, to the good government which has reared to adult life and to old age a larger proportion than heretofore of the entire population.

The next table to which I have to direct attention is one showing the relative proportion in which Cancer prevails in separate parts of our country. It is notorious, that very different states of general healthiness exist in large divisions of the community. If there be any foundation for the notion, that Cancer bears some relation to the healthiness of a people, the fact should be discernible on comparing unlike parts of England together. Is the distribution of cancer equal among equal numbers of the population; and to what differences may the varying proportion of the disease, if it do vary, be traced? In making this inquiry, I have ascertained the proportion of the population in which the disease prevails, and have given that number in which one case of Cancer occurs. To avoid the necessity of correcting the numbers, I have selected the years 1851 and 1861, in which the census was taken. I have added a comparison of the deaths from Cancer with the total mortality; and, as the facts relating to the two sexes materially differ, I have made the calculations for them separately.

Table showing the Proportion of the Population, and of the Total Mortality, in which One Death from Cancer occurred in England and Wales, and in the Eleven Divisions, during the Year 1851, and also during 1861.

	1851.		One to total	
	Male.	Female.	Male.	Female.
England and Wales (or average Cancer mortality)	5846.....	2461.....	133.....	52.....
London	4884.....	1778.....	113.....	38.....
South-Eastern Div.	5362.....	2206.....	105.....	41.....
South Midland.....	4304.....	2163.....	87.....	42.....
Eastern	7226.....	2131.....	150.....	42.....
South-Western.....	4921.....	2343.....	103.....	45.....
West Midland.....	7478.....	2479.....	177.....	55.....
North Midland.....	6417.....	2692.....	131.....	54.....
North-Western.....	7946.....	3263.....	214.....	80.....
York	5881.....	2869.....	141.....	65.....
Northern	5454.....	2970.....	119.....	60.....
Wales	7166.....	3833.....	149.....	74.....

	1861.		
	Male.	Female.	
England and Wales (or average Cancer mortality)	4484.....	2019.....	101.....41
London	3758.....	1553.....	95.....34
South-Eastern Div.	4419.....	1697.....	86.....30
South Midland.....	3520.....	2141.....	72.....41
Eastern	4553.....	1713.....	98.....34
South-Western.....	4309.....	1920.....	85.....34
West Midland.....	5057.....	2175.....	109.....42
North Midland.....	4499.....	2329.....	96.....47
North Western.....	6249.....	2454.....	166.....59
York	4634.....	2068.....	110.....45
Northern	3983.....	2258.....	92.....49
Wales	4282.....	2962.....	92.....59

The table may be read thus. In the South-Eastern Division, 1 out of 5362 of the male population died of Cancer in 1851; while of the male population in 1861, 1 in 4419 died of Cancer. Or, thus: in 1861, one of every 30 deaths of females in the South-Eastern Division was due to Cancer; while the

deaths of females from Cancer in the North-Western Division were about half as many, or 1 in 59 of the total female mortality. Any of the numbers may be compared with that corresponding to it in the first row, which represents the average Cancer mortality, or that of the whole of England and Wales.

It thus appears, that there is a most marked difference in the relative number of deaths from Cancer in different parts of England and Wales. If the country be divided by a line from Bristol to Peterborough, the mortality from Cancer in the five southern divisions is considerably in excess of that on the north of the line. Its greatest prevalence, according to the records, is in London and the counties south of it; the least is in Lancashire, which constitutes, with Cheshire, the North-Western Division, and Wales. And this diminution is almost regularly progressive from the South-Eastern to the North-Western regions, and uniform across the whole breadth of the island. Contrasts so great appear to give a prospect of distinguishing conditions of people as determining a greater prevalence of the disease.

I may not stay to discuss the trustworthiness of the several figures from which these results have been obtained; those, namely, representing the population, the total mortality, and the special mortality from Cancer. I have examined them with reference to the proportion they bear to one another in parts where children and young people abound, as well as in the two sexes, and also with regard to a prominent mortality of particular Divisions. I have also compared the South-Eastern Division with the North-Western in their liability to Cancer at all ages, and in respect to the proportion in which the causes of death are uncertified; and the general result is the same—a diminution of Cancer from South-East to North-West. Fallacies, indeed, there may be, and doubtless are; but if these are to be regarded as fatal to the use of the Registrar-General's figures in a disease so well marked as Cancer, they would show the figures to be not worth the trouble of collecting. These are, I am persuaded, far more accurate than a cursory examination of them would suggest; and I am the more disposed to trust the conclusions to which they lead, because the distinctions they bring out between the Divisions in respect to proneness to Cancer, are not minute and doubtful, but are most striking by their largeness and extent.

Need I detain you to point out the prominent distinction between the people of the South-East and the North-West? It sufficiently appears in their general aspect, in the nature of their occupations, in the mortuary returns of the two Divisions. It may be summed up, for our present purpose, in a difference of their general health. From this cause more than any other, it probably happens that but one in six of the entire population survives the age of forty-five in the North-Western Division, while in the South-Eastern the proportion is so high as one in five. Longevity is absolutely greater in the South-East, though its population numbers a million less than that of Lancashire and Cheshire; for it possesses nearly the same number of persons alive from sixty-five to seventy-five, and five thousand more than the North-West above that age. Were this difference due solely to the removal of adults from Lancashire by emigration, its healthiness might still not be called in question, and the liability of the two divisions to Cancer might be alike; but, in the foregoing

investigation, the cancer-mortality has been regarded, not in its absolute numbers, but in its proportion to the population and to the total mortality respectively. The tendency to Cancer is thus by every proof shown to be less in the North-West.

I have added another table, which exhibits the very different proportions in which the people of a few of our towns are affected with Cancer. One death from that disease occurred during ten years in the number of the population which is set after the name of each town. There are here, again, some striking contrasts in the figures, even between towns which appear to be very like one another. I have verified the facts in some instances by personal inquiry; but I forbear to comment on them, as I have not the local knowledge which might enable me to suggest an explanation of the differences.

London	237	Great Yarmouth	194
East London	342	Seilly Isles	133
West London	80	Bristol	193
St. George's, Hanover Square	156	Clifton	319
Birmingham	288	Uxbridge	315
Mansfield	460	Reading	156
Manchester	302	Kingsclere	414
Liverpool	337	Newbury	275
Wolverhampton	362	Warwick	270
Norwich	210	Anglesea	469
		Penzance	435

The foregoing considerations tend to show—I may not say they prove—the correctness of the proposition, that Cancer has no dependence on any malady anterior to the appearance of the first tumour, but that it originates in persons otherwise healthy and strong. If this conclusion is inconsistent with prevailing opinions as to the cause and nature of the disease, the collision of the facts proves the need for more satisfactory evidence on behalf of those opinions than is at present in our possession. The existence of an antecedent general malady is, as far as I can perceive, pure conjecture, being entirely destitute of proof, or even of reasonable support. The idea sprang up in error; and it has been perpetuated by the erroneous conclusions drawn from repeated want of success in surgical operations. But, if the opposite opinion be well founded, it furnishes a valuable argument for early operations in Cancer, and an argument which corresponds with their comparative success. Whilst yet the first tumour has undergone little diffusion, there is hope of a complete extirpation of the disease—a hope which quickly fades away as the tumour grows. I know nothing more distressing in practice than to meet a patient, who has carefully concealed this disease till she could bear it no longer, with a refusal to operate on it at all; yet this is the too frequent result of delay on the part of patients in consulting a Surgeon, and of early uncertainty as to the nature and probable progress of the disease. The conclusion at which I have arrived may possibly be of some advantage, if it only remove from the minds of patients the dread of discredit which too many suppose to attach to having Cancer; for, in fact, the power of generating the disease is rather a proof of a strong than of a tainted constitution; and, on the whole, its appearance in one member of a family is likely to prove the exemption of all the rest. The horror connected with the avowal may thus be spared, and the fullest advantage of treatment may be gained by an earlier recourse to medical aid.

Original Communications.

ON THE ANATOMICAL LESIONS OF THE CATTLE-PLAGUE NOW PREVALENT IN LONDON.

By CHARLES MURCHISON, M.D.

DURING the last few weeks, I have dissected a considerable number of cattle, which have died of the present epizootic disease in all its stages. Although my observations are not yet ready for publication in detail, a brief notice of the principal morbid appearances which I have found will, at the present moment, not be devoid of interest.

The main anatomical characters of the disease, according to my observations, are catarrhal inflammation of the lining membrane of the respiratory passages, of the digestive canal, and, in fact, of the mucous membranes generally; a more or less fluid condition of the blood; and ecchymoses or hæmorrhages in various parts, such as beneath the skin, beneath the mucous membrane of the stomach and bowels, beneath the endocardium, and beneath the arachnoid on the surface of the brain. The parts which are most altered from their healthy condition vary considerably in different cases.

The lining membrane of the nasal passages, and more particularly of the windpipe and bronchial tubes, is invariably inflamed. The membrane is more or less reddened; and its surface is coated with a viscid fluid, and with numerous soft membranous flakes of yellowish exudation, some of them an inch or more in diameter. These flakes are easily scraped off from the subjacent membrane, which often presents a raw or excoriated aspect, but never any appearance of an eruption on the surface or of submucous deposit. The bronchial tubes are often filled up with frothy mucus, and with the inflammatory products thrown off from the mucous membrane; but the lungs and pleura exhibit little congestion, and no sign of inflammation, except as occasional complications.

The mucous membrane of the digestive canal is inflamed throughout; but in some parts the inflammatory signs are more intense than in others. On scraping off the thick layer of epithelium from the first two stomachs, which is done with abnormal facility, the subjacent membrane is found to be intensely red. The mucous membrane of the third stomach, or *omasum*, is still redder, and often presents patches of ecchymoses. It is in the fourth stomach, or *abomasum*, however, that I have found the inflammation most advanced. Here there is not only intense redness with much adhesive mucus on the surface, but the membrane is often studded with innumerable minute superficial ulcers, like those erosions which are so common in the ordinary catarrhal inflammation of the human stomach. In addition, the membrane often presents extensive patches of claret-coloured discoloration, apparently due to submucous extravasation. These patches are often surrounded by a distinct fissure in the mucous membrane; and, in some instances, the mucous membrane corresponding to the patch is in a gangrenous state, and more or less detached.*

* Mr. Simon informs me that he has found these appearances most marked in the *omasum*.

The small intestine is more or less inflamed throughout; but the inflammation is usually most intense about the middle. The coats of the bowels are much attenuated and softened; while the mucous membrane is intensely injected, and sometimes ecchymosed and deprived in a great measure of its epithelium covering, but coated with a quantity of transparent and viscid, or opaque and puriform, secretion. I have failed to discover any change of the solitary glands of the ileum which could be ascribed to the disease. Peyer's patches are usually less vascular than the surrounding mucous membrane, and throughout the disease very much less elevated and thickened than in a healthy animal. Their component glands are more distinctly seen, because the epithelium covering which obscures them in health has been mostly removed. Many of the glands seem empty, while others contain a minute drop of softened secretion, like pus, which can be squeezed out on the slightest pressure. There are no sub-mucous deposits, and none of the lesions running through the definite stages which I am familiar with in the typhoid or enteric fever of man. In this opinion, I am corroborated by Dr. A. P. Stewart, Mr. Simon, medical adviser of the Privy Council, Dr. Buchanan, my colleague at the Fever Hospital, Dr. J. Burdon Sanderson, and many other physicians who have dissected the animals, either in conjunction with me or independently.

It is right to mention, however, that in all of the cases which I have examined, many of the solitary glands, and sometimes certain of the component glands of Peyer's patches, have been greatly enlarged, filled with a soft cheesy matter, and sometimes even ulcerated on the surface. A drawing of an inflamed piece of bowel, studded with these enlarged glands, might readily be thought to represent the lesions of enteric fever. Careful examination, however, clearly shows that the appearances in question are of old standing, and quite unconnected with the disease of which the animals have died. This view of the matter is confirmed by the fact that I have found precisely similar appearances—in some cases, indeed, even more strongly marked—in the small intestines of every one of four healthy oxen which I have examined. I remember also Professor Goodsir of Edinburgh describing this common condition of the intestinal glands in cattle, in his lectures on comparative anatomy, nearly twenty years ago.

The lining membrane of the large intestine is also inflamed. It is always more or less reddened, the redness being greatest over the prominences of the rugæ. Here also may be seen patches of ecchymoses, and sometimes superficial excoriations. The surface is coated with a quantity of viscid mucus, often mixed with blood.

The contents of the bowels are fluid, and consist of feces mixed with inflammatory products, and often with blood.

The vagina, bladder, and urinary passages often, but not always, present signs of inflammation. The kidneys are often intensely hyperæmic, and the uriniferous tubes gorged with finely granular epithelium.

The liver and spleen appear healthy. The bile is thin, and of a light green colour. The mesenteric glands contain none of the abnormal deposit met with in the enteric fever of man.

The tissue of the muscles presents no alteration of its microscopic structure.

Lastly, it is worth mentioning, that in several animals suffering from the disease, which had been killed, the diseased organs appeared to me to be returning to a healthy condition; and that, from per-

sonal observation, I am satisfied that many animals are now condemned and sent to the knacker's yard, which are suffering from maladies totally different from the present epizootic.

Progress of Medical Science.

MIDWIFERY AND DISEASES OF WOMEN.

PARTIAL PROCIDENTIA AT FOUR MONTHS: DELIVERY AT EIGHT MONTHS. Dr. C. A. Voorhies was called to visit a woman, aged about 24, the mother of one child. The patient was on her knees, holding on to the bedpost, with her hips thrown backward, and her abdomen forward, labouring under intense agony. She had for several days past voided only enough urine to make herself tolerably comfortable; and for eighteen hours had not been able to void any. She was labouring under the most intense excitement, with a quick but feeble and irregular pulse, pallid and anxious expression of countenance, and obstinate vomiting. On making a vaginal examination, Dr. Voorhies found in the external opening of the vagina a large protruding substance, having the tenacity of a fetal head. There was such violent tenesmus of the lower parts, that all efforts to reduce the protruding mass were in vain. He also discovered great distension of the bladder. With considerable difficulty, as the parts were entirely out of their natural position and shape, he introduced a catheter and drew off a large amount of urine. After the bladder was fully evacuated, the patient expressed himself relieved. On making another examination, Dr. Voorhies found that the mass had receded to just within the margin of the vaginal opening. A solid round tumour occupied the pelvic cavity. She acknowledged that she had arrived at about the fourth month of pregnancy. The os was pointing upward toward the symphysis pubis; and the fundus lay low down in the hollow of the sacrum, whence it had receded after the evacuation of the bladder.

On making an effort to reduce the organ, but little difficulty was experienced in carrying it back under the promontory of the sacrum; but all efforts to carry it up out of that position proved fruitless. Dr. Voorhies had her put in position in bed, regulated her bowels (which were obstinately costive), and watched the condition of her bladder, the latter relieving itself without further interference. She was treated on these principles for three or four days, not expressing any very great discomfort.

From this time Dr. Voorhies lost sight of her until he was called to attend her in confinement. This was just four months after he had attended her in the above described difficulty; which made her period of gestation about eight months, or a little less. When he arrived, the child was already born—a small shrunken-featured female, which afterwards lived and did well. Before the expulsion of the child, the woman had hardly discovered that she was in labour. She informed Dr. Voorhies that she never had quickened, or grown large as she had done before, and that at times she doubted her pregnant condition. The womb evidently did not become an abdominal viscus at any time during her pregnancy; and this fact, taken in connexion with the free expulsion of the child at eight months, led him to form the conclusion that in all probability the gravid womb remained in its state of displacement, and never took its rise out of the cavity of the pelvis during the whole period of gestation. (*Philadelphia Medical and Surgical Reporter.*)

FACILITATING THE FIRST STAGE OF LABOUR. Dr. Andrew Inglis endeavours to show that separation of the membranes for some distance round the os will promote dilatation far more effectually than any means hitherto proposed. The following is the practice which he recommends in regard to separation of the membranes. 1. It should always be the initial measure in the induction of premature labour; and until complete relaxation of the os has resulted from it, there should be no further interference of any other kind. 2. When labour has begun without previous separation of the membranes, and these are still adherent, they should always be at once separated, as the best means of overcoming the rigidity of the os, and the painful and prolonged first stage, which almost invariably accompanies such a state of matters. The separation of the membranes he has generally effected by the finger; though in some cases an instrument (Dr. Hamilton's uterine bolt) was required. (*Edin. Medical Journal*, July 1865.)

ACTION OF ERGOT ON THE FÆTUS. Dr. McClinton, in a paper read before the Dublin Obstetrical Society, arrives at the following conclusions. 1. As a general rule, the danger to the child, after giving ergot, is exactly in proportion to the energy of the uterine contractions. 2. It is no less true that where but little uterine action is excited by the ergot, it does not seem to exercise a noxious influence on the fœtus. 3. The evidence that ergot is acting injuriously on the child is derived from the cardiac sounds, which become reduced in strength and frequency. 4. The immediate effect of uterine contraction upon the fetal pulse is to produce a temporary diminution of its force and rapidity. 5. And, lastly, in the few cases he has seen where violent and continuous uterine action took place from natural causes, the fetal pulse underwent the same changes as after ergot, and the children were born in a highly congested state, dead, or partially asphyxiated, unless delivered soon after the accession of these tetanic contractions of the uterus. (*Dublin Quarterly Journal of Medical Science*, May 1865.)

ACTION OF LABOUR-PAINS ON THE FÆTUS. Dr. McClinton believes that the vital condition of the fœtus may be affected in three ways by the pains. 1. The umbilical cord may be subjected to direct pressure from the contracting uterus; and if this pressure be so great as to completely stop the circulation through the funis, the death of the fœtus certainly and very speedily ensues. 2. The compression which the brain and medulla oblongata undergo, where the head is wedged or impacted in the pelvis, has been deemed sufficient to endanger or destroy the life of the child. It is very remarkable how great a change of configuration the head may bear consistently with the preservation of the fœtus. But here the change is slowly and gradually effected, whereas in the cases under consideration—namely, those of strong and continuous uterine action—the change must, if it take place at all, be effected quickly and under “high pressure.” It is only when there is resistance from the hard structures that pressure on the head can be really dangerous to the child, and therefore he believes that pressure on the head is very rarely a cause of fetal death. Lastly, persistent uterine contraction may affect the child by causing imperfect oxidation of its blood in the embryonic villi of the placenta. There are the strongest anatomical and physiological reasons for supposing that the current of blood through the maternal cells of the placenta is checked during uterine contraction. We can, then, understand why pains of a violent kind, recurring at very short intervals, or succeeding

one another without intermission, must operate prejudicially on the fœtus—and why the child, when born under these circumstances, so commonly presents a congested livid appearance, and is so apt to be expelled in an asphyxiated condition. (*Dublin Quarterly Journal of Medical Science*, May 1865.)

PROTRACTED GESTATION. Dr. John Kingland relates the case of a lady under his care who, in his opinion, presented the phenomena of protracted gestation. Owing, he says, to a variety of circumstances, there existed no possibility of the lady proving pregnant during the course of the year 1864, excepting on May 23rd, June 12th, or September 15th. She quickened early in October following, and was delivered of a healthy, mature, and full-grown child on the morning of April 10th, 1865. Had pregnancy dated from the first of these periods, the ordinary term of two hundred and eighty days would have expired on February 27th, 1865; dating from the second period it would have terminated on March 19th; whilst, counting from the last specified period, it would not have come to a close until June the 22nd next. The maturity of the child at its birth, as well as the period of quickening, preclude from consideration the last of these dates; while the long interval of forty-two days between the specified time and the actual delivery, combined with the occurrence of a slight catamenial period shortly subsequent thereto, dispose of the probability of pregnancy having resulted on the first of the dates noted, although the period of quickening (four months and a-half thereafter) corresponded with that at which it had usually occurred in former pregnancies. There thus remains only June 12th, 1864, from which to calculate; the interval between which date and that of delivery, on April 10th, 1865, was *three hundred and two days*. This lady in a former pregnancy suffered from excessive dropsy of the amnion, the discharge of liquor amnii, in enormous quantities, recurring almost daily for many weeks antecedent to her delivery of a healthy child, now four years old; and, having no similar attack during the two next ensuing pregnancies, she experienced, on February 7th last, a discharge of a large quantity of liquor amnii, accompanied by irregular uterine pains, which, however, yielded to treatment, and did not recur until March 12th, two hundred and seventy-three days from June 12th, the date already specified, from which the foregoing calculation has been made. From that time, despite all treatment, it frequently returned, at greater or shorter intervals, and in larger or smaller quantities, but always accompanied by uterine action, which at first produced only slight dilatation of the cervix uteri. This enlargement of the os, however, continued to increase from day to day during the ensuing fortnight, on each recurrence of uterine contraction, until it had attained the size of about a half-crown piece, when no further enlargement whatever took place until the morning of her delivery. No untoward event followed the excessive and continued discharge of liquor amnii in either the present labour of this lady or in the former one already alluded to. (*Dublin Quarterly Journal of Medical Science*, May 1865.)

ASYLUM FOR INTERMEDIATE FEMALES. The ceremony of laying the foundation-stone of the “Queensberry Lodge” was lately performed by the Lord Provost of Edinburgh. The purposes of the institution are the safe accommodation and reformation of females in a respectable position of society addicted to habits of drunkenness, being the first establishment of the kind in the United Kingdom. (*Caledonian Mercury*.)

British Medical Journal.

SATURDAY, AUGUST 26TH, 1865.

THE ASHBURTON CASE.

IN the Ashburton poisoning case, no evidence to bring the act of poisoning home to Mr. Sprague was produced. The Judge stopped the case; and the jury immediately acquitted him. Still a point of great interest, in a medico-legal point of view, remains unsatisfied; and that is, whether or not the statement of Mr. Herapath, respecting the presence of atropine in the pie, as determined by his method of analysis, is, or is not, to be accepted as a positive fact acquired to science. Mr. Herapath, indeed, expects, as he says, to be "put upon his trial" in this matter.

"I believe atropine has never been eliminated from an animal substance before. It has never been communicated before to the scientific world; but it is now through my evidence, and I shall be put on my trial quite as much as the prisoner.

"I have no doubt whatever," says Mr. Herapath, "that there was atropine in the contents of the pie. I have also examined the vomit, and though the indications were not so good, I have no moral doubt there was atropine there. I obtained some from the scrapings of the surface of the leg of the rabbit. If a rabbit had died from taking atropine, I should not expect to find the poison in the surface of the leg, but in the liver and stomach. In the present case, I should expect to find it in the brain and the sheath of the spinal marrow. If the rabbit had eaten of belladonna, I should expect to find the poison in the liver and the brain. All parts of the belladonna plant, I believe, are poisonous. I have never heard of any animals but goats eating hemlock, and I don't know what the effect on them is. I wrote to be supplied with the symptoms—as I always do—immediately I received the box. If I had not had the symptoms, I should have had a great deal more difficulty in finding the poison. Perhaps I should not have found it at all. It would be useless for me, as there are at least two hundred poisons, to commence a series of experiments which might exhaust the material long before I had finished the tests. In the interval between the Wednesday and the Sunday, my tests gave me indications of one of the three cerebro-spinal poisons—atropine, datura, and aconitine—but the matter was not sufficiently clear of foreign mixture to be quite certain."

The inquiry, although the verdict was given in favour of Mr. Sprague, was admitted to have been a very proper one; and of this no person can doubt who has read the evidence, and the remarks afterwards made by Dr. Macgill of Ashburton, one of the witnesses.

"That there was a quantity of the alkaline atropia put into the pie, or in the substances of which it was composed, no one can doubt. Four lives were placed in danger, one almost past hope of recovery; and, as this was the third case of poisoning by atropia in Ashburton during the last four months, I think that, had the medical practitioners called in attendance

not reported the case to the proper authorities, they would have been remiss in the duty they owe to the public."

An interesting discussion has arisen incidental to the case; viz., as to whether the poison might not have been introduced into the rabbit through its eating belladonna. Dr. W. Ogle, who has taken up this view of the case, admits that the Chalker family were poisoned by belladonna, and that the poison was contained in the rabbit; but says that rabbits can eat belladonna with impunity.

"Some forty years since, this fact was demonstrated by M. Runge of Berlin. A rabbit was fed for no less than eight days exclusively on the leaves of belladonna, *hyoscyamus*, and *datura*—all poisonous plants of the order *solanaceæ*; and at the end of the time the animal was as healthy as at the beginning. There was not even the slightest dilatation of the pupil."

Now, he argues, had that rabbit been made into a pie, those who ate of it would doubtless have shown symptoms of poisoning. Dr. Ogle, therefore, concludes that the Ashburton rabbit had fed abundantly on this plant, and that its flesh was impregnated with the poisonous principle; and that in this way the family were poisoned. Dr. Ogle, in answer to Dr. Macgill's remarks, writes as follows on the subject.

"We have positive evidence that the flesh of animals, fed without harm to themselves on poisonous herbs, becomes poisonous to man. The pheasant of Pennsylvania feeds during the spring on the buds of the *kalmia latifolia*, one of the few shrubs which preserve their verdure during the cold season, and is deemed poisonous at that season—an opinion in which Beck, a valuable authority on medical jurisprudence, agrees. In the *Medical Gazette* (xxxi, 237), the case is recorded of a family who fell victims to a dish of snails, which had been collected from the poisonous plant known to botanists as *coriaria myrtifolia*. An example still more to the purpose is that of bees fed on *datura*. The honey derived from these bees has long been known to be poisonous."

But Dr. Ogle's arguments, or rather facts, can hardly be held as conclusive. An experiment made forty years ago lies under the shadow of much doubt, and especially when it is one so easy of confirmation at the present moment, and still apparently wants confirmation. Then, again, the different statements made as to animals—certain game birds, for example—eating seeds which do not poison them, but which render their flesh poisonous to man, require scientific investigation. We know that game birds from Canada often come here in a very putrid state; and that putrid flesh will, under certain conditions, produce poisonous effects on man. And then, again, we have no proof that the birds which eat the *kalmia* berries do not die from the effects thereof; and that their bodies do not find their way into the market, as we know, for example, that partridges have done after being killed by eating poisoned wheat. Dr. Fuller, if we remember right, some years since published a case of arsenical poisoning in man thus pro-

duced. The statements reproduced by Dr. Ogle may be true; but certainly, until scientifically proved to be so, they ought not to be accepted as such, and particularly as they are, in general terms, contradicted by our physiological knowledge. What will become of all M. Claude Bernard's late laborious researches into the effects of poisons, if we are to assume that poisons which will destroy man may be innocuous to lower animals? One of M. Bernard's principles of action is, that the physiological effect of poisons is alike on all animals of the same class, at all events. Indeed, if it should turn out that animals are affected by poisons, etc., otherwise than men are, where are we to look, or how hope for, any addition to our therapeutical knowledge from experiments upon animals? As we have said, however, all our positive knowledge goes, in the main, to show that poisons act on the lower animals as they act on man, and therefore contradict Dr. Ogle's view. Dr. Ogle seems to us to accept too readily as true the statements put on record. It seems to us very clear that, in such a very simple and easily proved case as this, we ought not to abide by the experiments of M. Runge of forty years ago, nor to trust to anecdotes in Beck's *Jurisprudence*. We have a right to expect and ask for something positive at the hands of physiologists of this day.

Dr. Ogle concludes that

"He has, he thinks, clearly established the following points:—Rabbits will eat belladonna without injury to themselves. Animals fed on poisonous plants, though themselves uninjured, may be poisonous to man."

For the reasons above given, we must take exception to these conclusions. We do not think any one of his propositions can be held as scientifically decided.

Since the above lines were written, we have read Dr. Macgill's answer to Dr. Ogle; and we need hardly add, that we fully agree with his conclusions. Dr. Macgill says:

"In the right eye of a rabbit I put one drop of a weak solution of atropia. In forty-five minutes, the pupil of the eye operated upon was visibly dilated, the other eye being in a normal condition. In an hour and a half, the iris of the right eye was almost invisible, while the pupil of the other eye was much dilated. Into the mouth of another rabbit I introduced four drops of the same solution; four hours afterwards, it was unable to run straight, had the pupils much dilated, and appeared confused and stupefied; it gradually recovered, and ten hours afterwards was apparently quite well."

"These experiments conclusively prove that rabbits are not (as Dr. Ogle seems to believe) insensible to the action of belladonna; and to suppose that a rabbit could eat belladonna with impunity, even to the extent of having its system so full of atropia that the poison would ooze out during the process of baking a pie in sufficient quantity to poison four persons, and yet by experiment find a rabbit showing all the therapeutic effects of the alkaloid, is certainly anomalous.

"The second point sought to be established by Dr.

Ogle is, that 'animals fed on poisonous plants, though themselves uninjured, may be poisonous to man.'

"With reference to this hypothesis, I assert that in no instance has the flesh of animals so feeding been proved to be poisonous to man, unless when the animal itself has been poisoned. The case quoted by Dr. Ogle of the Pennsylvania pheasant being supposed to be poisonous at certain seasons of the year, and the cause assigned being its feeding on the buds of *kalmia latifolia*, is simply a supposed case, as it has never been proved that any ill effects arising from eating the pheasant were really due to that plant, nor were the symptoms observed such as would arise from partaking of the *kalmia latifolia*; and there is every reason to believe that the bad effects observed were entirely due to a septic poison generated in the bird from modified decomposition, as may be occasionally observed in hares that have been killed by coursing.

"Dr. Ogle supposes that the flesh of goats feeding on hemlock would not be poisonous when cooked, on account of the poisonous principle of the plant being volatile. Most chemists are aware that the active principle of belladonna is equally poisonous with that of hemlock, and more liable to decomposition.

"The conclusion arrived at by Dr. Ogle would seem, therefore, to be fallacious; and, indeed, his supposition 'that there is no evidence such was not the case with the famous rabbit of Ashburton' is entirely at variance with all evidence adduced. The poison found in the pie was the atropia of commerce, and not combined with malic acid as it exists in the plant; and, had the rabbit been feeding on belladonna—a very unlikely circumstance, as the plant does not grow in Devonshire—traces of the component parts of the plant might have been found in the stomach, liver, and secretions; but atropia would certainly not have been found in a pure and uncombined state in the flesh of the animal."

SUSPICION OF POISONING:

THE famous Pritchard case has been followed throughout the country by several charges of suspicious poisoning, or inquiries tending in that direction. We had the Sprague case. Then came another instance, related by Dr. Bradshaw, of Welbeck Street, to the Marylebone police-magistrate.

"A short time ago, his cook left his service in a very abrupt manner; and, two days afterwards, he received a message that she was at the point of death. On going to the house mentioned, he ascertained that two days previously the cook had arrived there, saying she was very ill. A medical man was sent for, who, after asking certain questions, exclaimed, 'Good God! you have been slowly poisoned.' He then advised that a bottle of medicine which the applicant had prescribed for his servant, and also a small quantity of wine his wife had given her, should be analysed. He called in two medical men, both of whom stated that nothing was the matter with the woman. He then saw the first medical man, who would give no explanation of his conduct, and he wanted to back out of what he had said. When the cook was in his service, she was much subject to hysteria. Her disease appeared to have become more serious on reading the report of the trial of Dr. Pritchard. The woman's brother had been to his butler and charged him with having administered mineral poison to his sister. Mr. Mansfield said that he had no jurisdiction in the matter. Who

on earth would poison a cook, when she could be discharged at any time? As a rule, hysterical people were full of vagaries, and they would be affected nervously by reading reports of the Pritchard case."

Another case, though in this instance a very proper one for inquiry, occurred lately at Towcester. We refer to it in order to note some sensible remarks made upon it in the *Northampton Herald*.

"Medical men are often placed in situations requiring the greatest delicacy of conduct and the most consummate judgment. In a recent notorious trial for poisoning a wife, a physician, who was called in to see the patient, admitted in his evidence that he suspected that poison was being administered, but was restrained by professional delicacy from taking any steps to prevent the fatal result. The press and the public have been unanimous in their condemnation of the doctor's conduct; and loud has been the outcry against the reticence so frequently maintained by members of the medical profession under similar circumstances. It is easier, however, to condemn a practice than to know how to remedy it; and a recent occurrence in our own county, a report of which will be found in our paper, has shown how careful medical men are obliged to be even when they have very strong grounds for suspecting that unfair practices are being resorted to. Mr. Watkins of Towcester was sent for to the child of a woman who had been deserted by her husband. The child was visited both by Mr. Watkins and his assistant, Mr. Garlick, and was prescribed for under the impression that it was suffering from diphtheria. The child died; and a second was taken ill, and died also. From certain symptoms, not generally attendant on diphtheria, which manifested themselves in the second case, suspicions were excited in the minds of both the surgeons as to the cause of the illness. These suspicions were, to a certain extent, strengthened when, on the death of the second child, a third was taken ill in the same manner, but recovered almost immediately after a threat that, if this child died, an inquiry should be made as to the cause of death. Under these circumstances, Mr. Watkins brought the matter before the magistrates; and, at their suggestion, information was given to the coroner, by whom an inquest was held. The result of the inquest was to leave the matter where it stood. On examining the stomach of the second child who died, no mineral poison was found; and there was no proof, therefore, that foul treatment had been resorted to. In consequence of this, one or more of the jury expressed an opinion that they had been called together on light grounds; and Mr. Watkins was obliged to appeal to the jury for a deliberate expression of opinion as to whether he was or was not justified in the course he had taken. The jury almost unanimously decided that he was, and the public will agree with them. Mr. Watkins pursued a course very different to that pursued by the physician attending Mrs. Pritchard, and he is entitled to the thanks of the community for his promptness in the matter. It was not until the second child was dying that suspicions were excited that foul play might be at work; and, the moment the third child was taken ill, steps were taken to prevent any further mischief. Throughout the whole of the two cases, Mr. Watkins and Mr. Garlick evidently paid anxious attention to the children; and, before any public steps were taken in the matter, the suspicions which had been excited in the minds of these gentlemen were the subject of long discussion between themselves. The crime of poisoning has of late become so common in this

country, that it is on the watchfulness of medical men that, in many cases, the security of life depends."

Another case is related as having occurred at St. George's Hospital.

"A young woman, who seems to have been under medical treatment for some time, was admitted to St. George's Hospital on July 19th, with all the symptoms of arsenical or antimonial poisoning, and she died the next day. Dr. Barclay made a *post mortem* examination of the body, and found no natural cause for the symptoms under which the deceased had laboured. The stomach was in a state of extraordinary congestion; and he was led to the conclusion that the girl had died from poison—either antimony or arsenic. The Secretary of State was communicated with; and he ordered that the services of Dr. Taylor should be called in for a scientific analysis to be made of the viscera of the deceased. At the inquest, Dr. Alfred S. Taylor, Professor of Medical Jurisprudence at Guy's Hospital, said he received a jar containing the stomach, etc., of the deceased on last Friday. The stomach had been opened. He examined the parts soon after. The stomach and intestines were very much putrefied; and he could not form any opinion of their state at the time of death. He analysed them to ascertain if there was any arsenic or antimony present in them. The result showed that there was no trace of either. He, therefore, concluded that the deceased had not taken any dose of either of these poisons for at least three weeks before her death. In his opinion, therefore, her death could not have arisen from poison. The symptoms mentioned by Dr. Barclay were just such as antimony or arsenic would cause; but the result of the analysis showed that those poisons were not administered. Death could only be attributed to those poisons when traces of them were found. Dr. Barclay said that, after hearing the result of the analysis, he could only attribute the deceased's death to natural causes. Dr. Taylor, in answer to the coroner, said that Professor Rudersdorf of Holland took part in the analysis; and he was of the same opinion as witness—that no arsenic or antimony could have been taken by her for weeks before her death, and therefore they could not have caused death. The coroner having summed up, the jury returned a verdict of 'Death from natural causes.'"

THE Italian Government has called upon medical men to volunteer their services to meet the ravages of the cholera. It promises them that their services so rendered shall not be forgotten by a grateful country.

L'Imparziale says: "The London College of Physicians has written to the Minister of War and First Lord of the Admiralty, begging them to take into consideration the just complaints of the army and navy medical officers. It is much to be desired, that some such constituted body in Italy would take up in a like way the cause of our military brethren."

M. Beau has died from cerebral congestion; he was also affected with albuminuria. He was under sixty years of age.

The *Vienna Journal* announces the death of Professor Semmelweis, in his forty-seventh year.

CONFERENCE ON CHOLERA.

On the 17th inst., a conference of medical officers of health, members of the Epidemiological Society, and others interested in the sanitary condition of the kingdom, was held in the Library of the Social Science Association; the Bishop of London in the Chair. The conference was convened to consider what steps can be taken in view of the threatened epidemic of cholera.

Dr. GREENHOW read a statement of the Subcommittee of the standing Committee of Health on the threatened epidemic of cholera. The Report pointed out the great deficiencies which still everywhere exist in our sanitary arrangements, and the necessity for urgent action in the matter in view of threatening cholera. To our professional brethren the details of the Report are simply repetitions of a very old and too well-known tale; but brought prominently before the public at such a critical moment, they may, perhaps, have some effect in inducing our countrymen to set their houses in more decent and healthy order. There exists sure signs of the possible or probable early advent of cholera. The enemy is travelling on as it formerly did from Alexandria to Constantinople, Malta, Ancona, Spain, and Marseilles, quarantine regulations proving as ineffectual as usual. The outbreak of 1848-49 commenced in the autumn of 1848, subsided during the winter, and reappeared in force in the following spring and summer. However powerless we are in the treatment of cholera, we know well enough the places in which it may be expected to break out, the conditions favourable to its development, and the means by which it may be averted. Cholera rages in the very same places where fevers are prevalent, and the classes who suffer most severely are those most exposed to ordinary epidemic diseases. Thus it was shown, in the Report alluded to, that of the deaths by cholera in Shoreditch during 1848 less than 2½ per cent. occurred among the gentry, while 66·6 per cent. were of the small tradesmen of the neighbourhood, and 30·9 among the labouring class. A discussion followed the reading of the Report.

Mr. W. RENDLE, late Medical Officer of Health, Southwark, said he should be sorry if the public supposed that because we now had medical officers of health and vestries, the public might rely on their action and need trouble itself very little about the cholera. That would be a great delusion. The medical officer of health might give his vestry good advice, but the majority would usually be found to be composed of interested persons. Typhus, for example, had been ravaging the metropolis for five years; yet what had been done towards routing typhus fever? He had no confidence in the vestries carrying out measures of sanitary prevention until the disease was upon us and people died by scores. The persons elected into the vestry should be the best men in the respective parishes. Too often, however, the persons most qualified refused to act, and thought it a trouble and a disgrace to serve.

Mr. CHADWICK said that as regards treatment the commission collected the results of very opposite modes of treatment, and they found that in a given stage of the disease—he did not now speak of the premonitory symptoms—almost all the methods of treatment were equally efficacious, or rather equally inefficacious. When the disease raged in its full violence it killed a great majority of the people it attacked. As the influence of the disease declined the mortality diminished. When the disease became very mild almost any method of treatment succeeded.

The BISHOP OF LONDON believed that the conference would have an important practical result. The press would take care that their proceedings would have due publicity, and the circulation of the report read by Dr. Greenhow would, he thought, have a beneficial effect. Until he read it he owned he was of opinion that the metropolis was well prepared against an outbreak of cholera. It was now conclusively shown, however, that a great deal still remained to be done. He trusted that all who were invested with authority would exert themselves to the utmost for the benefit of their poorer neighbours, as well as for their own sakes.

WHAT TO AVOID.

THE old motto teaches us that no one ever became most vile suddenly. "Nemo repente fuit turpissimus." By slow and gradually downward steps, the soul becomes deteriorated to its worst grade. What are the steps which lead a man to this deep degradation, must be an important question; and, as we have had a most painful instance of a member of our own profession who was "turpissimus", it is scientifically right to endeavour to trace effects to causes, and to examine the antecedent characteristics of a man who was led to such vile ends. Two women, his wife and her mother, who confided in him with all that unlimited confidence which women do who love a man, Edward Pritchard most cruelly and basely poisoned; and another woman—a mere girl—with fiendish wickedness (whom he had first seduced, and then produced abortion upon), he endeavoured to accuse of his crimes, in order to escape himself.

And what were the professional characteristics of this villain? How did he behave to his brethren, and to his patients? The Glasgow correspondent of the *Daily Telegraph*, who evidently knew him so as to shake hands with him, has given a sketch of him when at Glasgow. He was, when known, "regarded as a pushing adventurer of no little effrontery." He lost his patients; for "he showed too much of the money-grubbing spirit to be long retained in a family," and the anxiety was to get rid of him, which was difficult. "I have known people to whose bedside he went uninvited, by desire, as he averred, of a friend of theirs; and, after making a careful diagnosis, he left a prescription, and said he would call again," etc. He tried to get himself a "testimonial," and sent donations himself. He told anecdotes of himself, full of exaggeration, which those who knew him disbelieved. Indeed, there is much more of these characteristics, showing him to have been personally vain—a bragging, self-asserting fellow, advertising himself in all ways; the whole professional character illustrating those faults which a gentleman instinctively avoids, and which stamp a man as a vulgar pretender of the Barnum genus. He confessed that his morals were of the worst kind.

This is the way downwards; and, although no man would exult over a fallen fellow-man, nor think of himself that he might not fall to any depth if not upheld by a higher power, yet it is a duty to draw a lesson from such falls; to examine the downward steps; and in this case to show that, before he had attained the full measure of his iniquity, he was just the stamp of medical practitioner we all regard as a black sheep, and quietly avoid and repudiate.

Association Intelligence.

COMMITTEE OF COUNCIL: NOTICE OF MEETING.

THE Committee of Council will meet at the Queen's Hotel, Birmingham, on TUESDAY, September 12th, at Three o'clock precisely.

T. WATKIN WILLIAMS, *General Secretary.*

13, Newhall Street, Birmingham, August 22nd, 1865.

Reports of Societies.

OBSTETRICAL SOCIETY OF LONDON.

JUNE 5TH, 1865.

ROBERT BARNES, M.D., President, in the Chair.

Specimens. Dr. J. BRAXTON HICKS showed a Uterus from which a large Fibrous Tumour had been expelled in a sloughing state a few days before death.

Dr. HICKS also read a case and showed a specimen of Extrauterine Fœtation, the abstract of which will appear in the next report.

ON THE DYSMENORRHEA, METRORRHAGIA, OVARIITIS, AND STERILITY ASSOCIATED WITH A PECULIAR FORM OF THE CERVIX UTERI, AND THE TREATMENT BY DIVISION. BY ROBERT BARNES, M.D.

The author described and figured the form of cervix uteri which projected into the vagina as a conical body, the vagina appearing to be reflected off at a point nearer the os internum than normal. The os externum was usually minute, scarcely admitting the uterine sound. This (the os externum) was the real seat of constriction. The os internum normally was a narrow opening; and in these cases of dysmenorrhœa and sterility it was commonly found to be of normal calibre. It was therefore unnecessary to divide it. It was, moreover, dangerous to divide it, on account of the close proximity of the large vessels and plexuses running into the uterus on a level with it. The author maintained that this form of cervix was a cause also of retro- and peri-uterine hæmatocèle, and of peritonitis. All these consequences might arise in single women. In the married state the evils enumerated were aggravated, and new ones arose. Women with this peculiarity were generally sterile; and if they became pregnant it was early in life, before the further consequences were developed. These were flexions, deviations, inflammation of the cervix and body, hypertrophy. Discussing the question of treatment, the author showed that dilatation was unsatisfactory; that incision of the os internum, as practised by Dr. Simpson's single bistouri caché and by Dr. Greenhalgh's double bistouri caché, was unsafe and superfluous. He objected to the latter instrument, especially, that it must cut as it was set—that it was too much of an automatic machine, not leaving scope for the judgment of the operator. His (Dr. Barnes's) own instrument, constructed like a pair of scissors, acted on the same principle as Dr. Sims's: it divided only the os externum, so as to open the cavity of the cervix; the part to be cut being first seized between the two blades, the operation was perfectly free from risk; the hæmorrhage was usually slight; and a good os was made. He had performed the operation many times, both in hospital and private practice, and was well satisfied with the results. One advantage of incision over di-

latation was, that it relieved the engorgement and inflammation.

In illustration of the behaviour of the conical cervix uteri under labour, two cases were narrated. In one, the cervix and os uteri had returned to their original state, although a fœtus of four-and-a-half or five months' development had been expelled through them. In the other case it was necessary to open the cervix artificially by means of the author's cervical dilator and incisions in order to deliver a full-grown child. In both cases pelvic cellulitis followed labour.

Mr. BAKER BROWN thanked Dr. Barnes for having brought the subject forward. He agreed with most of what had been stated in the paper; was opposed to dilatation as being inefficient and temporary. He described his mode of operating, which was to place the patient in the lithotomy position, and, having introduced a bent speculum, he seized the os with a pair of forceps, and divided it with Simpson's hysterotome. He never divided the internal os; always used a plug of oiled lint to prevent hæmorrhage. He regretted that the operation had lately been condemned by a high authority, but believed it was the only efficient and permanent remedy for these painful affections.

Dr. GREENHALGH was surprised to hear the President's opinion that the seat of stricture in these cases was mostly at the external os. He (Dr. Greenhalgh), on the contrary, expressed his conviction that in the great majority of cases the stricture is situate at the internal os, and consequently he recommended division of the internal as well as the external os. After division he usually introduced one of his bilateral expanding stems, which keeps up steady dilatation, and prevents contraction. As regarded hæmorrhage, which some appeared so to dread, he had never but once met with it, though he had operated in nearly one hundred cases. He always used his own bilateral instrument, which cuts both sides at once. The advantages of his plan of operating were, he believed, extreme exactitude, facility, painlessness, and the avoidance of any personal exposure. He expressed his surprise at the remark of Mr. Brown that he never divided the internal os, when he (Dr. Greenhalgh) had seen him on several occasions freely incise the internal os in the cases under consideration.

Mr. BAKER BROWN, in reply to Dr. Greenhalgh, said that that gentlemen must be mistaken in what he had seen at the London Surgical Home. He repeated that he never in cases of dysmenorrhœa cut through the internal os. Dr. Greenhalgh was evidently confounding this operation with that for fibrous tumour, retroversion, retroflexion, etc., of the uterus, in which he (Mr. Brown) incised freely, and generally through the internal os.

Dr. ROUTH fully confirmed Dr. Greenhalgh's view. For his own part, he believed in by far the majority of cases the obstruction was at the inner and not the outer os; although he did not deny that in some cases of conoid cervix it was present at the external os. He agreed with Dr. Gream in believing that Dr. Sims's plan of operation would occasionally leave a deformed cervix for life; and he did not think it was necessary to cut through the entire cervix. The instrument Dr. Greenhalgh had invented obviated all danger from hæmorrhage. The same was true of his (Dr. Routh's) instrument, which he, however, preferred, because of the bend, and, therefore, more easy of application in flexion cases. A little bleeding was salutary. In most of these cases there was a complication of congestion, which the very incision by the subsequent hæmorrhage relieved. But there was no doubt that such incisions, however freely made, had a tendency to contract again. Hence it was necessary to keep the cut made patent by some internal

uterine pessary, and for some time, it might be for months, so as to allow it to become properly lined with mucous membrane and incontractile. He knew several persons now walking about London with these. In other cases their removal had been followed by conjugal relations and pregnancy, though previously sterile for years. Of the use of spongetents and other modes of artificial dilatation, in these cases, he spoke disparagingly. He had seen cellular abscess and death follow their use. They should be used with the greatest caution. He also believed cases of dysmenorrhœa were more common than was generally supposed. Not only was the seat of obstruction more frequently at the *internal* os than the *external*, but, indeed, in many cases, the external os was patent and abnormally so, as shown by Dr. Henry Bennet. And there were many, and by far more numerous, cases of dysmenorrhœa which were in no way due to stricture at either os. As these cases were not, however, referred to by Dr. Barnes, he did not allude to them further.

Dr. SAVAGE laid before the Society an injected preparation of the Virgin Uterus, and detailed with great minuteness its several dimensions and the shape of the various parts. The vaginal portion varied considerably in length and size, the orifice sometimes scarcely admitting a probe, at others being a considerable slit. He then described the arrangement of the vessels, and drew the following deductions from an examination of the preparation:—1. Except in cases of irregular vascular distribution, which happen far from seldom, the vaginal portion of the cervix could be divided without risk of hæmorrhage; division beyond this would endanger the lower cervical arteries. 2. An incision laterally deeper than one-eighth of an inch at any part of the canal of the cervix would be unsafe. 3. An internal os surrounded by a ring of muscle, as asserted by Mr. Wells, does not exist; it is surrounded by muscular fibres subjacent to the mucous membrane, but the complete identification of the latter with the rest of the uterus, and the extremely oblique decussation of the former, could not contribute to the formation of a so-called inner os. The uterine isthmus could never form a stricture. 4. The instruments vaunted for surgical dilatation, most fortunately for operator as well as patient, did little else than divide half through the vaginal portion of the cervix, and even this not efficiently; the complete division of the vaginal part of the os required the scalpel or scissors. 5. The least bending of the isthmus would cause obstruction without organic constriction. In all these conclusions he was borne out by experience. He believed the obstruction was generally due to curvature. He could not understand Dr. Sims's denunciation of mechanical dilatation; but agreed with Dr. Gream that it was quite as safe and efficacious as division. The nature of the operation which Mr. Wells had said he was in the habit of practising under the bed-clothes, unless it were the same as that introduced by Dr. Simpson or Dr. Greenhalgh, Dr. Savage said the preparation entirely failed to elucidate. Mr. Wells did not perform them at the Samaritan Hospital.

Dr. GRAILY HEWITT thought that the two questions of the treatment of dysmenorrhœa and of sterility by means of incision of the cervix uteri had been too much mixed up together. He would say a few words first respecting dysmenorrhœa. He believed that in bad cases of dysmenorrhœa the condition present was frequently retention of the fluid in the uterus, and that this retention caused the pain; and he had been at some trouble to prove this. But, on the other hand, he also thought that the condition was capable of being relieved, in most cases, without re-

sort to mechanical treatment of the cervix uteri. The great thing was to diminish the flow of blood, and this could be regulated by general measures; but that there were a few cases in which such general measures were useless he admitted. He differed from the President in reference to the most common seat of the constriction; for although there were cases in which the os uteri was congenitally extremely small and narrow, yet in the larger number of cases of dysmenorrhœa the impediment was situated at the junction of the cervix with the body of the uterus. With regard to the best method of applying mechanical relief when such was required, he thought that cases must be treated on their own merits. Where the cervix uteri was hard and dense, the cutting operation was most indicated, the difficulty being here the greatest; but under other circumstances he preferred the use of tents as dilators. The sea-tangle tent was, he considered, a perfectly safe means of dilating the cervix uteri; but, he would repeat, the cases were few requiring this treatment. As to the mode of incising the cervix or os uteri, here again the operation must be selected according to the case; no one operation could be suited to all circumstances. He would next say a few words on the subject of sterility. It was undoubted that in certain cases the cure of sterility could be effected by dilating the cervix uteri, and much had been said as to the superiority of one mode of dilatation over another. The fact was, that so long as the canal of the cervix was a little enlarged, whether by incision or by dilatation, the necessary end would be served. The great object was to secure a tolerable patency of the canal at about the menstrual period, when conception was most likely to occur. Supposing the sterility to be cured, the dysmenorrhœa which might be associated with it would be also, in all probability, permanently relieved.

Dr. WYNN WILLIAMS remarked that he thought no one would deny that surgical interference was required in some few cases of dysmenorrhœa, but that he considered they might be reduced to almost a minimum by proper therapeutic treatment. He remarked that cases were frequently operated upon without benefit, and related the case of a patient who had been so operated upon, but with no good result, the neck of the uterus forming two large protruding lips. The patient was suffering from an enlarged and congested state of the uterus, due to gout. By free leeching, rest, the injection of a weak solution of iodine and appropriate constitutional remedies, she got rid of her troubles. He considered that the seat of the stricture might be in any part of the uterine canal, and that in advanced cases it was difficult to decide where the stricture was first situated, as in most cases the uterus became flexed upon itself, with enlargement and thickening above the seat of flexure, which thus formed a stricture. These cases would frequently get well by leeching, rest, the injection of iodine, lotions, and appropriate constitutional remedies. In the few cases where incision was necessary, the incision should be made to commence at the seat of the upper stricture, and gradually enlarged to the external opening. Dr. Williams remarked that, as no surgeon would think of cutting through the whole of the tissues of the penis for stricture in the male urethra, so he considered it quite unnecessary and unjustifiable to cut through the tissues forming the neck of the uterus, though it may be necessary to keep the incision distended by means of tents or dilators.

Dr. MARION SIMS was surprised at the great difference of opinion expressed by previous speakers as to the seat of the obstruction, but he agreed with those who thought it was at the lower orifice. He then went into some statistical details of his own practice,

and laid great stress upon the frequency of curvature of the cervix as a cause of obstruction at the internal os. Though it might, he thought, lead to an actual narrowing of the canal, yet he believed this was an extremely rare occurrence. But in cases of induration and conoidity the os tincæ was abnormally contracted in every case he had seen. Indeed a conical indurated cervix was incompatible with a normal os tincæ, the existence of the one almost necessarily implying that of the other. With regard to cases referred to by Dr. Gream and Mr. S. Wells, in which the tissue of the cervix had been too largely incised, so that the lips of the os were everted and rolled backwards, he had never seen any such after his method of operating, but had witnessed that result after the use of the metrotome caché; and he attributed it to this—because it cut deeper into the sides of the supravaginal portion of the cervix, and so divided the circular muscular fibres, which are naturally antagonistic to the longitudinal fibres. By his (Dr. Sims's) plan of operating, the incisions upwards were more superficial, though the opening of the os was about the same in both methods.

The PRESIDENT, in closing the discussion, said that he only directed attention to one class of cases of dysmenorrhœa—that, namely, associated with the peculiar projecting form of cervix uteri, and usually attended by sterility. This was the form that required treatment by incision. The obstruction that required division was the os externum or vaginal portion. The os internum normally was a narrow canal. Dr. Greenhalgh passed his instrument through it as preliminary to his operation. If it admitted this instrument, the os was of full normal size, and could not require cutting. His (the President's) instrument and operation were perfectly safe and efficient. He thought, after hearing Dr. Sims's remarks, that he had underrated the importance and frequency of flexion at the neck as a cause of obstruction.

CHEMISTRY AT OXFORD. Some weeks ago the University of Oxford advertised for a Waynflete Professor of Chemistry. People not in the secret supposed that Oxford had become so convinced of the importance of chemistry that they intended to endow a second professorship. Dr. Daubeny, however, has made known that the new professorship is of more value than the Aldrichian, which Sir B. Brodie now holds, and consequently this gentleman is expected to apply for the new appointment. In the event of his election to it, Dr. Daubeny states that the old professorship will be suppressed, and its endowments applied to other purposes.

ILLEGITIMATE CHILDREN. The proportion of the children born who were illegitimate—6·5 of every 100—was rather higher than in the two preceding years. More than 47,000 children were born out of wedlock in England in 1863. The proportion varied much in different parts of the kingdom. In London it was very low, but in all great towns some of these births escape registration. South of the latitude of London the proportion was generally below the average, but not often in other parts. In Bedfordshire 7·1 per cent. of the children were illegitimate, in Hertfordshire and Oxfordshire 7·3, in Suffolk 7·9, in Norfolk 11·3 per cent. In all the north-midland counties—Notts, Derbyshire, etc.—the proportion was high; in Shropshire it was 10·1 per cent. In North Wales it was 8·6, in the North Riding 9·2, in Westmoreland 9·2, and in Cumberland no less than 12 per cent. The Registrar-General considers it surprising that so little attention is paid to the disclosure that year after year a rate of illegitimacy far above the average prevails in certain counties.

Correspondence.

CONTEMPORARY BIOGRAPHY.

LETTER FROM T. HERBERT BARKER, M.D.

SIR,—I hasten to correct a mistake in your report in this day's JOURNAL. You state that Dr. Stewart's motion was carried unanimously. This was not the case. I sat far back in the room, and therefore could see the hands which were held up. There were seven or eight hands held up for the motion, and six or seven held up against it. The majority was a very slender one. A greater number of distinguished members of the profession were present at the meeting, whose names are announced for the series by their permission, than all who voted both for and against Dr. Stewart's motion; and they took no part in the voting. The votes would, in all probability, have been reversed, had a more able advocate than myself spoken in favour of contemporary biography. But the fact is that, having decided to take no part in the debate, I was quite unprepared; and I should not have spoken, had I not received a message from the President requesting me to attend the meeting. Before putting the motion to the meeting, and as a reason for not continuing the discussion, the President remarked, as nearly as I can recollect the very words, "I suppose the result, either way, will have no influence upon Dr. Barker's publication;" and, appealing to me said, "You will go on with it, whether or no?" and I said, "Certainly; it will not make the slightest difference."

The objections urged by Dr. Stewart against the publication of contemporary biography are thus summed up: 1. The difficulty of deciding who are eminent members of the profession; and 2. The fact that some unworthy use had been made, or might be made, of such publications.

With regard to the first objection, I accept the responsibility, and will bear all blame, if I make a mistake. I would, however, remark in passing, that my list of distinguished members of the profession, foreign as well as domestic, will not speedily be exhausted. It consists of men all of whom have made their position, and many of them have retired from active life. All of them, whether retired or not, are utterly incapable of the unworthy practices alluded to by Dr. Stewart—as incapable, in fact, as the three distinguished men in the present number. A distinguished foreign professor will appear in an early number, and I am making arrangements for a series of the most eminent men on the continent to appear with our own men.

Dr. Stewart argued that, some years ago, some persons were found to abuse the system. I express no opinion on this point. But, suppose it to be true, is it a fair sequence that the profession is to have no classified record of the labours of their great contemporaries, simply because these are alive? Nearly thirty years ago, Mr. Pettigrew brought out a very interesting series of medical biographies. There was no outcry against them. The same kind of biography is extensively published on the continent; and a successful series of portraits of men of eminence in science, literature, and art was commenced by Lovell Reeve sometime ago, and is now being published monthly. This series includes some distinguished members of our own profession. Thanks to photography, the portraits are unequalled as likenesses, and beautiful as works of art; and the biographical sketches may be made both interesting and useful.

The *Lancet* puts the subject correctly last week

(Aug. 12th). "The demand for medical biography," writes the editor, "is as reasonable and legitimate as the demand for any other kind of biography. If medical biographers select lives worthy of notice, they will be rewarded by success; if they write sketches of unimportant lives, they will be equally certain to fail of it. They may safely be left to the fate of other biographers."

The editor of the *Medical Times and Gazette*, too, remarks: "Now that every drawing-room table groans with *cartes de visite* of relatives and friends, and of personages who have attained celebrity in every walk of life, from royalty downwards, we should be indeed an unnatural and cold-blooded set, did we not wish to possess some of these mementoes of those members of our own profession whom we have been wont to look up to as public teachers or private friends. Equally natural is it that we should like to know something of their history; where they were born, and of what family; what advantages they enjoyed as to education; what gave them their bent towards medicine; what was the peculiar scope of their early studies, and what they have since contributed towards our stock of knowledge." (July 15th.)

But my plan does not necessarily include biographical details. Some of the members prefer that their portraits should appear without a line of biography; and I have been happy to meet their wishes, restricting myself solely to a brief analysis of their writings. The first sketch of this kind, accompanying the portrait of one of our oldest and most distinguished men, will appear, I hope, in No. v of the work.

I am happy to say that I have succeeded far beyond my most sanguine expectation in securing the hearty co-operation of men of undoubted distinction; and I am quite confident that no unworthy use will ever be made of any publication in this series. The rest remains with myself. I know that the sketches could be written by very many in a much better style; but I will do my best to make them useful, avoiding all useless personal details, and especially everything which Dr. Stewart dreads of a "fulsome" or "puffing character". Happily for me, my texts are sermons also. I am, etc.,

T. HERBERT BARKER.

3, Harpur Place, Bedford, August 19th, 1865.

[Dr. Barker is quite correct in his statement, that Dr. Stewart's motion was not carried unanimously. The insertion of the word "unanimously" arose from a *lapsus calami* on the part of the reporter, and the error was overlooked in correcting the proof. EDITOR.]

HOW THE MEDICAL PROFESSION IS DEGRADED.

LETTER FROM JOHN SPURGIN, M.D.

SIR,—As you have said, "it is quite time the old-fangled notions adopted by Sir B. Brodie and other authorities, that men of medicine had no business to interfere with politics; that their duties lay in a very different direction; that the legitimate field of their exertion was the sick-room and private life; that their influence should be exerted only through their operations in private life"—yes, I fully agree with you, "it is quite time all such notions were abandoned."

Lady Hester Stanhope's counsel has been of late years most wonderfully acted upon by our profession throughout the length and breadth of the land, in giving great attention to the contents of certain chamber-utensils. The fact is a most rampant one, of the great faculty being reduced to such practices

as literally degrade it and keep it degraded. As a physician, I feel insulted by the Lady Hester Stanhopes of the day referring me to their close stools and chamber-utensils for an insight into their ailments. It is a very different thing to require their production, when this may be necessary occasionally for our own judgment, but not habitually, as if it were a part of the claim precedent to the honorarium. The pulse, the respiration, the tongue, the countenance, the voice, the skin, the bodily movements, the spirits, and the replies to well-put questions, are the grand indices for the physician carefully to notice; and, if he cannot proceed without the help of the excreta in the majority of his cases, he is but a second-rate doctor at his best. Well may the public exclude us as they do from the council of the nation, from public boards, and other posts of distinction!

How often, again, does a professional man observe upon some one of his brethren, "Oh, he has not given his attention to some particular complaint, as Dr. So-and-so has done or does. In so speaking, he recommends a specialist as he would a remedy, as a prescription merely, to the exclusion, perhaps, of a physician of a far more enlarged sphere of observation, as well as of power of mind, with commensurate skill to grapple with the malady of a patient who, in all probability, has his brain, his lungs, his heart, his kidneys, and his liver, at once assailed by disease. I am certain that the profession is seriously damaged by this proceeding, of such universal adoption now-a-days—universal, because it is not confined to the profession; for it is now the habit of society in general, inasmuch that I never have a patient but I expect that a kidney specialist or a lung or a liver specialist will supersede me, or that I must give place to him, when I feel quite as competent as any specialist in particular to bring out a happy issue in proof of my title to general confidence; and this upon the honest ground of varied experience and lengthened observation, such as the mere specialist precludes himself from. Doubtless this feeling is participated with myself by the majority of my class. The effect of this current of medical and general procedure is the degradation of the faculty in chief; it is reducing the faculty to the level of low mental acquirement and power, excluding the classic, the philosophic and humanitarian elements—the *literæ humaniores*, in fact—which dignify, because they exalt and enlarge, rather than limit and specialise, human capability, intended as this was to resemble its Divine Giver, and to glorify Him in fulness.

I am, etc., JOHN SPURGIN.

17, Great Cumberland Street, August 10th, 1865.

HAY-FEVER, HAY-ASTHMA, OR SUMMER-CATARRH.

LETTER FROM W. ABBOTTS SMITH, M.D.

SIR,—In the JOURNAL for July 22nd, a letter appeared from the pen of Mr. James Bird, upon the subject of this very interesting, and, I would venture to add, too little understood affection. Permit me to avail myself of your columns for the purpose of thanking that gentleman for the terms in which he has spoken of my pamphlet on this disorder, and of adding my evidence to his respecting the frequency with which hay-fever may be traced to the influence of the emanations from the substance whence it derives the name by which it is commonly known.

I have, in several cases, succeeded in tracing the affection to this particular exciting cause, even when probability, and sometimes almost possibility, seemed to be against the hypothesis. A patient, who came under my notice at the Metropolitan Free Hospital

this year, resided in Houndsditch—no very likely *locale*, certainly, for the production of the disorder through the aroma of hay; but, upon inquiry, I cleared up the case satisfactorily, by ascertaining that the patient worked in a room close to a livery-stable; and that, with a regard for ventilation almost unparalleled in this part of London, he was accustomed to keep the window open, so as to admit air into his room. His illness, which, when he first applied at the hospital, had lasted six days, had commenced on the morning after some very strong-smelling new hay had been brought into the stable-lofts. In two other cases, related in a communication of mine to the *Medical Times and Gazette* for 1863, a man and his wife, living in Whitechapel, were both affected in a similar manner—viz., by being temporarily exposed to the emanations of some new hay brought into a yard where they resided.

Occasionally, however, the disorder occurs under circumstances which preclude a resort to the hay-hypothesis; and, in cases of this kind, we must look to some other causes, such as the excessive heat and strong light of summer, the irritating effects of dust, etc. Some curious instances of this nature, which have come to my knowledge, are worthy of record. In one, the patient stated that he had suffered for many years from annually recurring attacks of summer-catarrah, which occurred about the same period (synchronously with the first heats) of summer, no matter where he might happen to be at that season; and that, some few years since, he was seized with unmistakable symptoms on board ship, several hundred miles from land. In another case, which was communicated to me by Mr. Hardwicke, the publisher, a gentleman, who was at his place of business in Piccadilly, mentioned to Mr. Hardwicke, in the course of conversation, that he was a victim to hay-fever, but that he thought that he had escaped it this year through residing in town. Subsequently, he called on Mr. Hardwicke to tell him the singular fact that, in walking home from Piccadilly to his residence, not more than a quarter of a mile distant, he felt the symptoms of the disorder coming on; and, by the time that he reached home, they had become so severe that he was compelled to remain indoors until the following day.

These, and other cases of which I have been informed, point to the existence of other causes of the affection besides the emanations from hay; but, so far as my experience goes (and that of Mr. Bird leads to the same conclusion), the cases arising from the latter cause are much more numerous than those produced by all of the other causes taken together.

I fully coincide with Mr. Bird in the opinion that quinine is the most successful remedy for hay-fever; although, owing to the variety of the symptoms in different cases, it is out of the question to expect to obtain relief in every instance from the administration of this drug. Hay-fever may be divided into three classes—viz., the catarrhal, the febrile, and the asthmatic; and we must select our remedies according to the preponderance of either form of the disorder. In a case of which I have a vivid recollection, owing to the extreme dyspnoea and other asthmatic symptoms which were present, quinine entirely failed to give relief; but lobelia effected a cure in a few days. In some cases, other tonics besides quinine, such as iron, either alone or in combination with quinine, arsenic, and the bitter infusions, are very useful. Upon one point, insisted upon by Mr. Bird, too much stress can scarcely be laid; I refer to free purgation, which is important at the commencement of the treatment of every case of hay-fever.

I am, etc., W. ABBOTTS SMITH.

August 1865.

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND. The following members of the College, having undergone the necessary examinations, were admitted Licentiates in Midwifery at a meeting of the Board, on August 16th.

Antonio, Charles, L.S.A., King's College Hospital; diploms of membership dated May 20, 1862.

Dod, Harry Davenport, Great Court Street; April 23, 1865.

Hoffmeister, Wm., L.S.A., Cowes, Isle of Wight; July 25, 1865.

Leake, Jonas Richard, L.R.C.P. Edin., Wingfield, Upper Norwood; April 26, 1865.

March, John, L.S.A., New Wandsworth, Surrey; Nov. 15, 1860.

Ray, William, West Square, Southwark; Nov. 18, 1864.

Tibbitts, Herbert, L.R.C.P. Lond. and L.S.A., St. Bartholomew's Hospital.

Tindall, A. M'Yvor, St. Bartholomew's Hospital; April 25, 1865.

Woodman, William Bathurst, M.D. St. And. and L.S.A., London Hospital; April 13, 1861.

ROYAL COLLEGES OF PHYSICIANS AND SURGEONS, EDINBURGH. (Double Qualification.) The following gentlemen passed their first professional examinations during the recent sittings of the examiners.

Gass, J. B., Dumfriesshire

Griffith, W. B., Edinburgh

Jones, Charles, Herefordshire

Kerr, J. C., Edinburgh

Long, Bourke

Mitchell, J., Kirkcubright

Macrury, C. Wm., Inverness-shire

Oliver, Wm., Coleraine

Wood, William Dyson, Wakefield

Woodcock, Samuel, Glossop

And the following gentlemen passed their final examinations, and were admitted L.R.C.P. Edinburgh, and L.R.C.S. Edinburgh.

Archibald, T. C., Fermanagh

Budge, J. T., Caithness

Burscarlet, Albert, Pau

Campbell, D., Perthshire

Coppinger, A. W., Cork

Cote, W. N., United States

Crabbe, W. T., Kiriemuir

Currie, T., Fifeshire

Duguid, William, Elgin

Fletcher, R. V., Dublin

Gilruth, G. R., Leith

Hill, Matthew, Dublin

Kane, Thomas J., Galway

Kilroy, P. Le Feuvre, Plymouth

M'Nutt, W. F., Nova Scotia

Martin, T. F., Louth

Moir, John, Edinburgh

Mulcahy, James, Blarney

Reynolds, E. J., co. Dublin

Tarbolton, A. S., Leeds

Veitch, W. Y., Durham

Wardle, J. H., Duckinfield

Waring, R. W., Cavendish

Wilkinson, H. H., Rotherham

Wilson, R. F., Carlisle

Young, David, Perth

ROYAL COLLEGE OF SURGEONS, EDINBURGH. The following gentleman passed his first professional examinations during the recent sittings of the examiners.

Mackeown, William, co. Derry

And the following gentlemen passed their final examinations, and obtained the diploma of the College.

Alexander, W., Rathfriland

Barbour, John, England

Boyle, A. A., Glasgow

Chisholm, W., Roxburghshire

Christian, J., Forfarshire

Compignie, H. D. S., Hampshire

Currie, John, Dunfermline

Gentle, David, Kinross-shire

Hamilton, T., Edinburgh

Holden, J. S., Belfast

Johnstone, Charles H. L., New Brunswick

Johnston, Wm., Aberdeen

M'Crystal, Edward, co. Derry

Macfee, John, Butehire

Manley, H. C., Lisburn

O'Hare, Thomas, co. Down

Smith, D. S. H., Louisiana

Strange, Arthur, Ashton-under-Lyne

Thomas, J. B., India

Turner, Duncan, Argyllshire

Williams, R. G., Kinsale

Young, A., Portlennie, Ireland

APOTHECARIES' HALL. On August 17th, 1865, the following Licentiates were admitted:—

Fairland, Edwin James, Guy's Hospital

Gittins, John, Shrewsbury

Heaven, Charles Thomas, Thistle Grove, Brompton

Hilder, Nelson Albert, New Terrace, Camberwell Park

Hughes, John Pearson, Llandoverly, South Wales

Lundy, Louis Francis, Feltham, Middlesex

Madley, George Henry, Holland Road, Kensington

Smith, Chas. James Hardy, Upper Craven Place, Kentish Town

Weekes, Henry, Brompton, Kent

At the same Court, the following passed the first examination:—

Yeomanson, John, St. Bartholomew's Hospital

UNIVERSITY OF ABERDEEN. The ceremony of conferring degrees in Medicine and Surgery took place on August 4th; Dr. Macrobain presiding. During the past year, the following candidates, after the usual examinations, have received Degrees in Medicine and Surgery.

The Degree of M.D.

Batt, Edward, M.R.C.S.E. and L.S.A., Oxfordshire
 aCarless, John, Woolwich
 abEvans, John Tasker, M.R.C.S., Hartford
 Farquharson, James, Edinburgh
 aFindlay, George, A.M., Keith
 acFowler, James E., A.M., Aberdeenshire
 acGage, James Thomas, Aberdeen
 aJones, Alfred O., M.R.C.S. and L.M., London
 aLucey, William C., M.R.C.S., L.S.A., and L.M., Surrey
 acMusckett, Edwin B., Norfolk
 Secombe, Thomas, F.R.C.S.E., Plymouth
 abSiddall, Joseph B., M.R.C.S.E. and L.S.A., Derbyshire
 abSutcliffe, Edward, M.R.C.S.E. and L.R.C.P.L., Surrey
 Taylor, James, Banffshire
 abWard, Martindale C., M.R.C.S.E., M. and L.S.A., and L.M., London

At the same time—

Keith, Robert, M.B., C.M.
 Kewles, Benjamin, M.B., C.M.
 Thursfield, Thomas Greville, M.B., C.M.
 Watt, Thomas, M.B., C.M.

were promoted to the Degree of M.D.

The Degree of M.B.

acAnderson, George Henry, M.A., Aberdeen
 Birnie, William S., New Fingalo
 acCampbell, Alex., L.R.C.S. Ed. L.R.C.P. Ed., Aberdeenshire
 acCampbell, John Mullar, Aberdeen
 abCenter, William, A.M., Aberdeen
 acColborne, Anthony C., L.R.C.P., L.S.A., London
 aDawson, John, M.R.C.S., L.S.A., Norfolk
 adDuncan, William, Aberdeen
 acFowler, John Smith, M.A., Aberdeen
 abGalloway, William Walker, Aberdeen
 acGavin, George, Colombo, Ceylon
 aGrant, Alexander Gibb, Aberdeen
 aGray, Edward, London
 aGray, Alexander Riddoch, Aberdeen
 acKerr, David A., Aberdeen
 abKing, George, Aberdeen
 acMacpherson, John, Huntly
 acMilne, Robert M., Dunnotar
 acMilne, Thomas, Aberdeenshire
 acMitchell, Alexander G., A.M., Hayne
 acMurray, John, M.R.C.S. Eng., Aberdeen
 abOgston, Alexander, Aberdeen
 acReid, Alexander Campbell, Aberdeen
 abRodger, James, Aberdeen
 aRowe, Samuel, M.R.C.S.E., London
 acSaunders, Charles E., M.R.C.S., London
 acSimpson, John, Kintore
 acSmith, Francis, M.R.C.S., L.S.A., Lincolnshire
 acStrange, William Heath, M.R.C.S., L.S.A., L.M., Reading
 acWhite, William Leavens, Shropshire
 acYoung, David, L.R.C.S. Ed., L.R.C.P. Ed., Perth

Of the above-named graduates, those marked *a*, together with

Carnegie, John

received also the Degree of Master in Surgery.

(C.M.) Those marked *b* received their degrees in Medicine and Surgery, with highest academical honours; those marked *c* received their degrees in Medicine; and the graduate marked *d* his degree in Surgery, with academical honours. At the same time—

Letlbrdg, Alfred Swaine
 Wadd, Frederick John
 White, John

were certified as having passed all the examinations, and are entitled to receive degrees on attaining the necessary age.

APPOINTMENTS.

CURRIE, W. T., M.D., elected Assistant-Physician to the City of London Hospital for Diseases of the Chest.
 DAVIDSON, John H., M.D., appointed Assistant Medical Officer of the Birmingham Borough Lunatic Asylum.
 DUDLEY, John G., M.D., appointed Surgeon to the Surrey Dispensary, in the room of E. Head, M.B.
 FENWICK, Samuel, M.D., elected Assistant-Physician to the City of London Hospital for Diseases of the Chest.
 *McKENZIE, John George, M.D., elected one of the Medical Officers of the Sidmouth Dispensary.

ARMY.

ADAMS, Assistant-Surgeon R., M.D., 51st Foot, to be Staff-Assistant-Surgeon, *vice* D. C. Grosse.
 BAXTER, Surgeon F. H., M.D., 12th Lancers, to be Surgeon-Major, having completed twenty years' full-pay service.
 COATES, Surgeon J., M.D., 26th Foot, to be Surgeon 24th Foot, *vice* Surgeon-Major R. Gamble, M.D.
 GAMBLE, Surgeon-Major R., M.D., 24th Foot, to be Surgeon 26th Foot, *vice* J. Coates, M.D.
 GROSSE, Staff-Assistant-Surgeon D. C., to be Assistant-Surgeon 109th Foot, *vice* N. Carter.
 HINTON, Assistant-Surgeon J., 10th Hussars, to be Staff-Assistant-Surgeon, *vice* J. T. Milburn.
 HUISH, Staff-Surgeon H., M.D., to be Surgeon 3rd Hussars, *vice* Surgeon-Major W. O. Mackenzie, M.D.
 MACKENZIE, Surgeon-Major W. O., M.D., 3rd Hussars, to be Staff-Surgeon-Major, *vice* Staff-Surgeon H. Huiish, M.D.
 MILBURN, Staff-Assistant-Surgeon J. T., to be Assistant-Surgeon 10th Hussars, *vice* J. Hinton.

ROYAL NAVY.

ARMSTRONG, Alexander, M.D., to be Deputy Inspector-General of the Royal Marine Infirmary, Chatham.
 BARRY, John, Esq., Assistant-Surgeon, to the *Dasher*.
 BIRCH, Edward A., Esq., Acting Assistant-Surgeon, to the *Donegal*.
 COURTENAY, J. P., Esq., Assistant-Surgeon, to the *Princess Royal*.
 EGAN, F., Esq., Assistant-Surgeon (additional), to the *Cumberland*.
 FLETCHER, Wm. B., Esq., Assistant-Surgeon, to the *Research*.
 FLYNN, F. F., Esq., Assistant-Surgeon, to the *Victory*, for Haslar Hospital.
 HARDING, Robert, Esq., Assistant-Surgeon, to the *Donegal*.
 KING, John, Esq., to be Staff-Surgeon of Chatham Dockyard.
 LUCAS, Leonard, Esq., Assistant-Surgeon, to the *Princess Royal*.
 MACDERMOTT, William L., Esq., Assistant-Surgeon, to the *Victory*, for Haslar Hospital.
 M'DONALD, Alexander, Esq., Assistant-Surgeon, to the *Tinnel*.
 M'DONALD, T. W., Esq., to be Inspector-General of Hospitals and Fleets on the retired list.
 M'MORRIS, Robert J., Esq., Assistant-Surgeon, to the *Himalaya*.
 PERS, Henry, Esq., Staff-Surgeon, to the *Wellesley*.
 PURVES, Robert, Esq., Assistant-Surgeon (additional), to the *Princess Royal*.
 REES, J., Esq., to be Inspector-General of Hospitals and Fleets on the retired list.
 ROCHE, William, Esq. (a), Assistant-Surgeon, to the *Indus*.
 SAUNDERS, William M'K., Esq., Staff-Surgeon, to the *Victory*, for Haslar Hospital.
 SHEA, H. D., Esq., to be Inspector-General of Hospitals and Fleets on the retired list.
 WATSFORD, John, Esq., Assistant-Surgeon, to the *Tyrian*.
 WILLIAMS, Charles F., Esq., Assistant-Surgeon, to the *St. Vincent*.

VOLUNTEERS. (A.V.=Artillery Volunteers; R.V.=Rifle Volunteers):—

BROWNE, W., Esq., to be Assistant-Surgeon 2nd Administrative Battalion Staffordshire R.V.
 MASPEN, W. E., Esq., to be Assistant-Surgeon 2nd Administrative Battalion Staffordshire R.V.

BIRTHS.

CARTER. On August 19th, at Leamington, the wife of *T. A. Carter, M.D. of a son.
 SANSON. On August 23rd, at 29, Duncan Terrace, N., the wife of *A. Ernest Sanson, M.B., of a daughter.

DEATHS.

BAKER. On August 11th, at Southampton, aged 67, Christian, widow of the late William Baker, M.D., of Derby.
 CREAN, Robert C., Esq., Assistant-Surgeon Royal Artillery, at Wexford, on August 3.
 DAVIDSON, John, M.D., at Brighton, aged 49, on August 17.
 FURLONG. On June 14th, at Mhow, Florence Emma, youngest child of John S. Furlong, M.D., Surgeon 6th Dragoons.
 HAWKINS, Fredk. R., Esq., Surgeon, second son of *J. V. Hawkins, M.D., of King's Lynn, on board the *Lady Melville*, on June 28.
 ROWDON. At Tyler, Texas, aged 20, lately, Henry Mortimer, eldest son of Henry M. Rowdon, M.D., of Nottingham Place, Marylebone.
 *WHITESIDE, James H., M.D., at Stockton-on-Tees, aged 46, on August 12.

A MEDICAL CORONER. Dr. Dill has been chosen coroner for Belfast. He beat a lawyer who opposed him by a majority of eighteen against seven votes.

M. CLAUDE BERNARD gives, in his work which is about to appear entitled *Introduction to the Study of Experimental Medicine*, a chapter on Vivisections. This chapter is given in *L'Union Médicale*.

TESTIMONIAL. The friends of Dr. E. J. Hall have presented him with a handsome testimonial of their esteem on the occasion of his leaving Henley-in-Arden to practise at Prescott, near Liverpool.

PROPOSED STATUE TO CIRILLO. A subscription has been opened in Italy for the raising of a statue to Cirillo, celebrated at Naples for his great medical knowledge, as well as for his civic virtues and heroic death.

THE MACINTOSH LUNACY CASE. Subscriptions have already been commenced in Scotland to raise a fund as a testimonial to Drs. Lowe and Smith, in consequence of the great expense and hardship to which they were undeservedly subjected through the Macintosh lunacy case.

DEATHS OF FOREIGN MEDICAL MEN. The Paris journals announce the death of Dr. Beau, Physician of La Charité, from an attack of apoplexy; and also of Dr. Buchez, who was President of the Constituent Assembly in 1848. Dr. Buchez died at Rodez, whilst travelling in the South of France. M. Pagenstecher, a distinguished Baden oculist, is dead.

CHARGE OF RAPE. Charles Gordon Sprague, who was recently tried and acquitted at the Exeter assizes on an indictment charging him with administering poison in a rabbit pie to Sarah Chalker, his mother-in-law, with intent to murder her, has been committed for trial for rape, for an assault, and attempting to commit it, and for an indecent assault.

NEWCASTLE-ON-TYNE COLLEGE OF MEDICINE. The following gentlemen have recently been elected the Council of Management for the ensuing year: President, the Rev. C. T. Whitley, M.A.; Registrar, Dr. Embleton, M.D.; Treasurer, T. Humble, M.D.; Secretaries, G. H. Philipson, M.A., M.D.; E. Charlton, M.D.; and W. Murray, M.D.

DIRTY NAPLES THE BEAUTIFUL. Naples appears to be in the most wretched sanitary state. The municipality are happily being frightened into action by the cholera. What can be done on the spur of the moment is being done. A central sanitary commission has been formed, one of whom especially—Dr. Mariano Turchi—is spoken of in the highest terms for his benevolence, his activity, and his great medical knowledge.

CARBUNCULAR FLY-BITE. Another death is recorded as having taken place in consequence of the bite of what the French call a *mouche charbonneuse*, literary a carbuncular fly—a fly which had been feeding on some putrified substance. At St. Maximin, Department of the Isère, a lady of about thirty years of age was bitten on the arm, towards the end of last month. She took no precautions, a pustule appeared, she did not have it cauterised, and on the second day her arm was so swollen, and the venom had made such progress, that it was found impossible to save her, and she died on the 6th inst.

THE COPPER-SMOKE QUESTION. For many years past the subject of utilising or neutralising the effects of the obnoxious copper-smoke has received much attention from practical chemists and the smelters engaged in the trade. In the neighbourhood of Swansea, the effect of the smoke is such that vegetation is completely destroyed for miles around. Various remedies have been attempted to neutralise the poisonous effects of the smoke, but only a limited degree of success has been attained. Messrs. Vivian and Sons have recently determined to adopt the patent of a German chemist, and Mr. H. H. Vivian, M.P., the senior partner, has stated publicly that he believes, after a careful investigation, that the invention will prove completely successful, and that it will enable the firm to make 1,000 tons per week of sulphuric acid from the copper-smoke, which is now not only of no value, but a source of great loss, owing to its injurious effects on the surrounding vegetation.

VITAL STATISTICS. In 1863, the latest year for which returns have been issued, the birth-rate was 3·539 per cent. in England, 2·686 in France, 3·988 in Austria, 3·912 in Italy. The marriage rate (persons married) was 1·688 per cent. in England, 1·600 in France, 1·734 in Austria, 1·626 in Italy. The death-rate was 2·305 per cent. in England, 2·244 in France, 3·113 in Austria, 3·115 in Italy. Commonly the mortality is higher in France than in England; and to a certain extent the French ratio is lessened through the returns for that country including Frenchmen dying abroad, whether civil or military.

BELFAST. Belfast is in the midst of a water famine. Not one drop of the stuff which is being supplied by the Water Commissioners is fit for human use. Perhaps there is not in Europe a town which, for its size, contains so many filthy entries and crooked abodes of vice and infamy and beggary as Belfast. All the waters of the ocean would not wash them. There is no sewerage save on the surface of these places. Children are sitting at the doors, and women, horrible in their aspect, are squatting here and there and supposing that they are taking the air. This is what may be seen from the outside. If we penetrate beyond the margin the sights are sickening, and no one would dare to pen a description of them. (*Belfast News Letter*.)

SUPERVISION OF EXAMINATIONS. In the *Lancet* of August 12th, it was stated that Dr. Sharpey had entered the room where the examination in Anatomy and Physiology was being lately conducted by the University of London Examiners, and had exercised the functions of a member of the Medical Council in supervising the questions. Dr. Sharpey, however, in a letter published in the same periodical last Saturday, states that his presence at the examination was merely the result of his having, in the absence of the Registrar, undertaken with Dr. Storrar to attend on the days of the *vivâ voce* examination, in order to see that there was proper accommodation for carrying them on. Nothing, he says, was farther from his mind on the occasion than to criticise or amend the written or oral questions—and that in the presence of the candidates. At the same time, he expects confidently that the Branch Medical Council of England will in no long time be able to arrange a visitation of examinations as effectually as present circumstances will admit. Our readers are already aware that a system of visitation has been organised in Scotland.

UNIVERSITY OF EDINBURGH. On the 1st of August, 67 graduates were capped at Edinburgh University; 46 of whom were Doctors of Medicine, 4 Bachelors of Medicine, and 17 Bachelors of Medicine and Masters of Surgery. Of the graduates, 32 were Scotch, 22 English, and 2 Welsh; 3 came from India, 3 from the Cape of Good Hope, 1 from Mauritius, 1 from Guiana, 1 from Prince Edward's Island, and 1 from Smyrna. The following gentlemen received gold medals for their theses: Dr. W. H. Lightbody, "On the Comparative Anatomy of the Cornea of Vertebrates"; Dr. John Wylie, "On the Physiology of the Larynx"; and Dr. J. B. Clark, "On the Reproduction of the Limbs of the Crustacea." The theses of four other graduates were deemed worthy of competing for the prizes; and nineteen other graduates were commended for their dissertations. Two of the medalists were from Scotland and one from Wales; of those considered worthy of competing for medals, 2 were from England, 1 from Scotland, and 1 from Wales; of those commended for their dissertations, 7 were from Scotland, 9 from England, 1 from Cape of Good Hope, 1 from India, and 1 from Smyrna. The address was delivered by Professor Spence.

NEW METHOD OF SALTING MEAT. At the last meeting of the Academy of Sciences, M. Pienkowski detailed some experiments which showed that meat salted with acetate of soda is easily dried, keeps an agreeable odour, and, moreover, is more easily unsalted than meat prepared with common salt.

THE MORTALITY OF 1863. In relation to mortality the returns for 1863 are noticeable as marking the commencement of a death-rate beyond the average, after three years of health. The death-rate varied from 1.735 per cent. in Westmoreland to 2.629 in Lancashire—three deaths in one country to two in another. The ratio in London was 2.447, the highest since the cholera year 1854. The death-rate of Scotland was almost identical with that of England, showing England, with her metropolis almost as populous as the northern kingdom, and with many other great city populations, as healthy as Scotland, which affords an average space of six acres to a person, while in England the area is less than two acres.

DEATH AFTER THE BITE OF A FLY. Mr. Fisher, a veterinary surgeon, a short time ago went to examine a horse which had just died. At the time the carcass was covered with myriads of flies. Mr. Fisher, in the course of his examination, saw that two of the insects had settled on one of his arms. He took very little notice of the circumstance, but in a few days two minute lumps presented themselves. He felt no pain until about a week after, when he found it advisable to call in a medical gentleman. The arm continued to swell, and, notwithstanding the greatest attention of the medical man, death occurred shortly afterwards. It is said the horse had suffered from a disease similar to that now raging among cattle.

SCOTTISH REGISTRAR-GENERAL'S RETURN. The return for the quarter ending June 1865, shows deaths above the average, but very slightly so. Scotland added to its population 2,889 illegitimate children. The population of Scotland was in its usual health. Diarrhoea and cholera in the autumn are very apt to be followed by a renewed outbreak of typhus fever, as the temperature decreases. Generally speaking, the Vaccination Act is described as working well, but in part of the north-western district complaint is made of the distance the people have to go to the vaccinator, who may live twenty or thirty miles from a parish, with some thousands of inhabitants, and be gone from home for days on the arrival of the parties. In a north-eastern parish four deaths from diphtheria in one family are reported; the registrar notes that they lived in a house with the dunghill quite near the front door, "as is the fashion in the district."

THE BRITISH ASSOCIATION. The arrangements for the annual congress are nearly completed. The meeting at Birmingham will commence on Wednesday, September 6th, on the evening of which day the President will deliver the inaugural address. On Thursday and Friday there will be sittings of the different sections, and also on Monday and Tuesday, 11th and 12th of September. On Saturday there will be excursions to Worcester and Malvern, to Shrewsbury and Wroxeter, to Warwick and Stratford-on-Avon, and to the Wrekin and Coalbrookdale. The concluding business meeting will be held on Wednesday the 13th, but on the following day there will be, as usual, excursions to attractive places in the neighbourhood. Among these the famous caverns at Dudley will be visited, and Lord Dudley has given directions that special provision shall be made for the visitors. The mines and large ironworks of South Staffordshire and the Burton breweries are to be visited. There will be *soirées* of a scientific character on the 12th and 17th. A geological collection will be

got together for the occasion in the museum of the Midland Institute at Birmingham. The president is J. Phillips, M.A., LL.D., F.R.S., Professor of Geology in the University of Oxford.

Varieties.

OUR GREAT TOWNS. An estimate has been made by the Registrar-General of the population of ten large towns in the United Kingdom in the middle of the year 1865. The estimate is as follows:—London, 3,015,494; borough of Liverpool, 476,368; city of Manchester, 354,930; borough of Salford, 110,833; borough of Birmingham, 327,842; borough of Leeds, 224,025; city of Bristol, 161,809; city of Edinburgh, 174,180; city of Glasgow, 423,723; city of Dublin (and some suburbs), 317,666.

AN APOTHECARY OF THE OLD SCHOOL. Mr. Clifton had in his shop five large bottles which were labelled *Mistura Salina*, *Mistura Cathartica*, *Mistura Astringens*, *Mistura Cinchona*, and another, of which I forget the name, but it was some kind of white emulsion for coughs; and it seemed to me that out of these five bottles he prescribed for two-thirds of his patients. I do not, however, set this down to his discredit; for I have observed that while young members of the medical profession generally deal in a great variety of remedies, they generally discard the greater number of them as they grow older, until at last their treatment of diseases becomes almost as simple as that of the *Æsculapius* of Little Newport Street. (*Sir B. Brodie's Autobiography.*)

AN ENLIGHTENED AGE. The following advertisement appeared in the *Times* of April 4th, 1865:—"To Students in Alchemy. Any gentleman who may require an assistant can be recommended to an industrious foreigner, who has studied the books of the alchemists for the last fifteen years, and is a good experimentalist. He is now in Transylvania, but every information will be given by applying to Charles F. Zimpel, M.D., 182, Marylebone Road." Rumour asserts that an extraordinary rise in the price of bismuth which occurred last year was caused by the purchases of a joint-stock company, established for the purpose of carrying out on a large scale the discoveries of a gentleman who, it was understood, had succeeded in perfecting the preparation of the "Stomach of Anthon," or the "Sharpness of the Eagle," or whatever may be the name of the needful alkaliest.

THE MILK OF DISEASED COWS. Dr. Whitmore says:—"A very important subject for consideration presents itself, and one in which I, as medical officer of health to this large parish, am especially concerned—it is the extent to which this disease may affect the condition or supply of one of the most nutritive and important of all human aliments—viz., milk. In this, as in most other complaints to which cows are liable, a very early symptom is the drying up of the secreting vessels or organs which supply the milk. If, therefore, during the period of incubation of the disease, or before any symptoms present themselves, the constituent properties of the milk undergo no change, there will then, I apprehend, be no great cause for anxiety, but the subject is one which demands and will no doubt receive the immediate attention of those who are best informed and are most competent to investigate it. I have made careful inquiries whether any of those persons who attended upon the diseased cows had been in any way affected, but no single instance of the kind has at present come to my knowledge."

DISEASE AND DRUNKENNESS. Dr. Hardwicke lately held an inquiry at Stoke Newington touching the death of Mr. Gully, who was found insensible in the street, surrounded by a crowd. The police rubbed his ears and slapped his face, believing he was drunk. He was then placed in a spring cart and removed to the station-house. His wife was refused admission to see him there. Five minutes after his arrival, however, the divisional surgeon attended, and recommended his removal to his own house. He fell down in an epileptic fit, and on Monday he died from rupture of a bloodvessel in the lungs. The foreman of the jury thought that the wife should have been admitted to the station where her husband was lying under the necessary care of a surgeon, and the jury hoped that in future the police would be more careful in ascertaining whether a person was suffering from a disease or from drunkenness before using violent measures of any kind.

SEASIDE HOME. The Herbert Memorial Committee have purchased a piece of land at Bournemouth, situated on a high cliff facing south, at a short distance from the town. An elaborate plan prepared two years ago under the direction of Miss Nightingale by some of the civil servants of the Crown employed at the War Office has been put into the hands of Mr. Wyatt, the architect, to be adapted to the locality, and it is proposed to obtain estimates and commence the actual building during the ensuing autumn. It has been determined to unite "The Herbert Convalescent Home" to the Salisbury Infirmary, the terms of union being that, though both are to be under one trust—namely, a Royal charter, each will be independent in respect of funds. The treasurers report that the balance of subscriptions paid or promised, after the payment of £2,000 to Baron Marochetti for the statue at Salisbury, and £201 for expenses, is £3,975.

SEWAGE IRRIGATION. Dr. C. L. Robertson writes as follows in the *Medical Times and Gazette* of Sewage Irrigation. "I have for four years used the whole of the sewage of this asylum for the irrigation of grass land (meadow and Italian rye) within 225 yards of my own lodging and of the asylum wards, and I have had no case of dysentery or diarrhoea during that time. I therefore most strongly dissent from my friend Dr. Clouston's views that it is unsafe to apply sewage on clay soils within 350 yards of human habitations. I rather assert that with reasonable precautions such irrigation is free from all risk or unpleasantness. These precautions, as used here, are: 1. The addition twice a-day to the sewage at its outlet from the main buildings of a mixture of a carbonic acid and lime in the proportion of 1 gallon of the acid to 8 lbs. of lime and 100 gallons water. 2. In order to stop the solid matter of the sewage, it is made to pass through an open tank filled with ashes, which are also a disinfectant, and which by the process are converted into valuable manure, especially for clay land. 3. Thus roughly filtered and deodorised, the sewage is allowed to flow over the meadow by the open-channel system. I visited last year the meadows near Edinburgh, where the sewage is similarly applied in large quantities, and very near to the cavalry barracks and other dwellings. I am not aware of any instance of epidemic diarrhoea there, although it has been in use for eighteen years. But then the sub-soil is sand, and therefore my own experience on heavy clay soil, though on a much smaller scale, is a better antidote to Dr. Clouston's fears and misgivings on the use of sewage irrigation—a question, indeed, of national importance, and which I should much regret to see in any way retarded by the uncontradicted record of careless experiments like those at the Carlisle Asylum."

OPERATION DAYS AT THE HOSPITALS.

MONDAY.....Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.
TUESDAY. Guy's, 1½ P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.
WEDNESDAY... St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.
THURSDAY..... St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopaedic, 2 P.M.—Royal London Ophthalmic, 11 A.M.
FRIDAY..... Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.
SATURDAY..... St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.—Royal Free, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

TO CORRESPONDENTS.

* All letters and communications for the JOURNAL, to be addressed to the EDITOR, 37, Great Queen St., Lincoln's Inn Fields, W.C.

COMMUNICATIONS.—To prevent a not uncommon misconception, we beg to inform our correspondents that, as a rule, all communications which are not returned to their authors, are retained for publication.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

CHOLERA SPECIFICS.—Dr. Garth Wilkinson assures the public that cholera patients treated homoeopathically recovered much better than those treated under the ordinary system. Dr. Poggiali assures the French Academy that the best treatment of cholera is static electricity. "An Old Indian" declares that inoculation of tincture of quassia is a sure cure of that same disease. Is it surprising that Besumarchais makes Figaro exclaim: "Que les gens d'esprit sont bêtes?"

WHY DON'T THE MEDICAL COUNCIL PROSECUTE OFFENDERS?—

SIR: The enclosed certificate, one of many that has come under my observation from the same party these last few years. The Registrar under the Act informs me Mr. Mason has not registered, nor does he possess any legal qualification whatever. He practises surgery extensively, and has done many years with impunity, in the Isle of Ely, to my knowledge. Is the law or Act relating to non-registration in such cases a *dead letter*, or how is it the authorities of the Medical Council do not enforce the penalty in a case like this, for the common protection of those who have registered?

I addressed the Registrar, Dr. Francis Hawkins, only last year relative to the same individual, who gave a similar certificate as the one enclosed under like circumstances. Who are the proper parties to prosecute in this case? Is it incumbent upon any one in particular to do so?

Please return the enclosed certificate, in case it is left for me to proceed in Petty Sessions for the protection and vindication of our common profession.

I am, etc.,

Ely, July 31st, 1865.

HENRY PEARSON.

[The certificate forwarded to us is signed by a person who writes himself down as surgeon. There can be no doubt that a person so calling himself, and having no legal right to the title, is liable to prosecution. We quite agree with our correspondent, it is very hard that the prosecuting of offenders in this wise should be forced upon any individual member of our profession. Naturally, he turns his eyes in such case to the Medical Council, who makes him pay five guineas for the honour and advantage of being registered; but then he finds that it is unfortunately not the duty altogether of that Council to prosecute. Still we cannot but think it would be of great advantage to the profession if the Medical Council would assume to itself the onus and expense of such prosecutions. Many, no doubt, will say that a positive act of this kind would be of as much service to the profession as interminable debates on medical education, which have no practical conclusion. EDITOR.]

THE JOURNAL.—Dr. J. C. MURRAY of Newcastle writes: "I gladly take the opportunity of expressing the pleasure I felt in seeing that the Rev. Dr. Halls amendment to Mr. Carter's proposal was unanimously carried. I beg to assure you and Mr. Carter that I regularly and diligently peruse the JOURNAL with much profit and pleasure; and that some members, I know, would never have been such had it not been for the BRITISH MEDICAL JOURNAL. What I have said, I believe to be only an expression of the general feeling in this quarter."

QUACKERY.—SIR: A remarkable instance of the assumption of one of the profession of quackery, occurred a few weeks ago in a local paper. Under the head of "Small-Pox," he profoundly informs the public that he has "had great experience in the treatment of the malady;" and goes on to say, that "it has been the custom of late years for surgeons to vaccinate with artificial matter," and that "the result of being vaccinated with artificial matter is death." He also dictates to surgeons on their carelessness and mode of keeping vaccine lymph. The query has been put more than once in the same paper, "What is artificial matter?" As yet, no response has been given; neither do I fancy there will be. It is no wonder that mothers are against having their children vaccinated, when, through the carelessness of some editors, letters are inserted in their columns calculated to fill the minds of those who are not particular in getting at the root of the "matter" with vague ideas of a matter that never was, is, or likely to be. Very likely the poor man is at present labouring under the delusion, that he has made his name immortal by his wonderful discovery of artificial matter, and that he is classed amongst the Jenners. There is another quack in our neighbourhood who is actually in possession of a horse to go his rounds. He attends some few works, and signs himself "Chir," and has a comfortable practice; whilst a surgeon, who has devoted the flower of his existence (and pocket very often), to sign his name "Surgeon," has only the same privilege as this quack.

I am, etc.,

FAIR PLAY.

COMMUNICATIONS have been received from:—Dr. WILLIAM BUDD; Mr. S. H. STEEL; Mr. CHARLES H. MOORE; Mr. J. KENT SPENDER; Dr. J. I. MACKENZIE; Mr. B. SQUIRE; Dr. BARCLAY; Mr. A. H. DOLMAN; Dr. J. GARDNER; Dr. MUNROE; Mr. WILLIAM PARKER; Dr. E. F. HALL; Dr. MURCHISON; Dr. T. HERBERT BARBER; Mr. R. HARRISON; Dr. T. A. CARTER; Dr. G. D. R. MAC-CARTHY; Mr. H. M. MORGAN; Mr. J. H. JAMES; Dr. GEORGE JOHNSON; and Mr. T. G. CUNNINGHAM.

ADVERTISEMENTS.

ESTABLISHED 1848.

Mr. J. Baxter Langley, M.R.C.S.
Eng. (late of King's College, London), PROFESSIONAL
AGENCY, 50, Lincoln's Inn Fields, W.C.

Within ten miles of London, a
very eligible Nucleus for transfer. Receipts about £300. Opposition quite unimportant. Patients of a good class. Neighbourhood rapidly improving. Midwifery fees from £1:1 to £3:3. Terms £250.—Address "T., 702," Mr. Langley, as above

In a good Suburb of a large
Town. In consequence of ill health, a General Practice for transfer. Hospital appointment and three clubs can be transferred. One horse necessary. No assistant. House (occupied by a Surgeon for fifty years) contains twelve rooms, with garden and stabling; in an excellent position. Income about £400. To a suitable gentleman prepared to make an immediate arrangement, very advantageous terms would be conceded.—Address "T., 701," Mr. Langley, as above.

Derbyshire.—In a Market Town,
in a beautiful neighbourhood, a Family Practice for transfer. Receipts £400. Appointments £90. Patients well off. Excellent house, garden, and pasture land. As the vendor is in bad health he is willing to accept very moderate terms.—Address "T., 700," Mr. Langley, as above.

Cambs.—In one of the best
Towns, an old established Practice for transfer. House commodious and well situated. Receipts £500. Appointments £100.—Address "T., 699," Mr. Langley, as above.

In a pretty Village, an unopposed
Practice, capable of great extension, for transfer. Present income (the vendor being an invalid) £200. Clubs £50. House with land and garden. Rent £42.—Address "T., 698," Mr. Langley, as above.

Proposed Memorial Window to

DR. JENNER IN THE PARISH CHURCH OF BERKELEY.—The body of EDWARD JENNER rests in the Chancel of Berkeley Church.—The only Memorial there is a small plain marble slab bearing the inscription: "Edward Jenner, M.D. born 1749, died 1823."

This Church is now undergoing extensive restoration, under the direction of Mr. Gilbert Scott, and Mr. Christian, the Architect for the Ecclesiastical Commission. The present has been judged, therefore, a fitting opportunity by many of the inhabitants of Berkeley to procure a more lasting memorial of one who spent the greater part of his life at Berkeley; made there his world-renowned experiments, died in the family house, Chantry Cottage, and was buried in the Church where his father, the Vicar of Berkeley, had baptised him.

Whilst other monuments, in other places, testify to the universal esteem in which their gifted townsmen was held, it seems to the people of Berkeley that they have good grounds for asking aid from the medical and the public generally, in order to erect a handsome memorial of his worth in the Church where he lies.

The west window of Berkeley Church, a fine specimen of early English, with five lights, offers a suitable means of carrying out this intention. It is proposed to fill this window with appropriate subjects, to be approved by the Committee, in the best English style of stained glass, with a suitable inscription to the memory of Dr. JENNER.

The following Noblemen and Gentlemen form the Committee, and will receive Subscriptions:

President.

ADMIRAL THE RIGHT HON. LORD FITZARDINGE, K.C.B.

Vice-President.

The Right Hon. the EARL OF DUCIE, Lord Lieutenant of the County of Gloucester.

Committee.

H. Wentworth Acland, M.D., F.R.S., Regius Professor of Medicine, University, Oxford.

G. Burrows, M.D., F.R.S., President of the General Medical Council. Sir James Clark, Bart., F.R.S., Physician to H.M. the Queen.

Thomas Evans, M.D., Physician, Gloucester Infirmary.

Wm. Fergusson, F.R.S., Professor of Surgery in King's College, etc.

Sir C. Hastings, M.D., President of the British Medical Association.

J. Hodgson, F.R.S., President of the Royal College of Surgeons of England.

William Jenner, M.D., F.R.S., Physician in Ordinary to H.M. the J. A. Symonds, M.D., Consulting Physician to the Bristol General Hospital.

Thomas Watson, M.D., F.R.S., President of the Royal College of Physicians.

Hon. Treasurer.—Rev. J. NORMAN, Berkeley.

Hon. Secretary.—CHARLES G. RITCHIE, M.D., 36, Mount Street, London, W., to whom, or to any Member of the Committee, Subscriptions may be forwarded.

The first List of Subscriptions will be published on September 15th.

The College, Birmingham.

(Incorporated by Royal Charter & by Supplementary Charters.)

Patron—THE QUEEN.*Principal.*

The Earl of Lichfield.

Warden.

The Rev. J. E. Espin, B.D.

Vice-Principal.

The Hon. & Rev. G. M. Yorke, M.A.

Dean of the Faculty.

William Sands Cox, F.R.S.

The MICHAELMAS TERM will commence on MONDAY, October 2. The Introductory Address will be delivered, on TUESDAY, October 3, at One o'clock, by Professor HINDS.

The Lectures qualify for appointments in the Army, Navy, and Indian Service; for the degrees of M.B. and M.D. in the University of London; for the Diploma of the Royal Colleges of Surgeons of England and Edinburgh; and for the Licence of the Society of Apothecaries, without any residence elsewhere.

The Composition Fee for the three years Courses of Lectures required by the Colleges of Physicians and Surgeons, Society of Apothecaries, Army and Navy Boards, is £42. Attendance on the Medical and Surgical Practice of the Queen's Hospital, £21. Total, £63. Fees to be paid half on entry, half at the commencement of the second year.

In the Arts Department Students are prepared under the Resident Classical, Mathematical and Medical Tutors, for the Preliminary Arts Examinations required by the Examining Boards. Inclusive Fees, £15:15 per Annum.

Resident Students of the Arts and Medical Departments are received at a charge of £50 per Annum, for Board and Furnished Rooms, and live in the College, during term time, under the supervision of the Warden and Tutors.

There are four Scholarships to be awarded to deserving Students resident in the College.

Application for detailed Prospectus to be made to Professor Dr. SICKLING, Hon. Secretary to the Professors; or to Professor POSTGATE, Hon. Treasurer, to whom, under resolution of the Council, all fees for attendance on Lectures and on the Medical and Surgical Practice of the Queen's Hospital are required to be paid.

Addresses and Papers

READ AT

THE THIRTY-THIRD ANNUAL MEETING OF THE BRITISH MEDICAL ASSOCIATION.

[Held in LEAMINGTON, AUGUST 1st, 2nd, 3rd, and 4th, 1865.]

ON MEDICAL EVIDENCE IN RELATION TO STATE MEDICINE.

By J. A. SYMONDS, M.D., F.R.C.P., Clifton.

BEFORE offering any remarks on the subject of the discussion in which we are about to be engaged, I beg to be allowed to say that, though I accepted the duty which the Committee of Management did me the honour of confiding to me, yet it must not be inferred from their appointment, or from my acceptance of it, that the subject is one that has attracted or received my attention in any particular manner. I profess to treat of the subject with about as much knowledge of it, and with as much reflection upon it, as may have been all but forced on the observation and thought of any one who has been working in the practice of our profession for a considerable number of years. Perhaps, therefore, my views, representing as it were the average experience and thought of the profession, may be more appropriate to the commencement of this debate than if I were in the possession of any peculiar amount of knowledge, or the propounder of any peculiar schemes of improvement. Not but that, as you will find, I entertain some rather decided opinions as to reforms that are required.

I think we must be all agreed that medical evidence in courts of law is not what we could wish it to be, whether with reference to what is just and what is creditable to the profession, or to what is required by the interests of the public. And, first, let us consider it with respect to ourselves—our character, rights, and interests.

Medical evidence in general—that is, with the exception of the evidence specially given by *experts*—is *mixed* evidence. It is partly common, and partly professional or scientific; for it testifies both to what might have been seen and heard by any person who happened to be present at certain transactions, and also to what could have been correctly observed only by instructed senses. Likewise, it embraces inferences from the facts observed—inferences that have the authority of the presumed scientific judgment belonging to a well-informed practitioner of medicine.

The quasi-scientific evidence of the medical witness is not delivered in the form of a written report, carefully considered and carefully expressed; but it is given *memoriter*, *viva voce*, and for the most part in answer to questions propounded by persons to whom the subject is new, and to be heard and understood and estimated by persons who have no

knowledge whatever of the subject scientifically considered.

The evidence, though often involving nice and scientific distinctions both as to description and as to inference of cause and effect, has to be delivered by the medical witness in language as free as possible from the terminology through which much of his professional knowledge was learned, and which very terminology was invented to convey knowledge which could not be expressed with requisite precision in common language.

Again, the evidence is often of a kind that involves minute investigations, and an exact knowledge of subjects that may not be actually required by a medical man more than once or twice in a lifetime, however experienced and eminent he may be as a practitioner. He may have got up the subject thoroughly when going through his academic curriculum, and he may be an old man before he has had to draw upon such knowledge for juridical purposes. It may have been as latent, or unemployed, or well-nigh forgotten, as the processes and foramina of the sphenoid bone or the reflections of the peritoneum; or as the natural history of some plant, in some remote corner of the globe, that furnished some dusty old drug once in favour with doctors; or as the composition of some obsolete but once fashionable pharmaceutical formula. Which of us would like to have to recount on a sudden the ingredients of *pulvis contrayervæ compositus*? And which of us would like to have to tell all the proofs that an infant had never lived an extrauterine life?

Let me endeavour to relieve the dulness of this part of my communication, by relating what on one occasion passed between a most eminent member of the legal profession and myself, not in a court of law, though at a public meeting. After a learned and highly interesting lecture on certain points of the English language, delivered at the Bristol Institution, by the Rev. J. Earle, formerly Professor of Anglo-Saxon at Oxford, a vote of thanks to the lecturer was proposed by a legal friend, a gentleman not more eminent by the high office which he holds, than distinguished by the ability and philanthropic zeal with which he has instigated various social reforms. In the course of some most valuable remarks on language, he said that those spoke best, and with most clearness and precision, who thought least of the effect which what they were saying would produce upon their hearers; and he declared that it was the want of such unconsciousness that made medical witnesses the worst of all witnesses in courts of law. And he clenched his remarks by alluding with playful malice (seeing that many of his medical friends were present) to a very sarcastic account of medical evidence in cases of lunacy with which a Lord Chancellor amused the House of Lords a few years ago. It happened to be my duty to second the vote of thanks; and I should have been a recreant, had I not availed myself of the opportunity of endeavouring to wipe away the aspersions cast by my learned friend on the character of medical witnesses. I ventured to say that, whatever psychological or philological truth there might be in the remark that a speaker should be free from self-consciousness or thought in regard to the effect of his words, yet my learned friend had omitted to mention the chief cause of the disadvantageous figure made by medical witnesses, which was, that

they had to speak of things about which their audience, including the simple-minded jurors, the quick-witted gentlemen of the bar, and even the august occupants of the bench, were profoundly ignorant; and, moreover, that such witnesses had to translate as they were speaking, to put aside the language in which their professional knowledge and ideas most naturally flowed, and to accommodate what they had to say not only to the uninstructed understanding of their hearers, but also to the vernacular language; that, in the course of this process, much might be lost both of force and accuracy; and that the process required some presence of mind, especially under cross-examination, which mental quality was not likely to be aided by a severe injunction from the bench to give a plain answer to a plain question, or by an ironical petition from counsel that the witness should for the time being disencumber himself of his superfluous learning, and condescend to the language of ordinary mortals. And, as to the allusion to the Lord Chancellor's mocking description of medical evidence, I could only say that, till I read his lordship's speech, I did not think that even a Lord Chancellor could, upon a medical subject, display so singular a lack of information. After the meeting, my friend told me that what I had said was not only fair in the way of retort upon an antagonist, but also that it was strictly and literally true.

I cannot conclude this part of my subject, the unsatisfactory position of medical witnesses as seen from our side, the side of the profession, without touching on the injustice with which they are treated as to remuneration for the professional evidence which they give, and for their loss of time. Were their evidence only such as might be imparted by ordinary spectators of a transaction, they would not be entitled to more consideration than the latter, who have only to tell truthfully what they have seen and heard. But when a man has to enlighten the court with knowledge derived from his art, and resulting from laborious and (it may be) refined researches for the elucidation of the point at issue; and when, owing to the difficulties incident to speaking in a witness-box, he may incur the risk of having his professional reputation seriously damaged by the reckless attacks of a counsel who does not hesitate to sacrifice any individual to the cause of a client, it is certainly hard that for all his trouble and danger he should receive no higher compensation, than if he had testified to having seen one Thomas Hodge stealing stakes out of a fence. Yet such is the fact. A surgeon to a hospital who, almost every day, devotes a vast amount of time and skill to the gratuitous relief of the poor, may be summoned to a court twenty or thirty miles distant from the sphere of his practice, and be kept for two days from his patients, in order that he may help the jury to decide whether a man died in the said hospital from the effects of a blow on the head received in a brawl, or from the effects of his previous habits of drunkenness.

Many grievances of like kind might be adduced. I will give only one other example. A friend of mine in large practice, Mr. Greig of Clifton, was subpoenaed upon a trial in the Court of Queen's Bench. A gentleman, who had formerly been under my friend's care, resisted the exorbitant claim of an empiric, to whose treatment he had foolishly submitted himself. Mr. Greig was for two days dancing

attendance on the court, to the very serious inconvenience of himself and his patients; and, after all, no trial took place, and he received only a very paltry sum for his expenses. Yet his evidence, if called for, would have been purely scientific evidence as to the condition of the defendant's health.

I think I have read somewhere that medical men ought not to complain of these public requisitions, because forsooth they are generously exempted by the State from certain offices or services which might interfere with their professional duties; for example, they are not called upon to act as jurors, nor to collect taxes, nor are they drafted for the militia. But it is obvious that these exemptions are quite as important to the welfare of the public as to the convenience of our profession. Besides, they are not peculiar to medical men. There is a long list of classes of persons equally exempt, and among them are practising barristers and attorneys. Has any one sufficient power and liveliness of imagination to conceive that these latter gentlemen would bestow gratuitous services on the public in courts of law in consideration of their exemption from certain public demands for services, which exemption they share with medical men? Fancy how the Temple and Lincoln's Inn and Westminster Hall would ring with inextinguishable laughter at a proposal so unseparably ridiculous!

Let us now consider our subject from another point of view—that occupied by the public; and it will scarcely appear more satisfactory. First, it cannot be satisfactory to the public to observe the chances run by justice in the accidents of a coroner's inquest. The important evidence to be delivered by the medical witness has to be elicited by the questions of the coroner and the jurymen. The explanations of the witness are often scanty and imperfect when freed from technical details; and confounding and bewildering when imparted with the fulness and minuteness which such an inquiry demands.

But, perhaps, under no circumstances does medical evidence appear to more disadvantage in the eye of the public, than when, in criminal trials, members of our profession give conflicting opinions. In trials for murder, was the perpetrator of the crime so far disabled by mental disease as to be irresponsible for his actions? Did the diseased person die of natural disease, or of the effect of injuries? of disease or of poison? It has often been very difficult for the laity to judge on which of the conflicting opinions most reliance is to be placed. And the difficulty is often still greater in civil suits; as when one eminent medical witness declares that a person was competent to the making of a will, or to the management of his affairs, and another, equally eminent, no less emphatically denies it; or when one pronounces, in an action for nuisance, that a miasm or the product of a manufacturing process is deleterious to the health of a neighbourhood, and another assures the court that such agency is innocuous or even salutary; or when, in an action for *mala praxis*, one witness approves and another condemns the treatment of a patient whose fractured limb has left him lame for life.

In many of such cases, a difference of opinion is almost inevitable. There are probabilities on either side; and the preponderance will be determined differently by different minds. In all departments of

science, in theology, in law itself, such differences arise; and it is no special reproach to medical science, that it has not attained to a precision, or an exemption from doubt and controversy, that can be predicated of very few departments of human knowledge.

But, notwithstanding the doubtfulness and ambiguity belonging to certain questions, it cannot but be regretted that such conflicts as I have hinted at occur so frequently; and I think it must appear to us that they are susceptible of abatement. Some diminution is to be expected from the advance of our knowledge, and its increased exactitude. Improvement in this direction will require time; but it is for the Association to consider whether some amendment might not be effected by changes in the mode of obtaining medical evidence in legal cases of all kinds. It seems to me that the dissatisfaction of the profession and the dissatisfaction of the public—the causes for both of which I have so slightly sketched—might be obviated by certain reforms in medico-legal processes; reforms that might be worthily inaugurated and promoted by the force of this great Association. On this subject, I will venture to throw out one or two suggestions. First, then, I would say that, considering the enormous interests involved in medical evidence, considering the complexity and intricacy of the questions belonging to it and the processes for solving them; considering, also, the importance of having such questions treated by men of special culture and training, of minds and avocations free from the embarrassment, fatigue, engrossment, and distraction, contingent upon ordinary medical practice—I cannot but think that it would be highly conducive to the public good, and that it would be most advantageous to our profession (for it would relieve individuals from anxiety, vexation, and peril to fame and fortune, now too often forced upon them, and remove from the profession generally the chances of unjust reproach, ridicule, and obloquy) were the state to appoint medical officers whose duty it should be to assist, or advise, or altogether supersede the ordinary practitioners in the conduct of medico-forensic inquiries. The medical practitioner has, in the discharge of his ordinary duties, enough of solicitude and painful responsibility without the addition of forensic functions; and it may be confidently affirmed that, after taking into consideration the amount of unpaid or miserably ill-paid service rendered by the profession to the public, they would be asking for bare justice in begging to have their extra duties removed or made more tolerable. But, as I have said, a reform in this matter concerns the interests of the public no less than those of the profession.*

Within easy reach of every practitioner there should be a state officer, to whom the former could refer in a difficulty, or to whom he might relegate the conduct of a medico-legal investigation. Setting aside all cases in which public inquiry is inevitable, I ask my experienced brethren whether cases have not more than once occurred under their observation, in regard to which it would have been an unspeakable relief to them to have been able to confer with a person of authority, and thus to divide the responsibility, whether of initiating a delicate and painful

inquiry, or of preserving reticence until further light should appear.

There is one kind of evidence which is being continually demanded of a medical man in respect to the administration of the law, which, although it is not given in a court of law, may at any time be the means of taking him into it, and even of causing him to appear as a defendant or culprit rather than as a witness. I refer to certificates of insanity. On this subject, I confess that I marvel at the long suffering—I should almost say the stolid supineness, the pachydermatous patience—of the profession. By these certificates we confer inestimable boons—first, on the family of the patient, by separating a member whose presence is distressing and often absolutely dangerous to that family; on the patient himself, by removing him to a place where he may have the best chance of cure, or be best cared for; and on the public, to whom the liberty of the patient might bring peril of life and prosperity. And for these services medical practitioners are liable to be held up to public scorn and obloquy as conspirators with mad doctors, as they are called by a vulgar and insulting metonymy, and even to be sued in courts of law for damages. How long the patience of the profession will allow itself to be thus abused, I know not; but it seems to me that, whether or not any other changes be effected in the collection of medico-legal evidence, the profession should, if it have any self-respect, move for a change in the law as to these certificates. If they are still to be signed by ordinary practitioners, it might not unreasonably be stipulated that indemnity should go with the signatures. In signing such a certificate, according to the best of his knowledge and belief and conscience,—a certificate involving, though it does, the personal liberty of a fellow-subject,—the practitioner ought not to incur more risk than when he signs a prescription, on the issues of which attend not only the well-being and the life of the patient, but the maintenance of a family, its happiness, and that of circles of indefinite extent. The public have a sufficient security that such certificates will be carefully considered, in the disgrace that is the inevitable portion of those who have signed them in bad faith, or even without proper caution. Unless the law is altered, I think that the members of our profession would be justified in binding themselves by an engagement to one another, to refuse to sign all such certificates. The legislature could not compel us to sign them. Let it provide officers for that onerous and dangerous duty. But although by our passive resistance we could prevail, I trust that no such unseemly contention may be forced upon us.

Should the good time arrive when there will be such medical state officers distributed over the country, performing functions such as we have seen occasionally performed to the great furtherance of justice by a Christison, a Taylor, a Herapath, whether father or son, a Geoghegan, a MacLagan, or a Penny, it would not be difficult to arrange that their duties should also extend to the supervision of public health; for they should not only be assistants in courts of law, but also counsellors at Boards of Health, where their presence is frightfully needed.*

* In the course of the debate which followed the reading of this little paper, Mr. Markham made some excellent observations on the absurdity of consulting experts after the event had occurred.

* Any one who wishes to satisfy himself of the manifold benefits likely to accrue to the public in regard to sanitary matters from the appointment of state physicians, will find study the very valuable and instructive essays on State Medicine, which we owe to Mr. Rumsey.

It is a melancholy thought that in this great nation, so advanced in its civilisation, so zealous, and in many respects, so enlightened in its philanthropy, justice and life should be left to the protection of such rude primitive processes as those of coroners' inquests, where there is not always the saving genius and science of a Lankester, and to the chance of competent witnesses; and that the lives and comfort and well-being of millions should be left to the ignorant minds and obstinate wills and parsimonious propensities of Boards of Health; and that, in all departments where medicine and law should be brought to work together for public and individual good by the conference of highest wisdom and largest and exactest knowledge, interests so momentous should be left to chances so perilous. A coroner *may* be capable of requiring and even directing a scientific investigation; the witness *may* have competent knowledge and sufficient presence of mind to give satisfactory oral evidence (though a carefully drawn up report by a commission would be far preferable); a certifier *may* have psychological discrimination and experience; and Boards of Health and Registrars of Births and Deaths *may* have some tincture of sanitary information; these are *chances*; but ought justice and life and liberty and public health and well-being, to be left to such chances?

I venture to think that something more productive of security should at least be attempted; and, at all events, that the subject is worthy of the attention of the British Medical Association.

And so thinking, I beg leave to propose that a committee be appointed, to take into consideration the present position of practitioners in regard to medico-legal investigations, and especially to confer upon the expediency of pressing upon the legislature the appointment of state physicians, whose duties might embrace both medico-legal investigations and the care of public health.

In submitting this resolution, I am not at all unaware of the opposition which such a proposal is likely to incur from the public. It will be said at once that the plan suggested would involve a great outlay of public money—an outlay not to be thought of when medical evidence can be extorted as at present from our too yielding profession. Nothing can be expected unless the public advantage can be shown to be seriously involved. There is nothing to be expected from a consideration of what is due to us as a profession; and if we move at all in the matter, it should be with all the force of united action. The great professional corporations of the United Kingdom, the College of Physicians, the College of Surgeons, the Company of Apothecaries, the Council of Medical Education,—all should be invited to co-operate. When every method of conciliatory representation to the legislature has been exhausted without avail, it may then be for the profession to consider its resources in the way of passive resistance to demands as inequitable to its members, as they are inexpedient for the public good.

DEATHS OF EMINENT NATURALISTS. During the last quarter have died three eminent naturalists: Valenciennes the Ichthyologist, for many years the collaborator of Cuvier, and the friend of Humboldt; W. S. MacLeay, author of *Hore Entomologica*, who died at Melbourne; and Mr. Charles Waterton, author of *Wanderings in South America*.

ABSCCESS OF THE ABDOMEN.

By FURNEAUX JORDAN, Esq., Surgeon to the Queen's Hospital; Lecturer on Anatomy at Sydenham College, Birmingham, etc.

By the term "abscess of the abdomen," I mean any abscess which implicates either the parietes or the viscera of the abdomen. In order to maintain the greatest simplicity of classification, I would include in the expression "parietes" all structures adjacent to the abdomen in which an abdominal abscess may arise. Caries of the thoracic vertebra, hip-joint disease, and stricture of the urethra, may cause abscess of the abdomen.

Touching the two varieties of abscesses of the abdomen, we shall find it not uninteresting to consider how numerous they are. Among the causes operating on the abdominal parietes are injury and disease of the skin, of the several strata of connective tissue, of the several strata of muscular fibre, and I will add (a point to which I shall give special attention) disease of the lymphatic glands, which lie externally to the peritoneum. The abscesses which arise in the bones and articulations adjacent to the abdomen are those connected with the vertebral column, the sternum, costal cartilages and ribs, the pelvic and sacral bones, the hip-joint, the sacro-iliac and the pubic articulations, and the sternal articulations of the costal cartilages.

In considering the causes connected with the viscera, it must be admitted that an abscess may arise in each or in the adjacent connective tissue of each abdominal organ—the intestinal tube, the liver, the kidneys, the spleen, the pancreas, the uterus, the ovaries, the bladder.

It will be seen that the localities in which abdominal abscesses may arise are very numerous. If we turn to authorities, however, we shall find that all abscesses which can possibly involve the abdomen are classed under a few heads such as renal abscess, faecal abscess, iliac abscess, psoas and lumbar abscess, pelvic cellulitis, and abscess arising in the adjacent bones and articulations.

I would suggest here the desirability of giving every abdominal abscess the name which will best indicate its origin. This system is already partially adopted, and as the names would explain themselves, its complete adoption would give rise to no inconvenience. The change would certainly necessitate the disuse of names which are based on some accidental peculiarity, or merely point out the locality in which the abscess points. Thus the word "faecal" is objectionable, because quite different abscesses may contain faeces. If the word faecal abscess has any value, it should be as a synonym of intestinal abscess; but in this sense it is worse than useless, because quite commonly intestinal abscess does not contain faeces from first to last; and, on the other hand, a spinal or vertebral abscess may communicate with the intestine and discharge faeces. The expressions "psoas" and "lumbar abscess" have a more recognised, but not a more definite meaning. The phrase "spinal abscess" is more accurate, because renal and other abscesses may be lumbar in position, and several abscesses may occur in the site of the so-called psoas abscess. Perhaps the most objectionable of all diagnostic expressions is "iliac abscess". Five modern authorities apply the term to five different abscesses. Under this title one describes pelvic cellulitis, another faecal abscess, a third intestinal abscess, a fourth caecal abscess, and a fifth applies it to two abscesses—abscess from disease of the iliac bone, and abscess arising in

the connective tissue of the iliac fossa. It is preferable, therefore, in place of the terms *fecal*, *iliac*, *psaos* and *lumbar*, to use such expressions as *spinal* or *vertebral*, *intestinal*, *hernial* (where an abscess occurs in a hernial sac), *hepatic*, *splenic*, *pancreatic*, *vesical*, *uterine* abscess (*pelvic cellulitis*), *prostatic* abscess of the abdomen, *urethral* abscess of the abdomen, abscess of retained catamenia, abscess of retro-uterine hematocoele, abscess of extra-uterine foetation, abscess of costal, or *iliac*, or *pubic* caries, abscess of the hip or of the sacro-iliac or *pubic* or *costal* articulations, abscess of the *iliac* or *lumbar* glands. I readily admit that, if the words *fecal*, *lumbar*, and *iliac* could be used merely to denote our ignorance of the real origin of an abdominal abscess, they would give rise to no inconvenience.

With these general observations on abscesses of the abdomen, I purpose now to draw attention to two particular varieties. There is one form of intestinal abscess—that namely, which contains extraneous bodies—which, although of great interest, has been very insufficiently studied. It is commonly called *fecal* abscess, is supposed to be almost exclusively confined to the right iliac region, and is considered to be very fatal. My cases, and the cases which have come under my notice, lead me to conclusions precisely the reverse. A middle-aged man came into the Queen's Hospital, under my care, with a purulent discharge from the umbilicus. The history was very obscure. During his stay in the hospital, two or three hard brown-coloured spherical masses of apparently crystalline fat, of the size of small marbles, escaped together from the umbilicus, and in a few days the abscess was closed. At no time had there been any intestinal obstruction or faeces in the discharge. A middle-aged woman attended my outpatient room at the Queen's Hospital, with a large irregular mass of induration in the wall of the abdomen, above and to the left of the umbilicus. She ceased attendance for several weeks, and then reappeared, stating that "the lump" fell out. There probably had been an abscess with large destruction of the integumental coverings. After some months she again presented herself, with a small mass of induration nearer the umbilicus. This also burst, and one day she brought a rabbit's rib which had escaped at the opening. She was soon quite well. From first to last there was no intestinal obstruction, and no faeces appeared in the discharge. I was called in consultation to see a case of strangulated hernia in a man who shortly before, the medical attendant told me, had had an abscess in the groin, through which, when it burst, a round worm made its appearance. The same practitioner informed me that, when a student at Guy's, he found a fish-bone in an abscess of the liver, at the very moment a late distinguished pathologist was describing the case as a curious specimen of tubercle of the liver. There are a few cases recorded of the escape of extraneous bodies from abscesses of the abdomen. In one case, liquid mercury made its escape from an abscess in the groin.

The cases recorded, so far as I have met with them, have occurred in the groin. In two of my cases, one was at the umbilicus, and another near it. There can be no doubt, I think, that an abscess, like a hernia, will present itself at the weakest point. Besides, the loose subperitoneal connective tissue, in which the abscess originates, communicates most readily with the subcutaneous tissue at the localities in question.

In my cases, as already seen, no trace of fecal matter was present, and no symptoms of intestinal obstruction occurred. I am not acquainted with a single case in which an abscess of the abdomen containing an extraneous body terminated fatally. There is thus a great contrast between these cases, and the

more frequent cases where a foreign body in the intestinal tube sets up symptoms of obstruction, and quickly proves fatal.

I believe that many abscesses of the abdominal wall are of intestinal origin, and arise from ulceration of foreign bodies, which, nevertheless, pass onwards to the natural outlet. An intestinal abscess, notwithstanding the absence of symptoms of obstruction, has characteristic peculiarities. It begins with symptoms of peritonitis. When the more acute symptoms of peritonitis have passed away, a very irregular, extensive, and deep-seated induration remains. This induration diminishes in extent, but remains irregular. The induration softens and points at some spot near the umbilicus or the groin. If the pointing be in the vicinity, but not near the umbilicus, a second pointing will occur close to it. Feverishness occurs early, and is supposed to be due to peritonitis. In a mere phlegmon of the abdominal wall, there is either no fever or it occurs with the appearance of an abscess. A lad was admitted under my care, at the Queen's Hospital, with an affection of the abdominal wall. At first, he had all the symptoms of peritonitis, and was treated accordingly. Then extensive deep-seated induration occupying almost the whole front of the abdomen was discovered; this slowly diminished, and ultimately localised itself between the left groin and the umbilicus. Pointing slowly occurred near the centre of the induration; but, before this was opened, a second rapid and circumscribed pointing was effected at the umbilicus and at the margin of the indurated mass. The two prominences did not appear to communicate. Both were opened, but no extraneous body could be found.

The irregularity of the subperitoneal abscess is remarkable. The subcutaneous abscess invariably tends to the circular form. The irregularity is due, I presume, to the unequal distribution of the subperitoneal tissue; to the irregular disposition of the several structures external to it; and to the tendency of the abscess to reach the surface, where the deeper and more superficial strata of connective tissue are in closest proximity.

Another form of abscess of the abdomen not yet recognised in surgical literature is that arising from syphilitic or gonorrhoeal inflammation of the iliac or lumbar lymphatic glands. Nearly ten years ago, I recorded, in the *Edinburgh Medical Journal*, a case which I entitled "Bubo within the Abdomen." A young man entered the Queen's Hospital with soft chancres. Before these were healed, symptoms of apparent peritonitis came on, and the patient died. Examination of the body revealed an abscess in the left iliac fossa in the connective tissue external to the peritoneum. The peritoneum was inflamed; but the abscess had not burst. At the deepest part of the abscess, there was a lymphatic gland greatly enlarged, and its centre was hollowed out by a large irregular cavity. After ten years of further experience and reflection, I am still of opinion that the correct designation of the case was "bubo within the abdomen." The young man was suffering from that variety of chancre which is confessedly prone to be associated with bubo; and there was unquestionable proof that the abscess had originally formed within an iliac gland. If an abscess were to occur in the iliac fossa during the existence of certain varieties of syphilis and gonorrhoea, and the lymphatic glands were found to be enlarged, all other causes being eliminated, it would be correct to regard the case as one of specific abscess.

No doubt, cases of bubo within the abdomen are rare; but it will be conceded, either that I was mistaken in attributing a syphilitic origin to the case to which I have referred, or that specific abscess within

the abdomen is sufficiently common to deserve attention and classification. Why this condition should not have been recognised before, is not more singular or inexplicable than the delayed discovery of many now recognised lesions. I do not doubt that, in some cases where no *post mortem* examination is made, peritonitis is supposed to be the cause of death. Very probably, too, the medical attendant is occasionally called in to treat peritonitis where the presence of syphilis or gonorrhoea is concealed or overlooked. Where a *post mortem* examination is made, there is a convenient and elastic phrase—iliac abscess—which may be applied to many doubtful and different conditions. Parenthetically, I do not hesitate to say, however, on grounds of analogy, that an abscess commencing primarily in the connective tissue of the iliac fossa, independently of constitutional conditions such as pyæmia, is a very rare, if not an impossible, affection. Unfortunately for the progress of science, it is always considered a mark of higher ability to refer an uncertain condition to a certain categorical head of classification than to make a confession of ignorance. If, again, the abscess should have opened into the bowel, it is probably regarded as intestinal in its origin. In the female, many of the so-called cases of ovaritis (especially in gonorrhoea, where suppurative inflammation of the glands is less frequent) are probably cases of inflammation of the iliac lymphatic glands. I cannot but think, on anatomical grounds, that the analogy which it is attempted to draw between consecutive orchitis and inflammation of the ovary, is one of the most strained hypotheses in surgery.

When syphilis, and possibly gonorrhoea, gives rise to abscess in an iliac or lumbar lymphatic gland, one of two conditions must be present. Either the noxious agent passes through the inguinal glands without producing any specific effect; or, more probably, the lymphatic tube which conveys the fluid proceeds directly to the iliac glands without communicating with the inguinal. Bearing in mind the known variation of even the larger arteries and veins, is it more marvellous that a lymphatic tube should pass from the glans or labium to the iliac or lumbar glands, than that the internal carotid artery should arise from the arch of the aorta, or that the right pulmonary veins should open into the superior vena cava?

It would not have been respectful to this audience to have dwelt on the general classification, diagnosis, and treatment of abscesses of the abdomen. I have preferred rather to bring forward new material for reflection and examination, particularly as regards the classification of abdominal abscesses, abscesses containing extraneous bodies, and specific abdominal abscess or bubo within the abdomen.

[Mr. Furneaux Jordan will feel greatly indebted to any gentlemen who will forward to him brief reports of cases bearing on the subjects of abdominal abscesses containing extraneous bodies, and on abscesses of the abdomen in connection with syphilis or gonorrhoea.]

BELL'S SURGERY. Sir B. Brodie speaks thus of Bell's System. "I borrowed Benjamin Bell's *System of Surgery* from Mr. Wyche, one of the surgeons to the Salisbury Infirmary. I found it, however, a most unreadable production; indeed, I doubt whether it was ever read by any one. Yet, somehow, it had a sort of reputation in its day, which, I imagine, is to be attributed to its being the work of a leading surgeon in Edinburgh, and to its consisting of some half-dozen thick octavo volumes." (Sir B. Brodie's *Autobiography*.)

Transactions of Branches.

NORTHERN BRANCH.

Puerperal Tetanus.

By GEORGE HARE PHILIPSON, M.A., M.D.Cantab., M.R.C.P.; Physician to the Newcastle-upon-Tyne Dispensary and Fever Hospital; etc.

[Read at the Annual Meeting, June 24th, 1865.]

ARTER the process of parturition, evidence is rarely absent of more or less shock to the nervous system. The different manifestations are fertile of extreme concern, and very perilous to life. At a varying time subsequent to the birth of the child, delirium, convulsions, or mania, frequently occur. Even spasm of the muscles of mastication is not infrequent, relaxation following after a few hours; but when general, and accompanied by unchanging rigidity, it would appear to be very uncommon. Of the latter complication, a well marked example occurred in the practice of my friend Mr. T. Y. Thompson, who has kindly permitted the particulars to be thus placed upon record.

On the 19th of February, 1865, Mrs. B., aged 39, was attended in her third confinement by Mr. Thompson. The presentation was natural, delivery being easily completed. The placenta was adherent, necessitating detachment, in the accomplishment of which a rather large amount of blood was lost. The advance towards convalescence was rapid; for on the eighth day she was able to leave her bed, and on the ninth to engage in her household duties. On the 1st of March, ten days after delivery, some difficulty was experienced in opening the mouth, and in turning the head from side to side. As she had been sitting near a window imperfect in obstructing the external air, the symptoms were attributed to the effect of cold, and were not regarded with much concern. The parts were well fomented, and a stimulant application applied.

By degrees the rigidity increased; and, on the morning of the 5th of March, the mouth became closed, and I was requested in consultation. The patient was in bed, on her left side, inclined to the prone position, with the head supported towards the chest by a pillow placed behind the occiput. When undisturbed, she was free from pain; but, on the least movement, felt oppression at the chest and difficulty in breathing. She had obtained sleep during the previous night. The surface of the body was cold, and bathed in perspiration. The pulse was 100, small, regular, and easily compressed. The jaws were immovably fixed, the upper teeth slightly covering the lower. The temporal and masseter muscles were firmly contracted and hard. On being raised up, the head was forcibly drawn backwards, and instantly she complained of pain, and implored to be laid down again. The muscles attached to the sternum and scapulae were rigid; those of the abdomen and extremities being perfectly flaccid. The fundus of the uterus was able to be felt just above the brim of the pelvis; but no pain was experienced on deep pressure. The lochial discharge was slight, and not offensive; the secretion of milk was small; and the urine was natural, and had been voided without difficulty; the bowels had not been moved for two days. A pill of calomel and croton oil was introduced behind the molar teeth; and, two hours later, an enema of turpentine and croton oil administered. Wine, beef-tea, and milk, at short intervals, were also ordered.

When visited the same evening, she was still lying on the left side, more prone, and with the thighs flexed on the abdomen. The pulse was 90, and quite regular. Since the forenoon, fully a pint of beef-tea and three glasses of wine had been swallowed. After the injection, the bowels acted freely, the urine being passed at the same time. The stools were very offensive; but did not contain any joints of tapeworm. During the afternoon, she was thrice severely convulsed; in the words of her husband, "jerked upon the bed." Deglutition was difficult, respiration impaired, and the lips slightly turgid. The jaws were unable to be moved or separated, even in the smallest degree. The muscles were more rigid, especially those of the back. The croton oil was repeated; and a blister applied to the nape of the neck.

About 12 p.m., she was again severely convulsed, and died very shortly afterwards. The friends would not allow an examination of the body.

Without a knowledge of the anatomical characters, the precise cause of this remarkable condition can be little more than guessed at. The latest writers on tetanus and medicine, either make not the slightest reference, or merely hint at the probability of this state arising in the puerperal condition. After careful search in the various periodicals, no similar case has been discovered. Yet Aretæus, in his remarks on tetanus, observes, "σπασμοὶ δὲ καὶ ἐν ἀμβλύματι ἢ γυν, ἀπὸ καὶ ἥτε ὅν μάλιστα περιέχονται." Women also suffer from this spasm after abortion; and in this case they seldom recover. Whytt gives the case of a girl, aged 20, who caught cold during the menstrual period, and who died of tetanus in eighteen hours. Dr. Watson, in his lectures, makes mention of a mare dying of tetanus a few days after foaling.

The convulsive spasm and the tonic contraction were well marked. At first, the muscles of mastication were alone influenced; but during the last day of life, the muscular system generally became affected; rendered evident by the difficulty in respiration and deglutition.

The entire absence of symptoms directly connected with the nervous centres, render it highly probable that the irritation was eccentric in its source. Of such causes of idiopathic tetanus, irritation of the intestinal canal from tapeworm, is by far the most common. In this case, no such evidence was obtained. Hence, it may be supposed, that the nervous excitement was the result of uterine irritation, perhaps caused by a portion of the placenta having remained adherent to the uterine wall. Thus, a close resemblance to ordinary traumatic tetanus may be recognised.

EAST ANGLIAN BRANCH.

ON THE COMMENCING CLIMACTERIC PERIOD IN THE MALE.

By C. M. DURRANT, M.D., Ipswich.

[Read at Ipswich, July 14th, 1865.]

WE are so much accustomed to regard with interest and anxiety the peculiar changes which take place in the constitution of the female at mid-age, that we are apt to forget and overlook the phenomena which, in a more or less marked manner, attend the turning-point towards a downhill course in the opposite sex.

That a change takes place in man, but varying in the period of its occurrence, from physical, moral, and hereditary causes, is a fact sufficiently evident to the careful observer; and it is one that in many instances cannot be neglected without serious consequences ensuing. And this commencement of the "decline of life" in the male is often attended by many and distinct evidences of a marked change both in

the physical and in the moral constitution of the individual. The period to which I am now referring, cannot be estimated with anything like exactitude in reference to age; for, while the constitution and habits of life are favourable to nutrition and longevity in some, the same causes, under different circumstances, equally modify the period of climacteric change, and hasten the tendency to decay in others.

Thus a range, varying between the ages of forty and fifty-five, may be taken as the one within which these constitutional phenomena in the male are most frequently primarily observable. But while, for the sake of practical limitation, we refer to the above ages, we must strictly bear in mind that no marked or definable interval obtains between the full vigour of healthy nutrition and the descending phenomena of declining life. Still, for the most part, the cycle alluded to is very generally attended by distinct symptoms; and the vital powers clearly indicate a want of balance in the circulation, the immediate result of derangement in the vaso-motor nerve-influence. Hence we have, as the consequence of commencing imperfection in the nerve-nutrition, which takes place at this period of life, either an excess or a deficiency of vaso-motor nerve-excitement, which induces in the capillaries either over-stimulation, or more frequently the reverse—a diminished and insufficient energy. This again, in its turn, gives rise to an altered hydrostatic condition of the fluids generally, all of which, by their conjoint influence, tend to produce the constitutional disturbance to which I shall now refer.

The symptoms to which my attention has been more particularly directed have been referable chiefly to the head and to the liver—the result of altered vaso-motor nerve-influence on the capillaries of the cerebral and hepatic circulation.

The patient's description of his feelings is often vague and indefinite; and his condition has been too frequently regarded as hypochondriacal, more particularly as the countenance seldom betrays marked indication of disordered health.

The symptoms usually come on insensibly; and the patient feels ill and languid, but in his own mind not sufficiently so to induce him to consult his medical adviser. Fatigue upon slight exertion, unwonted depression of spirits, vertigo, disturbed sleep, anomalous neuralgic pains, with anorexia, and a strong and ~~marked~~ ^{marked} ~~presentment~~ ^{presentment} of ~~chill~~ ^{chill} evil, are among the leading characteristics of this altered nerve-nutrition, as it affects the cerebral capillaries. In addition to these, may be mentioned loss of sexual appetite, with its exaggerated anxiety, which is often a very prominent feature of this climacteric epoch, indicative of commencing nutrient decay.

If the hepatic capillary circulation be the first to feel the effect of this altered nerve-nutrition and disturbed vaso-motor nerve-function, we then find, in addition to mental and physical exhaustion, a marked disturbance of the assimilative phenomena, with weight, pain, and other symptoms, indicating hepatic congestion; all of which, however, are greatly exaggerated by the constitutional peculiarity of this particular period.

It is at this time, and under these circumstances, that insanity, when a predisposition to this malady obtains, is so likely to become developed; and it is impossible to exercise too great vigilance in carrying out a judicious plan of treatment, with a view to counteract and prevent this and other forms of nervous disturbance, contingent upon climacteric change and faulty nerve-nutrition.

Another feature, which shows itself in the peculiar circumstances of the commencing decay to which we

are referring, is an altered structural condition of the walls of the heart. The effect of diminished vaso-motor nerve-influence in producing imperfect cardiac nutrition very seriously affects the muscular texture of its walls. Hence to this period may be traced the commencement of some of the worst forms of cardiac dilatation. Again, the disturbing influence of imperfect vaso-motor nerve-function is at this time especially seen in its effects in lighting up and bringing out hitherto latent hereditary diseases, more particularly gout. The experience of every one present will not fail to afford evidences of the truth of this proposition, both in reference to gout and to other maladies of an hereditary or family tendency.

Among the causes, independently of constitutional idiosyncrasy, which influence and accelerate the commencement of the earliest period of climacteric change in the male, may be enumerated pecuniary losses, or the anxiety attendant upon doubtful and uncertain speculations. And how fruitful a source is this of what is popularly denominated a "premature break-up" in the present day! These troubles are better borne both in earlier and later life than at the period of the commencement of the downhill course, to which they give so powerful and so prejudicial an impetus. An ill-assorted marriage, or the sudden loss of one with whom the affections have been long and closely united, must not be overlooked as an incitor to malnutrition of nerve-structure, and a possibly ripe cause of too early climacteric decay.

Very slight apparent causes will sometimes suffice to bring out the phenomena of this commencing vital change. The following is a case in point.

A gentleman, aged 50, called upon me, and stated that he had enjoyed good health up to within a fortnight of the period of his consulting me. He was much depressed in spirits; but at the same time his nervous system was in a state of unnatural exaltation. He was nervous, fidgety, and undecided, with a painful dread of anticipated evil.

Without any reservation, and almost before I had time to investigate his symptoms, he stated that he could fully enlighten me as to the cause of his illness. He said that he had been perfectly well until the last fortnight, when his coachman informed him that his carriage-horses had failed, and that it was necessary for him to purchase a fresh pair. He said that he was satisfied that the worry attending this announcement, was the sole and unmixed cause of his present illness; and, so far as I could ascertain, no other influence existed to which his then painful feelings could be attributed.

This period was, I believe, the commencement of a deteriorated condition of the vaso-motor nerve influence, under which his system gradually but surely succumbed to the molecular changes of increasing climacteric decay.

Under treatment, the excitement and nervous symptoms were quieted, and apparently removed; but he never again enjoyed the same amount of uninterrupted health. At the end of two years, his physical and mental energies failed; loss of memory with indications of cerebral anaemia set in, and he ultimately died at 53 years of age, with all the symptoms of non-inflammatory softening of the brain.

The treatment of the condition to which I have ventured to call your attention, is a matter of the utmost importance. Although it may not be in our power actually to stem the downward course when it has fairly set in, still we may, by judicious management, so far influence nerve-nutrition, as to moderate, if not entirely to alter for a time, the imperfect cell-development which takes place at this the commencing period of climacteric change. For this purpose, the remedies mainly indicated are tonics, and especially

change of air, or rather change of scene, and the adoption for a time of an entirely new mode of life.

By tonics, I imply every remedial measure which can be brought to bear upon the system by increasing its vitality, or, in other words, by checking or retarding the perversion of tissue.

If the digestive organs be faulty, these must be at once corrected as a *sine qua non*; for, without healthy assimilation, we must have imperfect nutrition, and consequently rapidly increasing climacteric degeneration. Having corrected the impaired digestive function, the drugs and tonics from which most benefit may be expected, may, I think, be enumerated in the following order in reference to their value. I would place cod-liver oil first on the list, as I believe that it especially tends to improve faulty nerve-nutrition; next iron, strychnia, arsenic, the mineral acids, and quinine. The hygienic tonic of change of scene is, however, to my mind, of more value in retarding commencing organic decay, than any other remedial measure which I could name.

The records of statistics prove that the duration of human life in the present day is on the increase, and such is unquestionably the fact, patent even to the daily reader of the third class announcements in the *Times*. But, again, we are told—and this is also, I believe, true—viz., that life is shortened by the daily and rapid locomotion to which many business men subject themselves. In considering this circumstance, which is an important one as bearing upon our present subject, since it chiefly affects men at the commencing climacteric period, we cannot too strongly censure the habits of the present day of living too fast; or, in other words, of crowding an undue amount of business into the limits of a few hours. Added to this, the vital energy being subjected, both before and after, to hurried locomotion at express speed, we cannot be surprised if the nutrient powers of the system are perverted, and the vaso-motor nerve-influence dangerously interfered with.

On the other hand, we cannot deny that the advantages of the present day are very much in favour of the successful treatment of this commencing climacteric change. The great facilities for travel, and the almost universality of locomotion, offer advantages, which, in the past age, were obtained only by a very few, and in a very limited degree.

In recommending change of scene and novelty of life, as a most important element in the treatment of the condition which we have been considering, we should be guided less by our own preconceived idea of a particular locality than by the suggestion and choice of the patient himself.

Perhaps, continental travel affords, in the present day, the greatest amount of change of scene; and this may be obtained at a comparatively moderate cost. The Highlands of Scotland will, perhaps, be found to offer still greater advantages in this particular transitive condition of the system; and as an additional benefit, the combination of sea and land travel may be very usefully recommended.

To those whose means will not afford the more lengthened distances, short and frequently repeated trips, with cheerful society, will effect very much as a restorer of faulty nerve-tone.

One other suggestion I would mention before concluding; tending, as it does, in so large a degree, to retard a too early degenerescence of the nutritive process. I allude to sleep; that great restorer of the lost energy and diminished nerve-tone which has been consumed during the busy and waking hours of the day.

It will be all important, then, to insist upon the patient taking a full amount of rest, even if he do

not sleep; and he should be persuaded to retire to bed early, and to rise early, so that the system may be invigorated by the powerful influence of the morning sun.

With this, the daily tepid or cold bath, and free and perfect ventilation both by night and day, must not be neglected.

To sum up; in addition to these hygienic suggestions, I would state that change of scene by travel, combined with healthy excitement, and conducted without excessive fatigue, will prove of the utmost value in retarding the progress and altering the character of perverted nerve-nutrition, the immediate exciter of commencing climacteric decay.

Progress of Medical Science.

SURGERY.

DESTRUCTION OF A FIBRO-CELLULAR TUMOUR OF THE PHARYNX BY ELECTRO-PUNCTURATION. Professor Fischer of Innsbruck relates a case of fibrous tumour destroyed by electricity, after the plan practised in a case of nasal polypus by Nélaton. A man, 40 years old, who had always enjoyed good health, found, in consequence of suffering pain on swallowing, a tumour on the left side of his pharynx in Nov. 1864. It rapidly grew. He came into hospital on February 25, 1865; he was wasted, and had a pallid, suffering aspect. The pharyngeal cavity was obstructed by a solid tumour attached to its left wall. The tumour pushed forward the soft palate. The compressed left tonsil was pushed forward towards the dislocated uvula. With some difficulty and bleeding from the tumour, the finger could be passed over the larynx, which was pressed towards the right side, along the unaffected pharyngeal walls, but could not reach either the upper or lower boundary of the tumour. Externally the tumour was visible from the angle of the lower jaw to the circoid cartilage. The left nasal opening was also obstructed. The respiration was difficult; speech incomprehensible; the swallowing of fluids was difficult, of solids almost impossible. The suffering at times was very great. The glands around were unaffected. The tumour was regarded as fibro-cellular. Extirpation seemed impossible. Professor Fischer, therefore, resolved to attempt its destruction by electro-puncture. The first attempt was made on February 26th. Grove's battery, with a platinum surface of 100 square inches, was employed. Two electro-puncture needles—one connected with the zinc, and the other with the platinum pole—were inserted through the soft palate deep into the tumour. After the stream had been passed for about six minutes in one direction, other points of puncture were made, until all parts of the tumour which could be reached had been subjected to the electricity. At the puncture points of the zinc pole, a whitish scum, accompanied with a hissing sound, was observed when the circle was closed; but no change was perceptible at the platinum pole. The operation lasted about twenty minutes. The patient felt, in addition to the punctures of the needles, a moderate sensation of burning when the stream was in action. During the night following the operation, the patient suffered great pain in the tumour and increased dyspnoea. Next morning, the tumour was found enlarged, and the needle-points ulcerated. On March 3rd, the operation was repeated; and, in consequence, the pain, dyspnoea, and dysphagia, were so increased, that Dr. Fischer feared to repeat the operation. From the 5th to the 27th March, the ulceration of the punctures increased; the stench from the mouth was insufferable; the glands of the neck were infiltrated; and the fever high. The tumour, despite of the partial gangrene, gradually increased; so that, at the end of March, swallowing was almost impossible, and the patient exhausted to the last degree. On March 29th, the electro-puncture was repeated; and from this time forward, the tumour began gradually to decrease, the ulceration of the punctures still increasing. The patient, who was reduced to a skeleton, gradually recovered, as the dyspnoea and dysphagia diminished. On the 6th and 25th of April and on the 17th of May, the electro-puncture was repeated; and at the end of May, the patient might be considered as cured. In fact, on the last examination made on June 2nd, no tumour could be found in the pharynx; but only a callous thickening of the left wall of the pharynx. The uvula had returned to its proper place; speech was perfectly restored; and breathing and swallowing in no way impeded. (*Wien. Med. Wochenschrift.*)

ACUPRESSURE. Dr. P. H. Watson thus sums up in the *Edinburgh Medical Journal* his opinion of the value and uses of acupressure. 1. Acupressure may be employed as a hæmostatic agency in the instance of vessels as large as the posterior tibials without risk, so far as bleeding, immediate, consecutive, or secondary, is concerned. 2. Acupressure is easy of application, while its adaptation to situation and circumstances is as great, or it may be even greater, than that of the ligature. 3. Acupressure is more trustworthy and satisfactory than either torsion, compression, or the use of the cautery. 4. Where primary union can take place, acupressure is likely to favour its occurrence; and, in three of the cases described, seemed of material service in this respect. 5. In the cases described, where supuration or sloughing occurred, this was altogether independent of the use of acupressure, or the absence of the employment of the ligature, and referable to causes inherent in the individual cases. 6. In my opinion, the employment of acupressure in one or other of the methods suggested by Professor Simpson is safe, satisfactory, and well worthy of an extended trial.

EXCISION OF THE ELBOW-JOINT. Mr. William Stokes relates and comments on a case in which he performed excision of the elbow-joint by a long vertical incision (Park's method), and gives the following reasons for adopting this process. In the first place, the suppurating surfaces are necessarily less in extent when the vertical than when the ordinary **H** incision is made, and consequently the chances of rapidity of healing will be increased if the opportunities for supuration be diminished. Another obvious advantage arising from the vertical incision is, that the numerous muscles in the neighbourhood of the elbow-joint are not divided transversely, consequently there can be no transverse cicatrix in these tissues, the existence of which would certainly impede their subsequent action; and thirdly, the formation of a broad external cicatrix is avoided, which, when it exists, must necessarily, as Professor Syme has observed, impede in no slight degree the flexion and extension motions of the joint. (*Dublin Quarterly Journal of Medical Science*, May 1865.)

EXTIRPATION OF THE CONTENTS OF THE ORBIT FOR LUPOID ULCERATION: RHINOPLASTY. Mr. William Stokes of the Meath Hospital relates the case of a lad aged 19, admitted into hospital with rodent ulceration of the eyebrow, lids, ocular conjunctiva, and cornea of the right eye. Sight was totally lost, but the retina remained sensitive to light. The dis-

case had lasted about seven months. The ulcerated parts, including the contents of the orbit, were removed on September 2nd; in six weeks the orbital cavity was filled up and the wound cicatrised. The patient's nose having in early youth been much damaged by lupus, Mr. Stokes performed a rhinoplastic operation on October 26th. Having dissected off the remains of the nose, he formed a flap from the forehead, adopting Langenbeck's modification of the Indian operation. On the twenty-fourth day, adhesion was perfect; and five weeks after the operation, the bridge of skin at the root of the nose was divided. The result has been successful, with the exception of a slight tendency to falling in of the right ala of the nose. (*Dublin Quarterly Journal of Medical Science*, May 1865.)

Hospital, three were quite successful and one died. Mr. Nunneley has "done it some four times, with excellent result." Mr. T. P. Teale, jun., "firmly believes that your operation is one of the greatest improvements in modern surgery." Mr. F. Jordan speaks highly of the operation; and so also do many other surgeons.

British Medical Journal.

SATURDAY, SEPTEMBER 2ND, 1865.

THE JOURNAL.

THE vote of the Association at the meeting at Leamington, on the subject of the JOURNAL, may be regarded as a declaration, distinct and unmistakeable, that it is resolved to have and maintain a journal.

For years past, our cotemporaries have endeavoured to impress upon the members of the Association the exceeding mistake which it was making in maintaining a weekly journal. We may fairly say, indeed, and we are sure our weekly medical cotemporaries will not dispute the fact, that everything which their eloquence and argument, and we might add even other weapons, could do, has been tried for the purpose of persuading the Association to put down its JOURNAL. And not only has pressure from without been busily occupied with demonstrating the absurdity of the JOURNAL. It is a fact that, for many a month past, the question of the JOURNAL has been constantly kept under the consideration of the Association itself—of those whose property it is. One member of the Association has prominently distinguished himself by addressing his sentiments to the Association on the subject. During the past year, he has kept the question of the JOURNAL—of JOURNAL or no JOURNAL—well alive before its members; so that every member of the Association has had full opportunity for digesting and considering the whole matter. The Association has had ample time to reflect upon all that can be said in favour of no JOURNAL, and of all that can be said in favour of various proposed substitutes for the JOURNAL. We may say, with truth, that the adversaries thereof have had the fullest opportunity for doing their best or worst to put it down.

At the Leamington meeting, again, one of the most important questions for consideration, which excited most attention, was this one. Every member who went there was prepared to hear it discussed; and every member who was not there equally well knew that it would be discussed. If ever, therefore, there were an occasion when the opinion of the Association might be taken as fairly and decisively expressed on the subject, it was at this meeting. The question was, indeed, then brought to a distinct issue

Reviews and Notices.

OPINIONS AND STATISTICS ON THE IMMEDIATE TREATMENT OF STRICTURE OF THE URETHRA BY THE EMPLOYMENT OF THE "STRICTURE-DILATOR." By BARNARD HOLT, F.R.C.S., etc. Pp. 55. London: 1865.

THIS little pamphlet is mainly made up of letters to Mr. HOLT, written by different surgeons who have employed his method of treating stricture. The letters are, in fact, answers to an "appeal for information respecting the number of cases operated upon, and the results", made to them by Mr. Holt.

Mr. Holt remarks upon these letters, etc.:

"Here there is the record of 742 cases of stricture, irrespective of those operated upon by Mr. Campbell de Morgan, Mr. Shaw, Mr. Birkett, etc., in which the immediate treatment has been employed by surgeons of the highest celebrity, and with almost uniform success; certainly, death has not occurred in a single instance where the patient was not otherwise so seriously diseased as to render the most careful passage of an ordinary catheter full of peril."

Of these 742 cases, eleven died; but, says Mr. Holt,

"In not one of these cases, is it satisfactorily shown that death was caused by the extreme measures that are supposed to be exercised by the adoption of the immediate method."

We must remark, in reference to the above statement of the operation being employed "with almost uniform success", that in many of these letters nothing is said as to the actual results of the operation. Mr. Paget says he has operated six times "with your instrument, and has met with no fatal or untoward result." Mr. T. Holmes has used it five or six times. Mr. Birkett has known no fatal result to follow its employment. Mr. Moorhead has "performed your operation on thirteen occasions without a fatal result." Mr. C. H. Moore has "used your dilator perhaps four times, and certainly with no fatal result." Mr. Campbell de Morgan has "never had a fatal case." Mr. Hulke "has never had extravasation or fatal result." We conclude, however, that the fair inference to be drawn is, that the operation was successful in all the cases here alluded to in which it was employed. Undoubtedly, the general tenor of all the letters published appears to be strongly in favour of Mr. Holt's dilator. Mr. A. Shaw is "much impressed in its favour." Mr. Curling says that, of four cases treated at the London

before a large assemblage of members of the Association. And what was the result? Not one single hand was held up against the amendment of the Rev. Dr. Bell, which extinguished Mr. R. B. Carter and his JOURNAL-suppressing resolution. And let it not be said, that this vote was the vote only of those members who were met together at Leamington. Our pages record the fact, that the Branches of the Association all over England have passed similar resolutions in favour of the JOURNAL. If ever, therefore, there was a resolution passed, declarative and affirmative of the wishes and the will of the Association to have its JOURNAL, it was the amendment of the Rev. Dr. Bell. The members of the Association believe that, without a medium like its JOURNAL, the Association could not be kept together; and, from our knowledge of its constitution, we have no hesitation in expressing the very positive opinion, that no JOURNAL would be synonymous with no Association. Now, surely, a vote of this kind ought even to satisfy our cotemporaries; but it does not do so; for we find the *Lancet* still urging its captious and fallacious arguments against the uses of the JOURNAL.

The great and constant objection thrown at the JOURNAL is, that it absorbs the funds of the Association; which funds might be much more usefully expended than in keeping up a journal which, we are assured, no one reads, and has no influence on the profession; and here we might stop to remark that the objectors never think it necessary to argue out the assumption upon which their objection is based. They never stop to ask the question, Where would the funds of the Association be—the £2000, which they say is wasted in printing—if there were no JOURNAL? They assume that which every member of the Association knows to be an unmitigated fallacy; viz., that the balance-sheet of the Association would shew as large an income if there were no JOURNAL as it does at present.

Now, we will join issue with these objectors, and assert, without hesitation, our belief that the Association could in no way expend its money so usefully as in maintaining a journal; that in no other way could it so effectually perform its objects—"the promotion of medical science and the maintenance of the honour and interests of the medical profession."

We will not stop to discuss the question, whether the JOURNAL is or is not read; whether it has or has not influence in the profession. Its influence has been, we may safely assume, frequently enough demonstrated during past years to render such discussions superfluous. But let us just consider for a moment the real value of the proposals made by those who would see the funds of the Association turned, as they think, to some really useful account.

The proposal of substituting for the JOURNAL a first-rate quarterly, under the guidance of a really

powerful editor—a journal which shall influence society at large—has already had full justice executed on it; and has been consigned to the spacious limbo of abortive resolutions, where we will leave it in peace.

But let us consider the proposals of our cotemporary, the *Lancet*, who, once again this year, assures us that

"A more useless outlay of £1700 could scarcely be imagined, than the sacrifice of that sum on the JOURNAL of the Association. If its members have anything really important to say, the organs of the whole profession are open to them. If they have nothing to say, it is a pity that they should keep up so expensive a medium for saying it.

"It is in no spirit of jealousy or unfriendliness, that we urge upon the Association to consider whether it cannot make itself a more useful, a more powerful, a more popular body than it has yet been. We are impressed by the conviction, that if it only knew how to use its resources, it might share with the Medical Council the determining influence in public medical questions."

Now we are sure that every member of the Association who has its welfare at heart, will gladly listen to any suggestion whereby its influence and usefulness may be increased; and we, therefore, trust that the *Lancet* will really argue out the question, and show, to the satisfaction of reasonable minds, how, by the putting down of the JOURNAL, the Association would advance its own position. Surely 2400 men of common-sense, such as at present compose the Association, would never consent to carrying on a journal which was destroying the Association, *i. e.*, themselves, if they knew it. They only require to have their eyes opened to the fact by a little plain reasoning, and will soon cease such suicidal folly. Let the *Lancet* do this for them; and we can only say, that we ourselves will back it in its efforts of extinguishing the JOURNAL, if only it will shew, reasonably and to common-sense minds, that extinguishing the JOURNAL will exalt, not seriously injure or destroy, the Association. In the meantime, let us see how the *Lancet* would have us spend our money. "Facilitate experiment and encourage discovery"; "establish an efficient provident society"; "further the public interests of the profession"; "assist medical practitioners badly used by unprincipled patients." Spend your money on such things as these.

Now, we may say to our cotemporary, that every association has a particular object in view; and the object of this one is "the promotion of medical science, and the maintenance of the honour and interests of the medical profession." It is, consequently, not a charitable Association; and, therefore, to establish a Provident Fund, and expend on it any considerable portion of its funds, which we suppose is here meant, would be a perversion of its functions. As regards the fact itself, surely the *Lancet* knows that the Association has established a Provident Society—a Society which, without its

assistance, would never have existed. But a Provident Fund, to be worthy of the term, is by its very nature self-supporting. It becomes simply a charitable institution, if its primary basis be one of charity, such as the *Lancet* would apparently have it to be. To recommend the British Medical Association, therefore, to expend its funds in support of a Provident Society, is simply to recommend it to do an egregious act of folly.

Having in this way attended to the *private* interests of the profession, the *Lancet* next advises the Association to "devote a portion of its funds to the furtherance of the public interests of the profession." But what are these *public interests* which require money-fostering? And what, indeed, is such a proposal, when closely considered, but a wordy generalisation, absolutely devoid of all practical meaning—a mere empty and well-sounding phraseology? When we are told more particularly what these *public interests* are, then will we more particularly answer the proposal.

As for the other idea—viz., of supporting "practitioners badly used by unprincipled patients"—we have already sufficiently disposed of it on former occasions. We have shown, as we think, to demonstration, that a defence-fund of the kind suggested is both impracticable, undesirable, and assuredly not required. (See JOURNAL, Feb. 4, 1865.) No professional brother, who deserves the support of the profession under such circumstances, will, we venture to say, ever seek for it in vain.

The other proposal—of fostering experiment—is, no doubt, a very laudable and captivating one; but we should like to know how many of our brethren there are who would subscribe to a fund got up for such a purpose. How many are there of the members of the Association who would agree to their money going in that direction? Our Association is not a therapeutical or physiological society. If the *Lancet*, however, can argue our members into that way of thinking, why does not it do so?

Such are the schemes on which the critics of the Association bid it spend its money. They all seem to concur in this note: Do what you like with your cash; but do not keep a Journal. The Association's unanimous and clear-sighted logic, however, carries it still to its JOURNAL. And we would ask the opponents of the JOURNAL this plain question: Has not the Association the right, if it have the will, to support a Journal? Is not the Association as likely to know what its own interests require, as the proposers of rival schemes and the proprietors of other journals? Who is most likely to be under a cloud of unreason—the two thousand four hundred members of the Association, or the opponents of its JOURNAL? The Association knows and feels that a Journal is a necessary link in the chain of its existence; that it would lose the main bond which combines and consolidates it, if it were to put down its

JOURNAL; and it concludes that it best invests its money in supporting a Journal. We shall not stop to tell the uses and the value and the immense services which have been done by the JOURNAL. All this was sufficiently and unmistakeably acknowledged by the Association at its last annual meeting. The Association unanimously ruled to have a Journal; and we think our cotemporary must argue a little more to the purpose than he has lately done, before he operates on the members to the altering of their resolution.

JUSTICE TO CRIMINAL LUNATICS.

ON the 29th July, we commented on the case of George Broomfield, who had been tried for murder and left for execution—the man being a manifest lunatic. Notwithstanding his trial by judge and jury, the man has since been reprieved and converted into a criminal lunatic. Again, on August 3rd, a man was tried for murder of his wife. The crime of murder, and the responsibility of the murderer, according to law, were as certain and clear in this case as in the case of Broomfield; but Mr. Justice Montague Smith saw the case in a different light from the Judge who tried Broomfield, and actually stopped the trial; and the man was acquitted on the ground of insanity.

We venture to think that, in both these cases, there is a grievous miscarriage of justice; and that the conclusions arrived at in both cases must tend to bring judge and jury and criminal law into disrepute. In the case of Broomfield, the man, *after* being tried by judge and jury, is again tried by a Government expert (whose name even does not appear); and by the sentence of this expert is upset the solemn verdict of the jury.

This sort of upsetting of justice is becoming an everyday occurrence; and it will continue to be so, until Government has the good sense to send an expert in lunacy to examine and give evidence in court concerning the mental condition of criminals, who are supposed to be, or who are, lunatic. What can be more outrageous to reason and justice—more brutal, we might say—than to throw upon a lunatic the *onus probandi* his lunatic state of mind? What, again, can be more dissonant from our English idea of administering justice, than that the verdict of the jury should be reconsidered and settled *after trial* by an unknown and irresponsible lunacy expert? What can more tend to throw the opinions of judges and the verdict of juries into disrepute—to render justice uncertain—than the fact that, after the solemn judicial trial of a criminal, he is to be tried again in private by an individual who is responsible to no court of law? Is it not a scandal to our laws, that cases of such kind should be now of constant occurrence? Smethurst, for example, was condemned to death by

judge and jury; but his fate was finally decided by a report of the late Sir B. Brodie, who thus revised the jury's verdict! Consider, again, the scandal of Townley's case. He is first made a lunatic by the jury and sent to a lunatic asylum; and afterwards declared sane by Government experts, and sent from the lunatic asylum into penal servitude for life.

All such constantly recurring scandals to justice can be prevented by making the impartial Government expert give his evidence in court during the trial, and, therefore, of course, before the jury deliver their verdict. Such a course of proceeding is demanded by humanity as well as by justice. Humanity requires, that a skilled and impartial inquirer should investigate and report upon the condition of supposed criminal lunatics; and save them—if they be really lunatic in the eyes of science—from the hangman's hands. Why should a poverty-stricken wretch be put in a worse position than the rich criminal who is able to fee heavily some high authority in lunacy? And again, justice demands, on the other side, that criminals who have the means of paying heavy fees in order to bring witnesses with high names into court, should not thereby escape the just reward of their crimes. Justice demands that, in such cases, also, an impartial Government expert should be there to counteract the evidence of the authoritative names; *i. e.*, if the evidence be guided by party considerations rather than by the actual facts of the case.

OUR readers may remember a discussion which once took place in the journals, on the subject of a pre-tubercular stage of phthisis. Some writers had given their opinion that there was an abnormal condition of the body, and even of the lungs, which preceded the deposition of tubercle, and *which was appreciable to our senses by certain physical signs*. To this it was answered by others, that no doubt such an abnormal state did exist, but that it was, at all events in the present condition of our knowledge, not capable of being noted by our senses; and that, to speak of phthisis apart from tubercular deposit in the lungs, was much the same thing as speaking of cancer without cancerous deposits, or of the play of *Hamlet* in the absence of the hero of it. Now, we fancy, a clever counsel, if he had Dr. Bucknill in the witness-box, in reference to Constance Kent's case, might put him into difficulty. Dr. Bucknill says (as the report runs):

"An opinion has been expressed that the peculiarities evinced by Constance Kent between the ages of 12 and 17 may be attributed to the *abnormal* transition period of her life. Moreover, the fact of her cutting off her hair, dressing herself in her brother's clothes, and leaving her home with the intention of going abroad, which occurred when she was only 13 years of age, indicated a peculiarity of disposition and great determination of character which foreboded

that, for good or evil, her future life would be remarkable. This peculiar disposition, which led her to such singular and violent resolves of action, seemed also to colour and intensify the thoughts and feelings, and magnify into wrongs that were to be revenged any little family incidents or occurrences which provoked her displeasure.

"Although it became my duty to advise her counsel that she evinced no symptoms of insanity at the time of my examination, and that, so far as it was possible to ascertain the state of her mind at so remote a period, there was no evidence of it at the time of the murder, I am yet of opinion that, owing to the peculiarities of her constitution, it is probable that, under prolonged solitary confinement, she would become insane. The validity of this opinion is of importance now that the sentence of death has been commuted to penal servitude for life; for no one could desire that the punishment of this criminal should be so carried out as to cause danger of a further and greater punishment not contemplated by the law."

This must mean that there is such a thing as a pre-insane state of insanity; and is an argument of the kind used by those who argue for a pre-tubercular stage of phthisis. But how would Dr. Bucknill have been able, in a court of law, if he had then ventured such an opinion, to separate the premonitory insane signs, on which he must have argued, from insane signs themselves? How could he draw the distinction between signs indicative of coming insanity and those indicative of existing insanity? Surely these abnormal conditions could only represent degrees of the same condition; and we apprehend that Dr. Bucknill would have been forced, in a witness-box, to confess as much, and, in truth, from his own showing of the case, have been compelled logically to the conclusion, that Constance Kent was already in an appreciable degree insane. If put to the proof to show that she would one day become insane, he would assuredly have been compelled to tell the signs on which he founded the opinion; and, it seems to us, that he could only have told of signs which were those indicative of an existing abnormal mental condition.

The list of successful candidates for the Army Medical Service, published at page 248, contains thirty-eight names; and, comparing it with the list published in the JOURNAL of March 11th, we find results which may be stated as follows. The number of successful candidates at the recent examination is just one-half of those who passed on the former occasion. The localities of the education of the thirty-eight candidates are: London, 7; Birmingham, 1; Leeds, 1; Edinburgh, 3; Glasgow, 2; Aberdeen, 1; Dublin, 19; Galway and Dublin, 3; Cork and London, 1. The latter candidate stands at the head of the list, with 5602 marks—far beyond any of the others. Ireland, as before, furnishes the majority of candidates, in about the same proportion. As regards marks, the following comparative statement shows the results of the examinations in August 1864 and

in February 1865—the latter being that now published. The total number of marks obtainable is 6900.

	Aug. 1864.	Feb. 1865.
Above 6000	0	0
" 5000 and under 6000...	2	1
" 4000 " 5000...	14	1
" 3000 " 4000...	46	27
" 2000 " 3000...	15	9
Two-thirds and upwards of marks	4	1
One-half and upwards	39	17
Total number of candidates...	77	38

The lesson to be derived from these statistics is plain. There is no improvement—but the reverse—in the professional qualifications of the gentlemen who offer themselves as assistant-surgeons in Her Majesty's army. In the former examination, out of 77 candidates, 16 had more than 4000 marks; now, out of 38, two only are in that position. And, at the end of the list, the lowest candidate is lower in marks than the gentleman who occupied a corresponding place on the previous occasion.

WE have much pleasure in stating that, in consequence of the remarks made at different times in this JOURNAL on the subject of Beef-tea, a great alteration in the manufacture of the article has been made at St. Mary's Hospital. At present, the whole of the meat (the *bouilli*) from which the beef-tea is made, is consumed with the soup. The meat (the *bouilli*) is, by means of a machine, broken down into a fine paste, and then mixed with and served up with the beef-tea. The patients appear to prefer this compound to the clear, gelatinous, wishy-washy stuff which constitutes ordinary beef-tea. The saving to the hospital in this way of meat must be something very considerable *per annum*. Previously to the plan now adopted, the whole of the *bouilli* was sold for a mere trifle to some fortunate huckster, who, no doubt, sold it again for purposes of sausage-meat making. We hope the value of this practical fact may be carefully considered by the medical men of all our hospitals.

Who is the medical inspirer of the *Times*? The question is one of no little importance to our profession. Assuredly, scientific medicine holds no seat in the council which appears, as a rule, to preside over the medical aspects of that journal. No doubt, in dealing with the great, broad, and patent sanitary questions of the day, the *Times* goes with common sense and its own clear interests. But let any question touching the practical doings of the physician—the physician engaged in his daily routine of business—turn up, and we have the cynical philosophy of the Mephistophilean School of Medicine spread broadly before the public. In fact, one would think, from the constant exhibitions of this sort in the *Times*,

either that the medical correspondence of the *Times* was dishonestly regulated by some downright cleft-hoof Mephistophiles, or honestly by some Strand or Fleet Street Museum herbalist. There is no journal, we will venture to say, which so regularly insults medical science as the great *Times*. The last thing which we read of in this way is a new cure for cholera. An "Old Indian" gets a quarter of a column in that journal in order to inform the public that inoculation of tincture of quassia is a sure cure for cholera! Here is the "Old Indian's" specific.

"The specific was introduced by a Dr. Honin-burgher in Calcutta, during 1857 and 1858. Government at this time provided Dr. Honinburgher with a building for a cholera hospital, to test the merits of his treatment. I went to Calcutta, introduced myself to the doctor, saw his practice at the hospital, and returned to the factory with a pair of lancets and a bottle of tincture of quassia, with which I at once inoculated three natives, all of whom appeared to be in a very hopeless state. Two recovered, as usual, very rapidly; the third sank, being too far gone before I arrived. At other parts of the country in the North-West Provinces, my efforts with the quassia were the means of saving several lives. The inoculation may be done by anybody with sense enough to avoid making an incision in one of the principal veins; the quassia is dropped into the wound; the body should be shampooed; and nothing given to the patient but cool water in small quantities. Cramps rapidly cease, and fair circulation of the blood is restored; the invariable exclamation of the invalid on recovering consciousness being '*Hum gukum hota hai*' ('I'm getting warm'). A relapse during the first few hours may be feared; in such case, a second inoculation, in two or more places, must be performed. I have no pretence to a knowledge of medicine or surgery beyond that so needful and so often forced on a man who travels for months and years out of the reach and advice of professional doctors, who, however, have thought well of inoculation with quassia as a remedy in many cases; a relief from the agonies of cramp in almost all attacks of cholera. In speaking of Dr. Honinburgher, let me add that he was of venerable age and vast Indian experience, in the service of a native prince the greater part of a long life; the Government of India in recognition of his indefatigable exertions at the cholera period gave him a pension of £120 *per annum*, although he did not belong to either the Indian or Her Majesty's service."

THE Christiania *Morgenblad* says that Professor Boeck has been invited to London, where sixty-five beds will be placed at his disposal for the purpose of applying syphilisation to the patients.

Professor Bezzi of Modena has successfully performed ovariectomy.

The Italian Medical Association will hold its meeting this year at Florence in September. A Branch of the Association lately formed at Reggio in Calabria has started a medical journal.

M. Karl Pagenstecher, a distinguished oculist of Baden, has lately died.

The Emperor of Mexico has conferred the order of grand officer of the order of Our Lady of Guadeloupe on MM. Andral and Velpeau.

THIRTY-THIRD ANNUAL MEETING

OF THE

British Medical Association.

Held in Leamington, August 1st, 2nd, 3rd, and 4th.

PAPER.

[THE following abstract of a paper, prepared for the meeting, was omitted from our report in the JOURNAL of August 19th.]

On Animal Parasite Diseases of the Skin. By Balmanno Squire, M.B.

A very considerable share of the attention of dermatologists, both at home and abroad, has recently been attracted by those diseases of the skin that depend on the growth of a vegetable parasite in the substance of the epidermis and of its appendages; and it is in the pathology, diagnosis, and treatment of these affections, that our knowledge of the diseases of the skin has of late years made most progress. But, while the study of this division of parasitic cutaneous diseases has been thus advanced, our information regarding the part played by animal parasites in producing disease of the skin has remained almost at a standstill.

The diseases produced by epizoa in this country are not only of extremely common occurrence, but are some of them most obstinate. That they are so prevalent, is doubtless owing to their contagiousness; and their character for obstinacy is due solely to their cause, in the majority of instances, having been hitherto unknown.

Many cases of urticaria, more especially of chronic urticaria, of eczema, of prurigo, of lichen, and of impetigo, or rather of diseases that pass by these names, are as distinct in their etiology and pathology, as well as in the treatment that they require, from cases of these affections properly so called, as they well can be; since, in place of being of constitutional origin, they depend essentially on the presence of an animal parasite on the skin.

Often an acute eruption, having apparently all the characters of urticaria, after having been steadily and perseveringly treated as if it were dependent on gastro-intestinal disorder, is found to remain unchanged, or to have become worse, rather than better. No disease is looked on as more hopeless than chronic urticaria; and prurigo senilis has ever been an *opprobrium medicinae*. These last two diseases, indeed, well deserve the serious attention of all who are engaged in the practice of medicine. They are certainly common enough to render it most desirable that their origin and nature should be generally understood; and they are at least severe enough, both as regards the degree of distress they occasion and the length of time over which their course usually extends, to make it advisable that some more efficient means should be employed for their relief than what are generally thought to be the appropriate remedies for them.

Many of the most intractable cases of eczema and of impetigo of the scalp—intractable only so long as they are treated on the assumption of their being of constitutional origin—might readily and speedily be got rid of; and many ingenious theories that have been broached on the subject of contagious impetigo might be dispensed with, if the influence exercised by animal parasites in the causation of these diseases were properly appreciated. Many obstinate cases of lichen, too, if separated in like manner from the

category of constitutional affections, would be found much more amenable to treatment than they are generally thought to be.

The limits of a short paper precluding any detail on the etiology, diagnosis, and treatment of this important class of cutaneous diseases, Mr. Squire would only here point out their claims to a more attentive consideration than they have yet received, and mention some of the results at which he had arrived.

Cases of acute urticaria are sometimes occasioned solely by the presence of the *acarus scabiei* in the epidermis. The author was not aware that this fact had as yet attracted the attention of other observers. He referred to cases where the skin of the person affected, instead of presenting the ordinary appearances of scabies, was covered with a copious eruption of urticaria—apparently, at first sight, the only phenomenon present. There were no signs of gastro-intestinal disturbance; no history either of any previous attack, or of any of the ordinary causes of urticaria having been present. On searching, in these cases, for some other cause, the *acarus* was discovered, and the condition of the acarian furrows corresponded to the duration of the eruption.

He had also seen cases of urticaria in which the cause of the eruption had been set down to gastro-intestinal disturbance, but which, as a more careful examination proved, were really produced by the *pulex penetrans*.

In many cases of scabies, too, he had known a copious eruption of eczema to form so prominent a symptom, that the patient has been treated, without success, for chronic eczema; whereas, if its origin had been rightly apprehended, the affection need never have been prolonged sufficiently to entitle it to the name of chronic.

A large proportion of the cases of eczema and of impetigo of the scalp, that occur in private as well as in public practice, are, the author had had occasion to notice, due to the *pediculus capitis*. At least, this parasite is often present; and, as soon as it is destroyed, the disease ceases, without the employment of any further means.

Many cases of lichen—affecting the temples and the upper part of the back of the neck—he had found to be due to the same cause.

The great majority of the cases of chronic urticaria that he had met with, and all cases that he had yet investigated (amounting to a large number) of prurigo senilis, were due to the *pediculus corporis*. The “prurigo senilis” was not restricted to old persons (though more common with them than with the middle-aged or young); for Mr. Squire had seen it in a child of four years old. Nor did he include under the title the various forms of circumscribed prurigo occurring in old persons, and regarded generally as equally hopeless with prurigo senilis commonly so called.

These local varieties of prurigo, though in many cases the result of a lichenous or eczematous affection happening in the localities, are in the majority of cases merely sympathetic with, and symptomatic of, visceral derangement. Thus, if a careful inquiry be instituted, prurigo podicis will be found to depend on hæmorrhoids, prolapsus ani, fistula or fissure of the rectum, on accumulation of feces in the sigmoid flexure, dysentery, intestinal worms, or the presence of some other irritating cause in some portion of the intestine. Prurigo pudendi muliebris—a no less distressing and inveterate affection—is similarly symptomatic of some abnormal condition of the vagina or uterus; while prurigo scroti is occasioned either by psoriasis or eczema of the part in the great majority of instances.

COMMITTEE OF COUNCIL: NOTICE OF MEETING.

THE Committee of Council will meet at the Queen's Hotel, Birmingham, on TUESDAY, September 12th, at Three o'clock precisely.

T. WATKIN WILLIAMS, *General Secretary*.

12, Newhall Street, Birmingham, August 22nd, 1865.

SOUTH-EASTERN BRANCH: EAST KENT DISTRICT MEDICAL MEETINGS.

THE next meeting of this Branch will be held at the Ship Hotel, Dover, on September 21st, 1865.

Gentlemen intending to communicate papers or cases, are requested to send notice forthwith to the Honorary Secretary.

ROBERT L. BOWLES, *Honorary Secretary*.

Folkstone, August 30th, 1865.

Correspondence.

CHANGE OF TYPE IN DISEASE.

LETTER FROM JOHN H. JAMES, ESQ.

SIR,—I regret very much not being present at the meeting of the Association at Leamington; but an illness of long duration prevented me. I have, however, with great pleasure, read the Addresses in Medicine and Surgery which were delivered there by two of our ablest professors. That of Dr. Stokes I was particularly gratified with, inasmuch as he vindicated the character of those able practitioners who flourished at the earlier part of this century, and long before; and very successfully endeavoured to show that, in their days, blood-letting was not manslaughter; but that the present diminished employment of that important remedy may be fairly traced to an alteration in the type of disease.

To the forcible proof which he has adduced, I may perhaps be permitted to add two or three other important facts, which illustrate the characters of diseases themselves. In the earlier part of this century, neuralgia was so rare a disease, that the division of the nerves was often employed to cure it; and I remember myself seeing one of our most eminent surgeons, Sir B. Brodie, divide the portio dura where it emerges from the stylo-mastoid foramen, for the cure of neuralgia of the face. I need not say how much he has since contributed to the just pathology of neuralgia—a disease which has since extended to the better classes of the town population to a frightful extent.

Another disease has also prevailed in a very remarkable manner; viz., influenza. I believe this was formerly understood to recur only at long intervals. The first epidemic I remember was in 1803, when I was a lad just entering the profession. The second occurred in 1831, in the finest summer weather. It again occurred in 1833, 1837, and 1847, with very great severity; and, I believe, many more deaths may be traced to it than to the cholera itself. Other diseases, such as boils and carbuncles, have notoriously increased—all pointing to the same conclusion; and if, as Professor Stokes truly says (and he only urges a maxim which, although little regarded, I ventured to assert some forty years ago), remedial means are an excellent test of the character of disease, I may suggest that diseases themselves, such as those just enumerated, become themselves tests of the cha-

racter of other diseases, and the peculiar constitution of the air at such periods. But, although we may look for an opposite change of type, as he strongly impresses, yet, in this kingdom at least, there is a circumstance which will materially modify it; viz., the astounding increase of our town populations. With reference to this point, I cannot help alluding to the fact, that almost all the young men of the present day obtain their teaching,

"Where London's smoky cauldron sinners";

or, in towns, though less populous, not less objectionable. It may be well for those among them who purpose to practise in rural districts, to well consider this circumstance as affecting the complete correctness of the views proposed to them; and probably they will still find country practitioners using their lancet, and not without success, though not to the extent they formerly did. I am, etc.,

J. H. JAMES,

Vice-President of the British Medical Association.

Exeter, August 21, 1865.

LETTER FROM EGERTON F. HALL, M.D.

SIR,—Reflecting on Dr. Stokes's Address in Medicine, with regard to change of type in disease, is it not probable that this change may have been brought about by the different modes of treatment adopted by the physicians themselves? Thus, in the period preceding 1830, sharp antiphlogistic treatment was adopted. May not this very lowering course of treatment have been the cause of the present "type of disease"? Looking back at the different periods, and observing how regularly the dynamic and the adynamic forms of disease have alternated immediately upon the periods in which the tonic and the lowering methods of treatment have been adopted. One cannot but be struck with the analogy.

I merely bring this forward as suggestive, "That we should not prescribe our strengthening medicine too indiscriminately on the rising generation."

I am, etc., EGERTON F. HALL, M.D.

The Ash Trees, Prescott, Lancashire, Aug. 17, 1865.

VENESECTION IN DISEASE.

SIR,—I trust you will allow me to offer a few observations on a subject which I am glad to see is not yet thought unworthy of notice, and which has been afresh impressed on my mind by reading what Dr. Stokes has said in his excellent Address in Medicine, published in your *Journal* of August 12th; I mean venesection as a therapeutic agent, which, from once being the sheet-anchor of our profession, has been for years falling into disuse.

It has been my lot, in the earlier part of the present century, to see many of the palmy days of the lancet, and to have used it myself pretty freely, though generally with caution; and I have lived through its transition age. But though I have not very often used it of late years, I still carry it in my pocket, and every now and then find it a valuable instrument. I must say, however, that I never depleted to the (heroic?) extent which many have done, and which is seldom necessary, or even admissible, now; and I question if it was, even when the type of diseases was of the sthenic kind. There may be something great in the sound of thirty, forty, sixty ounces; but I really think, in the present age, when our surgeons do not amputate a limb if it can possibly be avoided, but excise only the diseased portion, we should act on the same conservative principle in medicine, and not take away more blood with the lancet than is necessary. What if a small bleeding, general or local—timid as it may appear—acts on the

system or local affection requiring depletion, so as to relieve the congested vessels? Should we not be satisfied, nay pleased, that we have shed no more blood in fighting with the enemy?

Whatever may be the opinion of our medical brethren on the difference in the type of diseases, which seems to have passed from sthenic to asthenic, I cannot see the propriety of relinquishing venesection, when we meet with a hard pulse, a dry tongue and skin, oppressed breathing, especially with a fixed pain; taking, of course, for our guide the force with which the blood flows and continues to flow from a good orifice, the manner in which it is borne, and the persistence of arterial power in producing a tolerable stream, even when the fillet above the elbow is slackened.

I believe it would be well if we were sometimes to make trial bleedings, by which we could do no harm, as it is always in our power to desist if we perceive the patient's constitution will not bear it. But I believe I am not mistaken, when I state it as my conviction that much of the unwillingness we feel at the present day to employ venesection arises from its having passed into such general disuse. We have scarcely practised it for a long time, and have at last become really afraid of it. Fear makes us cowards, and we consider the lancet a formidable instrument. From this fear we, however, derive the consolation that we have killed no patient by it. How many may have died for want of it, we do not care to know. A medical friend was telling me, many years ago, that he knew a blacksmith, a clever fellow, who had operated on a number of persons for cataract, and that successfully. He asked him if he was aware of dangerous consequences which might follow? Some time after, seeing this surgical Vulcan, and inquiring how he went on with his couching, he said, "Oh, sir, you have spoiled my trade; for since you suggested there was danger, I have not had the courage to couch any more."

There is one class of affections in which I have uniformly found venesection useful—epileptic convulsions. A few days ago, I was sent for to see a married woman, aged 48, stout, and of a strong constitution, but unfortunately addicted to occasional inebriation. She had never been pregnant. Several years ago, she had had a violent attack of convulsions in the night, which was soon subdued by a free bleeding; and since then has been bled whenever she had reason to fear a return of them. On the day she last applied, I bled her, in consequence of her being affected in her head with symptoms somewhat alarming. As she had a pretty strong pulse, and had always been benefited by bleeding, I took away about eight or ten ounces, which she bore well, and, having had some tea, went to bed. About 12 p.m., I was called in great haste, as they thought she was dying. Indeed, I thought so myself, on account of the interrupted breathing and the clammy state of the skin. Her pulse was not much amiss. The teeth were closely set, the eyes quite insensible, and the heat of the head intense. I ordered leeches to the temples, but only two would fasten; also, mustard to the feet and legs and epigastrium. The writhings and strugglings of the trunk and limbs became so violent as to require several to hold her on the bed; and the arm began to bleed again, which appeared to relieve her. I then sent a blister to be applied to the nape of the neck, and two powders with a drop and a half of croton oil rubbed with loaf sugar in each. When I visited her at 10 a.m., she had spoken once and been asleep, the fits having ceased; and when I saw her again in the evening, the first powder had operated freely. Doubtless, all these appliances contributed to her relief; but I am inclined to think the

arrest of the symptoms attributable to the abstraction of blood, as they abated before the blister and croton oil had time to act. She is now recovered.

I have not unfrequently been called to drunken men with violent cataleptic spasm, requiring several men to hold them to prevent them throwing and dashing themselves on the floor, and the head much affected. These cases are always relieved by bleeding, and a strong dose of purgative medicine as soon as it can be swallowed. The object in these circumstances is evidently to take off the pressure from the brain by lessening the action of the heart.

Indeed, I look on bleeding as a sedative, which we may safely employ, within proper limits, when the head and chest is the seat of strong arterial action; recourse being had, at the same time, to counter-irritation and medicine.

I used formerly to bleed young children with benefit, and I still think it would be exceedingly useful in cases of congestion of head and chest, to which they are so subject; but, as there is often much reluctance on the part of mothers to any thing unusual in treatment, and as it is sometimes not easy to find a vein in the fat arm of a child, I have somehow discontinued it; though not without an intention of using it again should I think it clearly indicated.

Perhaps this letter, should you not consider it too lengthy to insert in your valuable publication, may elicit further observations on the subject from some of our brethren. I have felt the more confidence in offering my remarks from being an old practitioner, and yet, I am thankful to say, unprejudiced and open to conviction. I am, etc., G. D. R. McC.

W. W., near Wellington, Salop, August 22nd, 1865.

THE MEDICAL PROVIDENT SOCIETY.

LETTER FROM A. B. STEELE, Esq.

SIR,—Having carefully read and patiently listened to all that has been written and said in favour of this Society, I am still of opinion that it will not fulfil the objects set forth in the prospectus, but must, sooner or later, end in disappointment and failure; and, therefore, in the interests of the Association which has adopted it, as well as a caution to my professional brethren who may be induced to join it, I feel constrained to state the grounds upon which my conscientious objections are founded, and thus to elicit a discussion from which nothing but good can result; for, if my arguments be refuted, the Society will be stronger than ever; and, if otherwise, the sooner the difficulties are removed, or the speculation abandoned, the less will be the loss of time and money incurred. I am driven to your columns as the only arena now available, having been prevented from stating my views at the annual meeting by the peremptory ruling of the General Secretary, who will not, I hope, feel called upon to intervene between the editor and his correspondents, as he did on another occasion between a public meeting and its chairman. I adopt this course the more unhesitatingly, as it is only anticipating that which the Directors themselves have pronounced desirable; and, whatever imaginary technical difficulties might have obtained at Leamington, there is surely no act or statute to hinder a full discussion of the subject in your pages.

I assume that the Society is uncalled for, because it was not originated by the special class for whom it is adopted; and because, although the prospectus has been now for several months (since April) almost weekly brought before more than two thousand medical men (excepting Mr. Carter's Cheltenham friends, who throw it into the waste-paper basket), not more

than ninety have come forward to join it; and of these, it appears, many were dissatisfied with the rates, as being too high for their means. This shows that, although there are unfortunately some very poor men amongst us, yet the notion of a sick-club is not acceptable to the general body, and therefore not likely to receive general support. The promoters themselves have so little confidence in the safety of their own calculations, that they dare not venture to deviate one iota above or below the fixed rate of payments and grants; and this inelasticity renders the scheme unsuited to any but one class of the profession; and this, together with the fact of being partly—at present, indeed, mainly—supported by voluntary contributions, gives it essentially an eleemosynary character; and the recipients of its benefits will so far be pensioners on the bounty of their richer brethren, and are marked out as a special class of dependant members, which is at variance with the self-reliant and independent instincts of professional men, and is in itself, to my mind, an insuperable objection to the whole affair. The Committee who sat in London some ten years ago, to sift this subject thoroughly, came to the conclusion, after much patient deliberation, that “the two principles (*benevolence and providence*) ought, upon every motive of sound policy, to be kept distinct.” This principle has been ignored on the present occasion; the Society having been called into existence, and kept afloat thus far, entirely by the praiseworthy exertions and contributions of philanthropic and zealous, but, in my thinking, entirely mistaken and misguided individuals, for the benefit of their poorer brethren—a motive and action meritorious in the extreme, but in direct violation of the principle alluded to, and therefore, under the circumstances, injudicious and detrimental to the object in view.

The Society possesses no guarantee for permanent security. Registration under the Act, and the certificate of an actuary, confer no financial security beyond that of many other similar schemes which have come to grief. The expressed anxiety of the actuary for a good reserve-fund at the commencement indicates his doubt as to the sufficiency of the contributions to give it stability. The benevolent contributions of honorary members certainly give it a prosperous appearance at present; but experience has shown that sick-clubs require less subsidising in their early stage than when, after a few years, their liabilities become greater; and, therefore, it may be assumed that, as the Society could not be started without large voluntary aid, it must always be greatly dependent upon benevolence, which, beside destroying its provident character, is confessedly no safe security against insolvency.

The management expenses are not defined; and these may become a serious item, if the operations extend over the whole country. Two or three members in a remote district may cost as much as twenty or thirty in a large town. Thus we find that the tables do not state all that contributors will be called upon to pay; nor does this apparently constitute an item in the actuary's calculation.

The anomalous and hitherto undefined connexion of this financial undertaking with the Association is entirely opposed to the result of experience in benefit societies. As one fact is worth a dozen arguments, I may state that in this town there are hundreds of sick-clubs, many of which, although founded on principles which have been condemned as unsound, go on, to my knowledge, successfully for many years, the secret of their stability consisting in their being entirely self-governed and thoroughly suited to the means and wants of the members, who are all on the spot, and are free from patronage or external aid of

any kind; while, as a contrast, a very large benefit club was organised here under the especial patronage of the clergy and gentry, and was supposed to be free from the vices of the ordinary benefit clubs. It comprised several hundred members, and for some years was prosperous, but ultimately dwindled and was abandoned, leaving large numbers of working men utterly helpless as regards provision in sickness, as they were too old to join other clubs after having paid for many years to a fund which failed them in their extremity.

The Committee appointed at Cambridge to organise a society appears to me to have exceeded the prescribed functions of committees, which are, as I understand, considered provisional until they have reported progress and received the sanction of the body from which they emanate. But in this case an *imperium in imperio* was constituted. Rules were not only framed, but enacted; and the legislature was invoked to place the whole matter beyond the control and interference of the very body who was expected to become godfather to the scheme; and the Association has thus become responsible for the working of laws which have never been before them.

The British Medical Parliament was involved in an interesting but puzzling discussion as to what was to be done with a report duly presented, but which, by some strange misapprehension of the provisions of the Friendly Society's Act by those who ought to be familiar with its bearings, it had no power to deal with in the usual way. This ominous hitch at the very outset pretty clearly presages the probable fate of a financial scheme managed by Directors who are carefully absolved from all responsibility, and whose very avocations, and the nomadic character of their official life, peculiarly unfit them for the direction of a Society which requires the close attention of a central resident Board, and which, under the most favourable circumstances, may prove a commercial difficulty.

It must be remembered that to keep a Society of this kind in permanent efficiency is even more difficult than to give it a start. Many may be attracted at the outset by the prospect of aid in sickness, and by the handsome donation fund; but, as time wears on, calculating economists will discover that the so-called Provident Fund is, to the great majority of contributors, a sinking-fund; that they will be providing, not for their own sickness, but for the sickness of others, which, however commendable on the score of benevolence, which calls upon “the strong to bear the burdens of the weak”, is not sound economy in a provident point of view.

Thus far as to what may be considered general objections. In my next, I shall take up particular defects in the rules, etc., and endeavour to show that the scheme itself is practically unmanageable in its present shape. I would suggest, as a saving of time and space, that any reply to my statements would be conveniently postponed until I have completed my case.

I am, etc., A. B. STEELE.

Liverpool, August 1865.

SIR,—Ever since the first intimation in the BRITISH MEDICAL JOURNAL that a Medical Provident Society was contemplated, I have taken great interest in all the articles and correspondence which have been written on the subject, and I have twice been on the point of offering myself as a member; but I cannot satisfy myself that the Society may not be much improved in operation. I wish to make a few remarks in the most friendly spirit possible, and with an earnest desire for the benefit of the profession generally. I have delayed making my views public, as I

thought some one more able might, perhaps, write on the subject.

a. According to the rules, each member pays the same contribution (according to age), and will receive the same in sickness. Would it not make the Society far more useful, if members could pay more or less, at their own option, with the view of obtaining more or less in sick-pay? To the medical man in good practice (say £1,000 *per annum* and upwards), £2 per week is a paltry sum to receive. When insuring our lives, we insure for any sum we please; and why not so in case of sickness?

b. No sick-payment is allowed for a fraction of a week; therefore any one ill for six days will have no allowance, unless he choose to remain idle for two days longer, so as to make up his week.

c. A member, whilst receiving pay, must not discharge any of his professional duties; so, of course, strictly, he must not even dictate a prescription to his assistant. Could not half-pay be allowed when not entirely disabled?

d. Sick-payment is to cease entirely after having been received for two years consecutively; and it is not to be allowed in cases of illness rendering the member "liable to recurrent attacks of disability". Now this regulation is entirely at variance with the practice of any club or benefit society I ever heard of, and will diminish greatly the usefulness of this Society. Surely it would be better policy to allow payment for any length of time and for any cause, even though it would probably be necessary to increase the amount of annual contribution.

These four points seem to me to require reconsideration; therefore I have ventured to trespass on your valuable time and space. The importance of the subject must be my excuse.

I am, etc., "PERFECT ASHLER."

BEEF-TEA.

LETTER FROM W. PARKER, ESQ.

SIR,—Your leading paragraph and notice at various times on Beef-tea merit some remarks, as it is an article of such general daily use with thousands of men skilled in practice of medicine. However, doubtless, an evil has greatly existed in throwing away the beef after it has been used for the infusion, yet good will result from this discussion. It may here be stated, that beef so used in my house has, for some time past, been consumed, as conviction from other facts told me its nutritive qualities would not be exhausted. This view may be further illustrated in the infusions of senna and rhubarb, as directed in the *Pharmacopœia*, wherein an hour's or two digestion is directed, as if the purgative effect could be drawn out in this period. The active principle of senna or rhubarb is left behind, and the patient gets the less or no active part, according to the theory of your authors on beef-tea.

Notwithstanding all attempts to depreciate beef-tea, experience at the bedside tells us, that it is highly pleasant and desirable for the weak stomach—I may say the first, or one of the first, foods that can be taken with impunity in case of vomiting, etc., especially in cholera.

In further expatiating on the merits of a black draught, we are not to presume that it is of first quality because it looks clear and enticing to the druggist or patient, as physic will be physic at all times. We should seek the most efficacious dose; and the acetous action or solution of the active principle will be found to expedite its efficacy; and we should not throw away the ingredients before they are used up according to the present *Pharmacopœia*.

Your quotation, on the 5th instant, from Dr. E. Smith's work *On Food*, has been read by many general readers; one says, although he had read your several remarks, he was not a judge of the subject, yet he ventured an opinion that the doctor was right. Another could not comprehend the exact meaning on account of its ambiguity; and a third was equally at a loss what it meant, except in rejecting the use of beef-tea altogether. Such are the opinions of unbiassed and literary men.

I am, etc.,

WILLIAM PARKER.

27, Daniel Street, Bath, Aug. 17th, 1865.

THE ASSOCIATION AND ITS JOURNAL.

SIR,—The lateness of the hour, the length of Mr. Carter's philippic, and the wholly personal character of the discussion at Leamington on the JOURNAL question, prevented the possibility of many members taking part in it, or of their objecting to the expression of such statements regarding the management of the JOURNAL otherwise than by energetic "orders" and a silent vote. But, as little was then said of the opinion of the members as to the duties of the editor, perhaps you will allow an old associate to express his views in your columns.

The duties of the editor appear to me to be of a threefold character: 1. To the Association; 2. To the correspondents; 3. To himself.

1. *His Duties to the Association.* The editor is not a free agent in the sense that the editor of any medical journal conducted as a private speculation is. That is to say, he is not free, as they are, to consider mercantile success as the first desideratum. It is quite true, that the numbers of the Association have increased *pari passu* with the improvements in the JOURNAL; but his first duty is so to conduct it as to forward the highest and best interests of the profession at large, of which the British Medical Association may justly be considered as the representative body. Thus it is his duty to keep us well informed as to the progress of science; to provide us early and well-digested reports of the proceedings of scientific bodies; to encourage members to send reports of interesting or instructive cases, or statistical observations of disease and of treatment; and, lastly, to foster the spirit of unanimity and oneness of purpose in the members of the Association. These duties are self-evident; but there are other matters on which there are divisions of opinion. They are not many; but, where they do exist, the editor must be trusted, and must here be a free agent to decide for himself what course is most for the advantage of the honour and high standing of the medical profession, and to act and write accordingly. To take an example, the almost unanimous opinion of the Association is, that the JOURNAL is essential to its success. The editor of that JOURNAL is justified in so conducting the JOURNAL that it shall be essential to the success of the Association, and in utterly ignoring, except in reports of debates, the opposite opinion of the miserably small minority.

2. *His Duties to Correspondents.* We all have an interest in the character in the JOURNAL. I wish that more of us felt it in a greater degree, and that some of those whose notebooks are full of interesting cases would often let the other members profit by their observations and experience. But, as regards controverted subjects, the editor is free to reject any "correspondence" that seems to him to militate against the interests of the profession or the success of the JOURNAL. It would have been preposterous, for instance, to have admitted Mr. Carter's late speech into the pages of the JOURNAL as "corre-

spondence". No solitary member can have a right to insist on such a suicidal proceeding. Above all, he is free to reject any correspondence that is personal or offensive to other members or to himself. The freedom of discussion on matters on which opinion is largely divided has never been impugned.

3. *His Duties to Himself.* The first is, to be pachydermatous. The showers of missiles sure to be directed at a publication, the success of which irritates invidious speculators, should roll harmless from him, as arrows from the hide of a rhinoceros. Their assault is an inevitable consequence of that success; and, if treated with apathetic silence, they will be deprived of their only expected gratification—the honour (?) of annoying the editor. Above all, it is undesirable that he should be assailed and baited and worried by members of the Association itself. By this his energies are liable to be dulled, his exertions to be paralysed, when, in place of devoting his time to proper editorial duties, he has to defend himself from unworthy attacks. The editor must be a medical man; he must no less be a gentleman; and he has his dignity to support both as one and as the other. We do not keep a tame editor, to be abused at our leisure. He is not a mere delegate, to act as our mouthpiece; but a responsible agent, in whose abilities we must believe, in whose honesty we must trust, and whose feelings we must respect.

But, having considered the duties of the editor, let me for a moment refer to the duties of the members of the Association to him. We provide for him no bed of roses. The money payments to him are very greatly less than what is spent on the editorial department of other weekly journals, so invidiously contrasted with ours. To accept such a post, a man must have much more of the love of the profession about him than of the love of money; and the members should never forget this while they cuddle their petty grievances, or pass such harsh judgments on his capacity. Above all, let us remember that it is in our own power to make our JOURNAL the first in the kingdom. It is wholly beside my purpose to pass an encomium on the present editor. Let the vote at Leamington be sufficient to assure him of the generous feelings of the Association towards him.

I am, etc., AN OLD MEMBER.

IS THE PROFESSION DEGRADED?

LETTER FROM GEORGE KENNION, M.D., F.R.C.P.

SIR,—I cannot but think that my old friend, if he will permit me to call him so, Dr. Spurgin, has arrived at false conclusions, drawn from wrong data.

In the first place, I do not admit that our noble profession is either degraded or is on the eve of becoming degraded. I believe that at no time did it rank higher in public estimation than it does at the present moment; and, as the education of its members becomes each year higher and higher, and as the social position of those who enter its ranks is in a corresponding proportion elevated, so will it, I make no doubt, obtain an increasing hold upon the respect and esteem of society. Thus I do not agree with Dr. Spurgin's deductions; nor do I consider the data from which they are drawn as more correct.

Dr. Spurgin says: "The fact is a most rampant one, of the great faculty being reduced to such practices as literally degrade it and keep it degraded;"—these practices being the certainly not very agreeable duty of inspecting the various excretions in cases where such an examination is called for. And he adds: "If the physician cannot proceed without the help of the excreta in the majority of his cases, he is but a second-rate doctor at his best." There

are unquestionably a large number of cases where such an examination is uncalled for, and would be useless; but, in the still larger number of cases which take their origin in functional or other derangements of the abdominal viscera, I contend that an examination of the alvine or renal excretions (according as the case may be) not only ought to be made, but is essential to a correct diagnosis of such cases; unless, indeed, we choose to rest contented with "I suppose", instead of using every endeavour which may enable us to say "I know". And, if the *laissez-aller* mode of practice which is thus recommended is to be held as what is due from the physician to the patient, then should I consider that our self-denying scientific profession is fast merging into the regions of a selfish empiricism! Then indeed would our profession and its members be degraded from their high standing, if they suffered to pass by unnoticed any means which might conduce to their knowledge of disease, or their power of healing it. "Homo sum: nihil humani alienum a me puto."

The further subject of speciality in the study and treatment of disease, upon which Dr. Spurgin writes, I pass without much comment. Much may be said on both sides; and yet, practising as I do in the provinces, I can scarcely be considered as giving an *interested* opinion on the subject when I venture to express my disagreement with Dr. Spurgin in his sweeping condemnation of specialists. Just as we, physicians, may be considered as specialists on a large scale, inasmuch as we do not study or practise surgery or midwifery, and therefore are supposed to make medicine our more particular study, so those who take up special subjects in medicine can hardly be blamed for doing so; nor should the profession be blamed for seeking the opinion, in any one class of disease, of those who have, perhaps for years, made that disease their particular study.

I am, etc., GEORGE KENNION.

Oak Lea, Harrogate, August 2nd, 1865.

VACCINATION.

LETTER FROM S. H. STEEL, M.B.

"Successful revaccination is not necessarily a proof of renewed susceptibility to small-pox." (BRITISH MEDICAL JOURNAL, Leading Article, Aug. 5th, 1865.)

SIR,—Within the last six months—that is, during the period of the epidemic of small-pox now subsiding—I have performed 132 revaccinations (in private practice only), of which I have records. All these, except three, were successful on the first attempt. The three failures were distinctly attributable to defective lymph. In two of these, a second operation succeeded perfectly; the third patient did not present himself a second time.

My custom has been, when called to attend a case of small-pox, to urge the revaccination of all adults living in the house who had not given evidence of insusceptibility by previous safe exposure. Also, when consulted on the propriety of revaccination in consequence of the prevalence of small-pox, I have recommended its performance in all cases, but with more or less urgency, according to the greater or less distinctness of the marks of the first operation. Thus, though a considerable number of my revaccinations were done on persons whose primary vaccine marks were imperfect, in the majority of instances the marks were distinct; yet I have had but one failure; and that one, doubtless, attributable to bad lymph.

I have been led, therefore, to the conclusion that failure of revaccination, considered as a test of previous protection, is delusive; and that all adults, and probably children also, are, speaking generally, susceptible of revaccination. These results are re-

marriage when compared with those obtained in the armies of Russia, Wurtemberg, and Bavaria, in which, when revaccination was first adopted, out of every 1,000 operations, an average of about 400 were failures. My number of cases is too small to justify any decided conclusion, especially as compared with the large experience of the continental armies; but I submit that they are sufficient to warrant my calling attention to them. Besides, all my professional friends with whom I have had an opportunity of conversing bear similar testimony. They have found revaccination, during the recent epidemic, almost uniformly successful.

It would appear, then, that a remarkable change has recently taken place in the general susceptibility to revaccination. In 1833, when the system commenced in the Prussian army, 33 per cent. of the cases were failures. I believe that, during 1864-5, failures in this country will be found to have been rare. To what is this change attributable? Probably to two causes: 1. The progressive diminution of the protective power of the vaccine virus, which is also manifested in the increased frequency and severity of post-vaccinal small-pox. This appears certain from the Prussian military experience which is given (with other facts I have noted) by Mr. Simon, in his Report of 1857. The annual percentage of successful revaccination in the Prussian army increased by a tolerably regular progression from 33 in 1833 to 70 in 1856. 2. It is probable that susceptibility to revaccination is increased during an epidemic of small-pox. So far as I know, this supposition waits to be tested by future experience; but it is strengthened by an observation first made to me by Dr. Richard Steel of Blaenavon, that primary vaccine vesicles yield, during an epidemic of small-pox, a much more scanty supply of lymph than usual.

A revaccination may be regarded as successful when it is followed by the formation of a vesicle with a central depression, surrounded by an inflamed areola, and drying off with the formation of a black or brownish scab. The vesicle varies greatly in the perfection of its characteristics, and is generally less defined and less pearly than the primary cowpox. The areola also varies greatly. As a rule, it is more extensive, and the inflammation more severe, than in primary vaccinations; and the pain and fever are often considerable. Pain in the axilla is a very constant symptom. The affection also runs an irregular course, the areola usually forming earlier than in the normal disease. Sometimes the vesicle is very imperfect in shape and fulness, though still distinct and characteristic; and the areola limited in extent. This is the nearest approach I have met with to failure of the operation attributable to insusceptibility.

Are we to regard the severity of the affection resulting from revaccination as any indication of a returning liability to small-pox? I think, decidedly not, but rather the contrary. I believe the more nearly a secondary cowpox imitates the primary in its course and characters, the more probable it is that the protective power of the first has been lost.

I am, etc., S. H. STEEL.

Abergevenny, August 16th, 1865.

GENTLE PHYSICIANS. The Female Medical College of Pennsylvania, now in the sixteenth year of its existence, has just graduated a class of twenty-three students; and judging from the success that other lady physicians have had in America, there is little doubt that they will find enough to do. The *Philadelphia North American* says there are some six or eight regular female physicians in that city, whose daily practice is equal to that of the average of male physicians. (*The Reader.*)

Medical News.

UNIVERSITY OF LONDON. 1865. The following are lists of successful candidates at the recent First M.B. Examination. Entire.

First Division.

Garrett, William James, St. Bartholomew's Hospital
Haynes, Frederick Harry, St. Bartholomew's Hospital
Kynyon, George Arthur, St. George's Hospital
Lennaye, John Wreld, University College
McCarthy, Jeremiah, M.A. Dub., Trinity College, Dublin
Parsons, Henry Franklin, St. Mary's Hospital
Richards, William Alsept, King's College
Smith, Robert Shingleton, King's College

Second Division.

Archer, Herbert Ray, Charing Cross Hospital
Buck, Thomas Alpheus, Guy's Hospital
Buckle, William Turberville, King's College
Cavaix, John, St. George's Hospital
Groves, Joseph, B.A., King's College
James, John, University College
Maclure, D. McLachlan (st. bet. 1839), Westminster Hospital
Morris, Henry, B.A., Guy's Hospital
Poore, George Vivian, University College
Sawyer, James, Queen's College, Birmingham
Thomas, William, Queen's College, Birmingham

Excluding Physiology.

First Division.

Raine, George Rolph, Guy's Hospital

Second Division.

Aveling, Charles Taylor, St. Thomas's Hospital
Bergin, Edward William, St. Bartholomew's Hospital
Cheetham, Joseph Priestnall, Guy's Hospital
Dove, John Reuben Bathurst, London Hospital
Eager, Reginald, Guy's Hospital

Physiology only.

First Division.

Evans, Julian Augustus Michael, University College
Ferris, John Spencer, King's College
Gooding, Ralph, B.A., King's College
Grabham, George Wallington, St. Thomas's Hospital
Grimes, John, King's College
Hughes, John Pearson, University College

Second Division.

Barter, Clement Smith, St. Bartholomew's Hospital
Birtwell, Henry Harcourt, St. Thomas's Hospital
Logg, John Wickham, University College
Orson, George Hunt, St. Bartholomew's Hospital
Stokoe, Paul Henry, Guy's Hospital

First M.B. Examination. 1865. Examination for Honours.

First Class. Anatomy.

McCarthy, J. M.A. Dublin, Examination and Gold Medal, Trinity College, Dublin

Second Class.

Kenyon, George A., St. George's Hospital
Smith, Robert S., King's College

Physiology, Histology, and Comparative Anatomy.

First Class.

Parsons, H. F., Exhibition and Gold Medal, St. Mary's Hospital
Organic Chemistry and Mineral Medicine and Pharmacology

First Class.

Richard, Wm. A., (Exhibition and Gold Medal), King's College

Second Class.

McCarthy, J. M.A. Dublin, Trinity College
Parsons, Henry F., St. Mary's Hospital
Smith, Robert S., King's College

First B.Sc. Examination. Examination for Honours.

First Class. Chemistry and Natural Philosophy.

Anderson, T., (Exhibition), University College

Third Class.

Smith, Alfred M., Owen's College

Preliminary Scientific Examination. Examination for Honours.

First Class. Chemistry and Natural Philosophy.

Anderson, Tempest, Exhibition, University College
Flowers, William Field, B.A. Oxford, Guy's Hospital } equal.
Orson, Temple Augustus, University College
Ridge, John James, St. Thomas's Hospital

Second Class.

Dreschfeld, Julius, Owens College
Maxwell, Theodore, University College

Third Class.

Butcher, William Deane, St. Bartholomew's Hospital
Dessé, Ethelrid, University College

First Class.*Biology.*

Brailley, William Arthur (Exhibition), Guy's Hospital, and
Downing, Cambridge

Second Class.

Cass, Henry, University College
Dessé, Ethelrid, University College
Hubertine, Adam Payton, University College

Third Class.

Alchin, William Henry, University College
Roberts, Richard Lawton, University College

APOTHECARIES' HALL. On August 24th, 1865, the following Licentiates were admitted:—

Barrett, John, Pierrepont Street, Bath
Colman, Thomas John, Peunywel Road, Bristol
Duke, Oliver Thomas, Guy's Hospital
Pitcher, Arthur Henry, Blackheath
Thomas, William, Newhall Street, Birmingham
Worthington, James Copland, Lowestoft

At the same Court, the following passed the first examination:—

Bush, Charles Arthur, Lausdown, Bath

As Assistant:—

Fell, James, Armham Lane, Preston

ARMY MEDICAL SERVICE. The Director-General presents his compliments to the Editor of the **BRITISH MEDICAL JOURNAL**, and begs to enclose a list of the candidates for Commissions in Her Majesty's British Medical Service who were successful at the Competitive Examination in February last, and who have passed through a course at the Army Medical School; shewing the combined results of the examination.

Names.	Seeded at	No. Marks.
Wearne, Vivian	Cock & London	56.2
Collins, R.	Glasgow University	40.0
O'Farrell, F.	Glasgow & Dublin	39.5
Robertson, S.	Edinburgh	36.3
Hinds, W. P. G.	Dublin	36.0
Lewis, A.	Dublin	35.7
Hogan, R. E.	Dublin	34.5
Saunders, G. B.	Dublin	34.0
Andrew, G.	Dublin	33.7
Belemore, A. J.	Leeds School Med.	37.3
Rutledge, W. F.	London	37.1
Powell, F.	London	35.3
Robertson, W.	Galway & Dublin	35.3
Traynor, G.	Dublin	34.8
Fishbourne, J. C.	Dublin	35.0
Fabin, R. F.	Dublin	35.0
Jackson, R.	Birmingham	35.0
Campbell, J. A.	London	34.5
Hirahana, J. J.	Galway & Dublin	34.5
White, W. O. B.	Dublin	34.0
Carew, R. H.	Dublin	33.8
White, C.	London	33.4
Clapp, A. J.	Dublin	33.4
Drake, G. J. E.	Dublin	32.2
King, J. H.	Edinburgh	32.0
Creed, J.	Dublin	31.9
Shedden, A. W.	Edinburgh	31.5
Keith, R.	Aberdeen	31.7
Pat, A. W.	Dublin	30.35
Churchill, G. F.	Dublin	29.65
Pickering, T. A.	Dublin	29.15
Richardson, J. F. H.	Dublin	28.8
Furefoy, J. W.	London	27.0
Waggon, H.	London	27.0
Wakefield, W.	Glasgow	26.35
White, G.	London	2.32
Thorp, G. R.	Dublin	25.25
Thorp, J. C.	Dublin	22.95

APPOINTMENTS.

***BARTER, C. S., Esq.**, appointed Surgeon to the Bath Western Dispensary, in the room of J. D. Harrington, M.D., resigned.

SALTER, Henry F., M.B., elected Accoucheur to St. George's and St. James's Dispensary.

STRELL, Frederick, M.D., elected Resident Surgical Officer to the General Hospital, Birmingham, in the room of G. Ferguson, M.D.

ARMY.

BRAYSON, Staff-Assistant-Surgeon A. M.D., to be Staff-Surgeon.

JALIN, Staff-Assistant-Surgeon B. Royal Artillery, to be Staff-Assistant-Surgeon, near A. Brayson, M.D.

RAMSAY, Staff-Assistant-Surgeon W. M.D., to be Assistant-Surgeon Royal Canadian Rifle Regiment, near R. V. Meadows.

THORNBURN, Staff-Assistant-Surgeon D. A. S., M.D., to be Assistant-Surgeon 36th Foot, near S. M. Webb, M.D.

WEBB, Assistant-Surg. S. M., M.D., 36th Foot, to be Staff-Surgeon.

ROYAL NAVY.

ANDREWS, John (b), Esq., Surgeon, to the *Irresistible*.

COWAN, Richard W., Esq., Surgeon (additional), to the *Maneuver*.

HEATH, Edward, Esq., Surgeon, to the *Frederick William*.

PRATT, Alfred S., Esq., Surgeon, to the *Maander*.

BIRTHS.

Cockey. On August 17th, at Frome, the wife of *Edmund Cockey, Esq., of a daughter.

Hewitt. On August 27th, at Winkfield, near Windsor, the wife of *T. S. Hewitt, M.D., of a daughter.

DEATHS.

***CARTWRIGHT, Peplow, Esq.**, Senior Alderman and Magistrate for the Borough of Oswestry, at Oswestry, aged 65, on August 29.

DENNIS. On August 21st, at Spa, Belgium, aged 65, Mary Elizabeth, wife of Charles Dennis, M.D.

ELLIS. On August 26th, at Oundle, aged 16, Phineas Charles, youngest son of Phineas S. Ellis, Esq., Surgeon, Crowle, Lincolnshire.

KING, David, M.D., at Eltham, aged 78, on August 23.

PRICHARD. On August 27th, at Aspley Guise, Bedfordshire, Frances Charlotte, wife of John Prichard, Esq., Surgeon.

SERGEANT, James, Esq., Surgeon, late Royal Mail Company's Service, at South Petherwin, near Launceston, aged 32, on Aug. 21.

STEED. On August 29th, at Wicken Bonhunt Rectory, Essex, Georgiana Brown, widow of the late George Steed, M.D.

THOMAS, John N., Esq., Surgeon, late of Totton, at Blackwood, Victoria, on June 16.

St. Thomas's Hospital. The cost of building the St. Thomas's Hospital which is to be, is put at about £350,000.

THE MORGUE. The old Paris Morgue which has just been pulled down, was built in 1804. It has received within its walls 23,000 dead bodies.

CONFLICTING EVIDENCE. At the last Leeds assizes, a young lady recovered £1,100 from the Manchester, Sheffield, and Lincolnshire Railway, for injuries received on that line. The medical evidence was peculiarly conflicting.

POISONING BY MISTAKE. Mr. Noakes, a druggist of Brighton, has been committed to take his trial for causing the death of Mr. Thomas Boys, an old gentleman upwards of 80 years of age. The deceased sent to the accused's shop for some tincture of henbane; and the charge is that he was supplied by mistake with tincture of aconite, of which he took a dose and soon afterwards died. The accused has been admitted to bail.

OUR NAVY MEDICAL SERVICE. Are the authorities waiting till they have succeeded in manning the navy, to consider the best means attainable for supplying the service with assistant-surgeons? Some decided action must soon be taken in the matter, or the fleet will have to dispense with the aid of these necessary and meritorious officers. In these days, when professional talent is highly paid, men of even average ability, who have devoted time and money on their education, will not enter a service where the pay and social status are insufficient, and the chances of promotion few. This fact is clearly proved by reference to the last *Navy List*, which shews that, while we have 280 ships in commission, the number of assistant-surgeons on the active list is only 285. The consequence is, that all our ships are short-handed; and that in foreign stations, where medical services are most needed, we are, it is said, obliged to employ civil surgeons at high fees to attend our seamen. In these enlightened days, when much is heard about the "health of the navy," a little more might be done to ameliorate the condition of its conservators. (*Sailors' Home Journal*.)

A NEW PERIODICAL has just appeared in Germany, conducted by Max Schultze of Bonn, entitled *Archives of Microscopical Anatomy*.

ROYAL COLLEGE OF SURGEONS. At the last meeting of the Council, Mr. Henry Hancock was elected Professor of Human Anatomy and Surgery in the vacancy occasioned by the resignation of Professor Fergusson.

A FEMALE MEDICAL ARMY INSPECTOR. The gentleman entered the army in 1813, passed through the grades of assistant-surgeon and surgeon, and served as such in various quarters of the globe. His professional acquirements procured him promotion to the Staff at the Cape. He was clever and agreeable, save for the drawback of a most quarrelsome temper, and an inordinate addiction to argument. He was excessively plain, of feeble proportions, and laboured under the imperfection of a ludicrously squeaking voice. Any natural "chaffing" with regard to these, however, especially roused his ire; but was at length gradually discontinued on his "calling out" a persevering offender, and shooting him through the lungs. About 1840, he became promoted to be Medical Inspector, and was transferred to Malta. There he was equally distinguished by his skill and his pugnacious propensities. He proceeded from Malta to Corfu. When our Government ceded the Ionian Islands to Greece, Dr. — left the army, and took up his residence at Corfu. He died a few weeks ago, and upon his death was discovered to be a woman. During his last illness, he had begged to be buried without any *post mortem* examination. This, most likely, only aroused the curiosity of the two nurses who attended him; for it was to them, it appears, that the disclosure of this mystery is owing. Under the circumstances, medical testimony was called in to record its truth. By this investigation, not only was the assertion placed beyond a doubt, but it was equally beyond a doubt brought to light that the individual in question had, at some time or another, been a mother. This is all that is as yet known of this extraordinary story. But thus it stands an indubitable fact, that a woman was for forty years an officer in the British service, had fought one duel, and had sought many more, had pursued a legitimate medical education, had received a regular diploma, and had acquired almost a celebrity for skill as a surgical operator! (Abridged from *Saunders's News-Letter*.) [The gentleman alluded to was well known to many members of the profession. It was always suspected by those who knew him well in the army that he was a she. We know not what the nature of the official evidence is referred to in the above; but it is just possible that the suspicion *ante mortem* may have produced the above *post mortem* tale. EDITOR.]

ARMY MEDICAL SCHOOL. The following questions were proposed at the close of the tenth session of the Army Medical School, Royal Victoria Hospital, Netley, between July 31st and August 5th, 1865. A. Written Questions. I. *Military Hygiene*. 1. What amount of sickness does a regiment on home service usually furnish? Supposing this sickness to be in excess, and to be in the form principally of dyspeptic and diarrhoeal complaints with occasional cases of typhoid fever, and that you attribute this to something wrong in the barracks, what points would you particularly investigate, and how would you investigate them? 2. What has been the medical history of the white troops serving in Jamaica? Supposing the diseases which formerly caused mortality to return, what preventive measures would you adopt? 3. What are the weights carried by the British infantry soldier? How may these affect his health? What amount of daily exercise ought a healthy

adult of the soldier's age to do; and what is the extreme amount of work which he may be called upon to do? What amount and kind of food would you give (a) under ordinary circumstances; (b) when men are undergoing excessive fatigue, as in war? II. *Pathology*. 1. Give an account of the appearances seen on examination of the body after death in cases of acute dysentery; and describe how the characters and extent of the lesions may be modified by the influence of certain dietic causes of ill-health (cachexia). State the place which dysentery holds in the classification of diseases you are directed to follow in the Army Medical Regulations. 2. Describe the anatomical characters of amyloid degeneration, as you have seen this degeneration in the kidney, the liver, and the intestines. Give the composition of the test solution used to determine the presence of the degeneration. 3. Describe the prominent lesions seen at the *post mortem* examination of —, who died July 12th, 1865, and whose body was examined on the following day. He had completed ten years of service; and had served in Malta (one year), in Bengal (eight years), and (the remaining period) in England. He had suffered from ophthalmia at Malta; from erysipelas and remittent fever in Bengal, followed by ulcers on the legs, for which he was invalided, after suffering from them for five years. These ulcers occasionally healed up. He was admitted into this hospital on June 27th, 1865, with open ulcers on the lower extremities; and on the 2nd July (the fifth day after admission), he was seized with shivering. Two days after this shivering, he complained of pain on micturition, and great pains referred to the perineum. He passed his urine with difficulty. There was no history of stricture. The urine passed was turbid, and contained both pus and albumen. The symptoms during the termination of the case indicated septicæmia, with evidence of an abscess in the region of the neck of the bladder. The case terminated fatally on the 12th July, ten days after the shivering. The points requiring your attention are as follows. What were the nature and condition of the ulcers? What the condition of the femoral veins? of each kidney? of the bladder and surrounding parts? and of the lungs and pulmonary vessels? And, lastly, give an account of the pathology of the case; the probable immediate cause of death; and connect the lesions seen in *post mortem* examination with the indications of disease during life. III. *Military Surgery*. 1. You are required to record in your case-book a full report of the case of an invalided soldier who has recovered from a gunshot wound of the chest. To what circumstances in the history of the case, and to what physical observations of the patient before you, would you chiefly direct your inquiries with a view to determine what the true nature of the injury has been; whether a non-penetrating or penetrating wound of the cavity; and, if the latter, whether accompanied or unaccompanied with a wound of the lung? 2. Describe and explain the different conditions of vision which follow the use of atropine, when employed so as to produce paralysis of the accommodatory function, according as the eyes thus acted upon are emmetropic, myopic, or hypermetropic. 3. To what causes may pyæmia be usually traced when it occurs in field hospitals, and what precautions should be taken to prevent its occurrence? IV. *Military Medicine*. 1. Give the best sketch you can of the influence of military life on the health of the British soldier in India; drawing your illustrations from what you have observed in the Royal Victoria Hospital, and gathered from your studies here. 2. Describe the different conditions under which insolation has been observed in India, and the causes which, in addition to heat, seem to

produce it. Give (a) the best preventive; and (b) the best curative treatment. *B. Practical Examination* (Friday and Saturday, August 4th and 5th, 1865.) 1 and 11. *Military Surgery and Military Medicine.* Make an examination of the case of ——. You are required to write, concisely, a history of the case, your diagnosis, prognosis, the probable effects of treatment, and the influence of the disease (or injury) on the man's fitness for service as a soldier. Twenty minutes allowed for the examination; half-an-hour for the description. Written notes may be taken. *III. Hygiene* (three hours allowed each day). First day—Chemical and microscopic examination of water. Second day—(1) Chemical examination of adulterated beer; (2) microscopic examination of adulterated milk. *IV. Pathology* (three hours allowed). 1. Describe the morbid specimens numbered respectively 1, 2, 3, 4, and 5; and in your description embrace the following points. (a) Name the part shown; (b) describe exactly the lesions which it exhibits; (c) describe how the lesions have originated, and name the diseases of which they are significant, and the period or stage of the disease which had been arrived at; and (d) connect your account of the condition of the parts with the probable phenomena during life. 2. Examine microscopically the portion of organ given you; name the organ of which it is a part, and give an account of its morbid condition. 3. Demonstrate the urinary tubules with their contained functional cells, and leave the preparation properly displayed under the microscope.

OPERATION DAYS AT THE HOSPITALS.

MONDAY.....	Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.
TUESDAY.....	Guy's, 14 P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.
WEDNESDAY....	St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.
THURSDAY.....	St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopaedic, 2 P.M.—Royal London Ophthalmic, 11 A.M.
FRIDAY.....	Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.
SATURDAY.....	St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.—Royal Free, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

REGISTRATION OF DISEASE.

MONTHLY RETURN of new cases of disease coming under treatment at Pauper and Public Institutions. (A.) Manchester and Salford (Sanitary Association). (B.) Preston (R. C. Brown, Esq.). (c) St. Marylebone, London (Dr. Whitmore).

	5 weeks ending July 1.	4 wks. endg. June 24.
Diseases.....	A.	C.
Small-Pox.....	48	36
Chicken-Pox.....	3	14
Measles.....	55	29
Scarlatina.....	17	33
Diphtheria.....	3	3
Whooping-Cough.....	42	59
Croup.....	1	8
Dartmouth.....	315	97
Dysentery.....	21	18
Dysphasia.....	22	27
Insanity.....	67	10
Bronchitis and Catarrh.....	618	64
Pleurisy and Pneumonia.....	81	24
Accidents and other diseases.....	5149	430
Totals.....	6457	566

TO CORRESPONDENTS.

*• All letters and communications for the JOURNAL, to be addressed to the EDITOR, 37, Great Queen St., Lincoln's Inn Fields, W.C.

COMMUNICATIONS.—To prevent a not uncommon misconception, we beg to inform our correspondents that, as a rule, all communications which are not returned to their authors, are retained for publication.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

F. T.—We believe that the Lock Hospital has offered to place at the disposition of the Venereal Commission fifty beds; and that Professor Boeck has been asked by the Commission, and has consented to perform on their occupants, the operation of syphilisation. But when the experiments are likely to be performed, we know not. Some hint, we have heard it said, has occurred about the beds. The Lock Hospital authorities are willing to grant the beds; but only on condition of being especially applied to by the Government. We hope these difficulties of detail will, however, be soon adjusted; and that the experiment of syphilisation—if experiment it must still be called—will be performed before us on the scale proposed, and by Professor Boeck himself.

THE GRIFFIN TESTIMONIAL FUND.—SIR: The following subscriptions have been further received on behalf of the above Fund:—J. W. Combs, Esq. (Hurst Green), 2s. 6d.; Pleydell Carter, Esq. (Gloucester), 10s. 6d.

Amount previously announced, £124:16:9. Received at the Lancet office, £3:9.

I am, etc.,

ROBERT FOWLER, M.D.,

Treasurer and Hon. Sec.

145, Bishopsgate Street Without, August 23th, 1865.

COMMUNICATIONS have been received from:—Dr. JAMES RUSSELL; Mr. A. B. STEELE; THE DIRECTOR-GENERAL OF THE ARMY MEDICAL DEPARTMENT: Dr. ARTHUR RANSOME; Mr. JOHN MANLEY; Mr. COCKEY; Mr. G. MALLETT; Mr. MACCARTHY; Dr. GEORGE JOHNSON; Mr. F. JORDAN; Dr. PHILIPSON; Dr. ROBERT FOWLER; Dr. JEANNERET; Dr. J. EDMUNDS; Dr. KENNION; Dr. SYMONDS; Mr. BLAIRIE; Mr. C. S. BARTER; Dr. T. S. HEWITT; Mr. MELLOR; Mr. T. M. STONE; Dr. ELLIS; Mr. R. L. BOWLES; and VERAX.

BOOKS RECEIVED.

1. On the Administration of Medical Charities, with Suggestions for a more Systematised Plan of Management. By ARTHUR TODD, M.B., M.R.C.S.L., etc. London: 1865.
2. Thirty-Fifth Annual Report of the Belfast District Hospital for the Insane Poor. Belfast: 1865.
3. On the Efficacy of the Bromide of Potassium in Epilepsy and Certain Physical Affections. By S. W. DUCKWORTH WILLIAMS, M.D. London: 1865.
4. Orthopraxy: the Mechanical Treatment of Deformities, etc. A Manual. By H. HEATHER BIGG. London: 1865.
5. The Physiological Action of Alcohol. A Lecture delivered at Hull. By H. MUNROE, M.D. Hull: 1865.

ADVERTISEMENTS.

Manchester Royal School of

MEDICINE, 10, Faulkner Street, behind the Infirmary. The WINTER SESSION 1865-66 will commence on Monday, October 2nd, at 12 o'clock, when the Introductory Address will be given by Dr. MORGAN.

LECTURERS.

Physiology—Mr. Turner and Mr. Smith.
Descriptive Anatomy—Mr. Lund.
Practical Anatomy—A. GOOSON, M.B.
Chemistry—Mr. Daniel Stone.
Medicine—Dr. ROSS and Dr. William Roberts.
Surgery—Mr. Southam.
Anatomy of the Eye—Mr. Hunt.
Midwifery—Mr. Greaves.
Pathology and Morbid Anatomy—Dr. Morgan.
Materia Medica—Mr. Somers.
Forensic Medicine—Mr. G. M. Harrison.
Practical Chemistry—Mr. D. Stone.
Botany—Mr. Grindon.

Hospital Practice and Clinical Instruction at the Royal Infirmary. Further information will be given on application to the Registrar, Mr. G. SOUTHAM, Lever Street. Prospectuses may be had at the School.

Notes

ON

THE PATHOLOGY AND TREATMENT OF CHOLERA.

BY

GEORGE JOHNSON, M.D., F.R.C.P.,

PROFESSOR OF MEDICINE IN KING'S COLLEGE; PHYSICIAN TO KING'S COLLEGE HOSPITAL; &C.

[Continued from page 608 of vol. i for 1865.]

In my last communication, I endeavoured to show that the effect of alcoholic stimulants and of venesection on the symptoms of collapse is such as to be quite irreconcilable with the hypothesis that the symptoms of collapse are due to a drain of liquid from the blood through the intestinal canal. I proceed now to examine the influence of other modes of treatment.

The Influence of Purgatives. If the symptoms of collapse were due to the drain of liquid from the blood, and its escape by the intestinal canal, it would seem to be impossible that the symptoms of collapse should pass away while the drain of liquid by vomiting and purging is continually going on. It would seem, too, that the action of purgatives during the stage of collapse must greatly increase the mortality. I do not here propose to consider the merits of the purgative plan of treatment. I wish only to refer to the indisputable fact that there are on record numerous well authenticated instances of recovery from extreme collapse, while the intestinal discharges were encouraged by repeated doses of emetic and purgative medicine. And, further, I challenge the advocates of the theory which I am endeavouring to refute to refer to a single case of recovery from collapse in which the intestinal discharges have not continued, in a greater or less degree, while the symptoms of collapse were passing off. If the theory in question were a true theory, the cessation of the intestinal discharges must always, and of necessity, precede recovery from collapse.

During the early part of the cholera epidemic of 1849, all the cases of cholera admitted into King's College Hospital were treated by liberal doses of brandy and opium. Under this mode of treatment, the mortality was very great. The treatment was then entirely changed; brandy and opium were discontinued; and large quantities of salt and water were administered. The effect of this treatment was to excite frequent vomiting, and certainly not to check, but rather to increase, the purging; and the result was a much larger proportion of recoveries than under the previous mode of treatment. I had no share in conducting the treatment on that occasion; but I was greatly struck by the different effects of the two opposite modes of treatment. I was also deeply impressed by observing that, during that epidemic, the arrest of the purging by opiates was in several instances followed by the worst symptoms of collapse; and a painful question arose in my mind, whether the collapse in such cases was not a direct result of the arrest of the purging.

At the commencement of the last epidemic—that of 1854—I had arrived at the conclusion that the

commonly received theory of choleraic collapse is erroneous. I had the chief charge of the hospital during the whole period of the epidemic; and I gave emetics and purgatives to all the patients who came under my care. I have since published full particulars of all my cases.* I am convinced that in many instances I gave an excessive quantity of castor-oil; yet the result was a mortality, to say the least, below the average mortality in cases of equal severity. During that epidemic, many cases of choleraic diarrhoea came under my observation—cases in which there were vomiting, bilious purging, and cramps. These were all treated by castor-oil, without opiates. They all recovered; and not one case so treated passed into collapse. Several of the medical officers, pupils, and nurses, and a considerable number of patients who were in the hospital for other diseases, had the premonitory symptoms of cholera. All were treated in the same way, and all recovered. In contrast with this most satisfactory result, stands the fact that, during the previous epidemic of 1849, several inmates of the hospital, nurses and patients, having been seized with choleraic symptoms, and being promptly treated by opiates, passed into a state of collapse and died.

I see no way in which the facts here stated can be reconciled with the hypothesis that the worst symptoms of cholera result from the loss of liquid, and that the main object of treatment is to check the vomiting and purging.

The Effect of Injecting Hot Saline Solutions into the Veins. It is well known that the injection of a hot saline fluid into the veins during the collapse of cholera has often been followed by great temporary relief. The pulse improves; the temperature rises; the countenance becomes natural; the voice recovers its strength; and, in short, all the worst symptoms speedily disappear—usually, however, to return with all their former severity within a very short time. The late Dr. Mackintosh of Edinburgh, during the summer of 1832, injected the veins of 156 patients, of whom only twenty-five recovered. There are probably but few practitioners who now expect any practical benefit from this mode of treatment—few who would consider it right to repeat this experiment. But there are many pathologists who maintain that, since all the symptoms of collapse speedily disappear after the injection of a certain quantity of liquid into the veins, this experiment proves conclusively that the symptoms which previously existed must have resulted from the loss of a liquid similar in character to that which the operation restores to the blood. I believe, however, that the true explanation of the manner in which the hot saline injections afford the surprising temporary relief which they are acknowledged to have done, has been missed; and that, rightly interpreted, the results of this experiment afford as little support to the hypothesis that collapse depends on loss of fluid, as do the effects of other modes of treatment to which reference has already been made.

In a future communication, I will give what I believe to be the true pathology of collapse; and then I hope to explain the *modus operandi* of the saline injection into the veins.

Before attempting to give what I believe to be the true interpretation of the symptoms of cholera, I have thought it desirable to direct attention to some of the facts and arguments which are opposed to the commonly received theory. There is so much of apparent probability in the theory which explains the symptoms of collapse by the loss of the watery

* On Epidemic Diarrhoea and Cholera: their Pathology and Treatment. With a Record of Cases. Longman and Co.

portion of the blood, that the practice of giving opium and other astringents to arrest the intestinal discharges will continue more or less, in spite of failure and disappointment, until it can be clearly shown that the state of collapse has an entirely different origin and cause from that which the theory in question assumes.

[To be continued.]

Original Communications.

CASE OF PUERPERAL TETANUS, FOLLOWING ABORTION AND PLUGGING OF THE VAGINA.

By JOSEPH BLACKSHAW, Esq., Stockport.

ON Saturday, November 8th, 1864, I was called to see Mrs. H., aged 48 years, the mother of a numerous family, of a highly nervous temperament, and whose general health had previously suffered from some domestic anxieties.

She was in bed, very faint from profuse hæmorrhage from the uterus. I made an examination, and detected an ovum of about ten weeks' growth within the os uteri. In consequence of the amount of the hæmorrhage, I plugged the vagina; ordered cold applications, stimulants, and the usual astringent remedies, including the ergot of rye; and she rallied in the course of the following day. The plug remained in the vagina twelve or fifteen hours, and, when removed, was not again resorted to, as the hæmorrhage had almost ceased, and the ovum was expelled a few hours afterwards. She progressed satisfactorily for about nine days, at the end of which time she was able to sit up, and about to leave her room. Thinking it unnecessary for me to continue my visits daily, I left her with directions to report to me her progress.

On the day following (Tuesday), just ten days from my first visit, I was unexpectedly requested to see her. She thought she had taken cold, and was then complaining of great stiffness of the deep-seated muscles of the neck and throat, with difficulty of swallowing, and was unable to open her mouth perfectly. As there was some febrile excitement, she was ordered to remain in bed, and to take a saline mixture with an aperient; to use hot fomentations; afterwards hot moist bran; to steam the fauces; and, if possible, to use a gargle.

On the two following days, Wednesday and Thursday, the painful tension of the masseters, as well as the muscles of the neck and throat, had so greatly increased as to prevent deglutition and bring on a state of perfect trismus. On Thursday afternoon and evening, the tetanic seizures became increasingly frequent, producing great muscular rigidity, contortion of features, and slight opisthotonos. During the paroxysm, the pulse was small and feeble; but the consciousness was entire throughout. She continued in this state until Saturday evening, the tetanic spasms and opisthotonos gradually becoming more severe, when she died from exhaustion, five days from the first setting in of the tetanic symptoms.

Owing to the clenched state of the jaws, little was done in the way of treatment, beyond a little counter-irritation to the spine; the administering of a turpentine enema; and the removal of fecal accumulations, which might prove a possible source of spinal irritation.

Puerperal tetanus is a very rare species of that disease in this climate; and this must be my apology

for this communication. I have been in practice in this town for more than thirty years, the greater part of which I have been medical officer to a large district of a Poor-law union including the union workhouse, and must have attended three or four thousands of women in labour at different periods of utero-gestation; and this is the first case that has occurred in my public or private practice, or, so far as I can learn, in that of the oldest obstetrician either here or in Manchester, with the exception of one case mentioned by Dr. Whitehead. Dr. Radford considers it a rare disease, but has known it to occur. Mr. Robertson, of the same city, also says that obstetric tetanus is a novelty to him, and that he has never seen it during a long and laborious practice. Nor is the disease one usually recognised in treatises on midwifery and the diseases of lying-in women. The extreme rarity and infrequency of this disease, notwithstanding the various lesions from the application of instruments, manual interference, turning, and other violence that the uterus must often sustain in protracted and difficult labours, points to a very different state of the nervous system from that which gives rise to traumatic tetanus in the various external injuries to which the body is subjected. Physiologists attribute this to the uterus receiving its nerves from the great sympathetic. It may be so. But of what that peculiarity of the nervous system consists in these cases, where the irritation from the uterus, as in the case of Mrs. H., is propagated to the cerebro-spinal system, is still shrouded in mystery. We can only say that, in the case of my patient, cold applied to the body, previously lowered by mental anxiety and loss of blood, may have given rise to a state of reflex spinal irritation, followed by tetanus; though probably, in ten thousand other instances, the same exciting causes would produce no such effects.

I regret that chloroform was not tried, as, besides the good effects it is said to have in convulsive diseases, it presents facilities of application where no internal remedy can be given.

My object in this communication is rather to seek than give information; and I trust that some of our more learned associates will ere long throw some fresh light upon this class of diseases, which are yet among the *opprobria medicorum*.

CASE OF RUPTURE OF THE UTERUS: ABDOMINAL SECTION: SUBSEQUENT PREGNANCIES.

By SAMUEL S. DYER, M.D., Ringwood.

JULY 29th, 1862, 8 P.M., I received a note from Mr. Clifton of Fordingbridge, stating that he was in attendance at a case of midwifery at Mockbeggar, midway between our respective residences; that the uterus had ruptured, and he believed the woman would die. He requested that I would meet him there at once. I went immediately, and found the patient, Mary Ann Woods, aged 37, in a state of great prostration, and evincing signs of severe shock to the nervous system. She was quite sensible; the pulse was quick and fluttering; the breathing short and hurried; the skin cold, and covered with perspiration, which stood in large drops on her face and forehead. On placing the hand on the abdomen, which was very tender, the outline of a fœtus could be distinctly felt lying beneath the parietes; the uterus, contracted to the size of the fetal head, was evident; and, on examination *per vaginam*, it was clear that the uterus was emptied of what it had contained. This was the fourth labour of the woman;

and the three previous ones had been natural. Mr. Clifton told me he had been called this day at six o'clock in the morning, when he found the os uteri about the size of a shilling. The presentation was natural; the pains trifling and ineffectual. He waited two hours; and, as no progress was being made, he gave a dose of ergot, and continued in attendance another hour. But no increase of pains in force or frequency took place; and he left for his surgery and to see other patients, promising to return; and said that, if wanted before doing so, he was to be sent for. He heard no more of the case till the afternoon, and then drove down to Mockbeggar, taking his forceps with him. He was then told that no pains of any consequence had come on till the middle of the day, since which they had been steadily increasing in force and frequency. The os was now fully dilated, and the head at the brim of the pelvis. He went downstairs, determining to give more time for the natural termination of a case which now seemed to be going on favourably, leaving two female neighbours with the patient. In about an hour he was called hastily, and found the woman fainting, blood issuing from the vagina; the head higher than it had been, and rapidly receding. The bystanders said that there had been a violent pain, during which they heard a noise as if something had given way.

The result of our consultation was, that but one thing could be done to save the woman's life; and that it was our duty to give her this chance. I went back to the room to tell her our decision, to which she readily assented. Mr. Pridham of Broadway, my assistant at that time, drove back to my house, a distance of three miles, for instruments, chloroform, and appliances; and immediately on his return—four hours and a half from the rupture of the uterus—we performed the operation of gastrotoomy for the removal of the child and placenta. The patient being well under the influence of chloroform, Mr. Clifton made an incision through the skin and cellular tissue, from an inch above the umbilicus to two inches above the symphysis pubis—the bladder having been previously emptied; he then divided the linea alba, and afterwards the peritoneum to the same extent, using the forefinger of the left hand as a director. The child and after-birth, with membranes and coagula, were quickly removed; and the uterus was seen to be well contracted. We exposed and handled the contents of the abdomen as little as possible, and brought the edges of the wound together, introducing silver-wire sutures through all the structures from the skin down to and including the peritoneum at short spaces. We applied long and broad straps of adhesive; dry lint, wadding, and a broad abdominal bandage.

When the patient recovered consciousness from the chloroform, she expressed herself as quite relieved, and feeling comfortable. We left a mixture of opium and brandy to be given at intervals during the night, and arranged to meet the next morning.

July 30th, 9.30 A.M. On entering the bedroom, we were as much astonished as gratified to see M. A. W. with a smiling, cheerful countenance, and to hear that she had passed a comfortable night, and felt as well as she had done after her former confinements. Such was her statement. The pulse was 110. She had no pain, and very little tenderness. Her urine passed freely, and there was some lochial discharge. We desired that the brandy should be continued in arrowroot, and the opium only given as occasion might require.

Aug. 1st. Mr. Rake met us. Matters were still favourable, though there had been some vomiting of fluid, which had a stercoraceous appearance; and, but for the absence of any concomitant symptom, we

might have feared some impaction or gripping of intestine in the uterine rent.

Aug. 2nd. The patient was going on well; she had no further vomiting. The dressings were removed, and the wound looked well. The strapping, lint, and bandage were reapplied.

I will not prolong the details of this case, which went on to recovery most favourably. The sutures were not removed for a week or ten days. The wound healed entirely by the first intention. The patient sat up in her room in three weeks, came down stairs, and went out of the house at the end of a month; from which time she resumed her household duties.

On September 9th following, Mr. Clifton fully reported this interesting and instructive case at a meeting of the South Hants Medico-Chirurgical Society; and in that month he sent the history of it, as embodied in his paper, to the *Lancet*. Its receipt was acknowledged in the "Notices to Correspondents". When a year had passed without its insertion in the pages of that journal, the editor was requested to curtail it as much as he liked, provided he would record the facts of the case. The non-compliance with this request has enabled me to publish it, with the interesting addenda of subsequent pregnancies, in the pages of the *BRITISH MEDICAL JOURNAL*.

1863. August 8th. As medical officer of the union in which Mary Ann Woods resides, I was summoned to attend her. She told me she had menstruated regularly from the previous November till May, but not since. She now had somewhat copious discharge, accompanied with intermitting and evidently uterine pain. Early on the morning of the 9th, she miscarried.

1864. June 11th. I again attended her in a miscarriage—on this occasion, with a four months' foetus.

1865. June 6th. M. A. W. came under my care for some functional disorder, when I found, too, that she was more than seven, if not eight, months advanced in pregnancy; and that she had obtained an order for my attendance upon her during her labour.

July 23rd. At 2.30 A.M. I was called to her, and found that she had been three hours in labour. The os was dilated to about the size of a half-crown. The membranes were not ruptured. The head was presenting, but high up. The promontory of the sacrum advanced into the pelvic cavity rather more than one is accustomed to find it. By four o'clock the os uteri was fully dilated; and now the liquor amnii escaped, but the head was still above the pelvic brim. The expulsive pains were acquiring considerable force; and, as a precaution, I at once applied the long forceps to lessen the strain upon the uterine fibres by a little leverage coincident with the pains. I cannot say that I did more than just assist a natural delivery. At 6.30, a fine living male child was born. The placenta was expelled in a few minutes; and there has been nothing unusual to check a rapid convalescence.

In the *Edinburgh Medical Journal* of August 1864, a case of gastrotoomy for rupture of the uterus is reported by Dr. Crighton; it is fully recorded in Braithwaite's *Retrospect*, vol. I. In the remarks, it is stated that "the statistics of Dr. Trask of New York give great encouragement in undertaking the apparently hopeless operation of gastrotoomy in cases of rupture of the uterus; yet, since the date of the publication of these (1856), I cannot find any successful case recorded as having occurred in Great Britain."

It is a question of interest in the case of M. A.

Woods, Had the administration of ergot anything to do with the rupture? From the length of time which elapsed after it was taken before the accident, we might say, Certainly not. It is hardly probable that a drug which generally produces its effect so promptly could have had its action so long delayed as to be in operation nine hours after its administration. If we want a cause, I think we have it in the combination of prominent promontory of sacrum and thin muscular fibre in an ill-fed, ill-nourished pauper, who eats animal food about once a year; the uterus falling somewhat forward on this account, and the axis of its outlet disadvantageously placed. Her rapid recovery after the operation is in great degree due to two things—the saving of any addition to the shock already existing by the administration of chloroform; and the use of metal sutures, producing as they do less irritation than those of other material; and our ability, therefore, of keeping them longer in the body. Operations of recent date—ovariotomy in particular—have proved how much more may be done within the abdomen by the surgeon than had been formerly supposed, without the risk of peritonitis; which fact, strengthened as it is by such cases as the above, should encourage us at once to act on the occurrence of like mishap, holding out, as we may do, to the patient and her friends, strong grounds for hope of recovery; and, with a view to extend still further this encouragement, I lose no time in making known the above facts.

Transactions of Branches.

NORTHERN BRANCH.

CASE OF OSTEOSARCOMA IN CONNECTION WITH THE HIP-JOINT.

By JOHN C. MURRAY, M.D., Newcastle-on-Tyne.

[Read at the Annual Meeting, June 28th, 1865.]

By your leave, I will engage your attention for a short time with the consideration of a case in which I have been much interested.

The history is briefly this. A. B., a manufacturer, aged 59, of spare form, medium height, active habits, and healthy parents, had been robust until his 26th year, when he had jaundice; he has not been strong since.

Upon March 10th, 1863, the felicitous occasion of our youthful Prince's marriage, he occupied an official post in carrying out the pageant of the day, and suffered much from exposure; from that time he had not been well, but only complained of his inability to step over a "wide gutter," and of being easily fatigued. About the middle of January 1864, a friend observed to him that he walked lame, and asked if one of his legs was shorter than the other; he answered that he thought not; till then no attention had been directed to his limb. Soon afterwards, in coming out of his bath, he observed a hard swelling in his right groin, which continued to increase until May 20th, 1864. For a few days previously, he had had unusual fatigue; upon arising that morning, he found his groin more swollen and stiff than before. I was at once sent for, and on examination, found the right inguinal region oedematous; and, upon deep pressure, felt a firm, somewhat elastic, painless crepitating tumour of about three fingers' breadth, extending from the symphysis pubis to the anterior superior spinous process of the ilium, which it hid or had absorbed in its increase, so that the length of the femur could not be taken from that point. There was no perceptible

flattening of the hip; no wasting nor eversion of the thigh; no pain or flexion of the knee-joint; pressure behind or in front of the trochanter, succussion, or pressure upward, was well borne. There was no affection of the glandular system; no cachexia; and little or no constitutional disturbance. After carefully examining the parts, I enjoined rest in bed, gave a mercurial preparation, and called upon Dr. Heath; who, upon visiting the patient with me, gave it as his opinion that the tumour was of the nature of osteo-sarcoma—thereby confirming my view of the case. He recommended iodide of potassium in bitter infusion to be given four times daily, and tincture of iodine to be painted on externally; the application to be varied by mercurial inunction.

On May 24th, the oedema had disappeared. The tumour was in *statu quo*; the integument stretched tensely over it, threatening ulceration; and I had grave fears of malignant accession. The measurement, as well as I could take it in the oblique direction of the course of the tumour and round the hip, was twenty-three inches and three-quarters against twenty-one and a half in the same direction on the opposite side. On June 1st, it was still unchanged; but from that day it appeared to decrease; for, on the 1st of July, and still more on the 1st of August, a diminution was apparent. I continued the treatment, giving occasionally mercury in alterative doses, and rubbing into the part mercurial ointment until September 19th, when it measured twenty-two inches and a half. To improve the tone of the system, I then gave tincture of the perchloride of iron, with quinine, wine, etc. The patient being sufficiently recovered to move about on crutches, I recommended him to go to the sea-side. Upon his returning after a month's stay, the tumour measured only twenty-two inches; he looked well, and had gained flesh; indeed, he was so much improved, as to resume his usual avocations, and is now about five hours daily on his feet with comparative comfort.

There still remains (June 14th, 1865) a less prominent tumour, of about the width of two fingers, extending from the tuberosity of the os pubis to immediately beneath the anterior superior spinous process of the ilium, which can now be made out, although less prominent than normal.

From the symptoms, I should imagine that the textures around the hip-joint unwillingly yielded to the pressure of the enlarging tumour, and gradually underwent absorption; and, as soon as the cause became less urgent, set about the work of repair, which fortunately proved short of excess. It would appear to me, from the absence of many of the pathognomonic signs of arthritis in this case, that inflammation had never occurred in the joint itself.

It being a disease that seldom comes under our observation, I took with me three medical friends at different times during its progress. One of them, while in charge of the surgical wards of a large hospital, had seen two similar cases, and had the advantage of inspecting the parts after death. He expressed himself satisfied that this was an undoubted case of *osteosarcoma*.

During the long period I was in attendance upon the foregoing case, I had some patients on my list with hip-disease, which afforded me opportunities of comparison, one of which is worthy of notice, being a case of chronic rheumatic arthritis. The patient, a plumber, aged 34, of spare form, had rheumatic fever fourteen years ago, which confined him to bed for five weeks, and rendered him very liable to be affected by vicissitudes of temperature. He thinks he first felt lame in June 1863, about which time, and frequently since, he suffered from attacks of rheumatism. He went, in August 1864, to witness a

boat-race on the Tyne for the championship. The day was cold and stormy, and he was much exposed. The excitement of the race being over, he found that he could not return home from severe pain in the outer surface of the left hip-joint, which ceased on his resting the limb, and commenced when he again walked. Upon examination, prominent bony masses were felt around the great trochanter and the neck of the femur, extending to even below its junction with the shaft. The left limb was about three-fourths of an inch shorter than the right; the pelvis twisted. There was pain upon pressure over the pectineus; and he could not stoop to tie his shoe. The hip and thigh were wasted; the trochanter was enlarged, and nearer the crest of the ilium than in the normal state. Recognising the rheumatic origin of the disease, I gave guaiacum, colchicum, nitrate of potash, alkalies, etc., without benefit, until, in December last, I gave him iodide of potassium, and painted tincture of iodine upon the stasical mass as an absorbent and counterirritant. He continued under the iodine treatment until March, when I prescribed dilute phosphoric acid in bitter infusion, varied sometimes by the other mineral acids and quinine. Upon seeing him on the 12th of June, 1865, I found the osseous mass apparently less extensive and less prominent. He daily walks a distance of two miles to his work; he stoops with more ease; and can sit comfortably with his leg (which is now an efficient member) in the usual position.

These two cases simulated in a marked manner disease in connexion with the hip-joint; for in both there was inability to walk, and shortening of the limb. In the first, however, there was the tumour—a ready explanation of the symptoms; in the second, the history of rheumatism—a guide to the nature of the affection. They further agree, in both being of adult age, and the same treatment in both instances proving beneficial.

EAST ANGLIAN BRANCH.

CASE OF ACUTE RHEUMATISM: SUDDEN DEATH.

By W. A. ELLISTON, M.D., Ipswich.

[Read July 14th, 1865.]

WALTER GARNHAM, aged 34, was admitted into the Infirmary of the Ipswich Workhouse on June 13th, 1864. He was seen by me about an hour after admission. He then complained of much pain in the knees and ankles of both legs, in both shoulders, and also of a stitch in the left side. The sounds of the heart were somewhat muffled; but there was no *bruit* nor pericardial rub. He complained of some headache. He had passed no urine since his admission. He was ordered full doses of bicarbonate of potassa every four hours, and a low diet.

June 14th. I saw him at 11 A.M. I thought him better; and gave a favourable prognosis to his friends. His joints were more painful, especially to the touch. He had lost the pain in the left side. He had passed some urine, which appeared loaded with urates. His tongue was furred, but moist. He complained of headache.

At 7 P.M., he was taken suddenly worse, and became rapidly delirious. I was sent for; but, upon my arrival at 8 P.M., he had just died. His nurse said that he had taken food freely during the day; and that he had not appeared any worse until about an hour before death. He had passed some urine during the day, which had been thrown away.

From his friends, I subsequently learned that he had spent some years of his life in India; that he had been a loose fellow, and much addicted to drink. He

had been ailing for some few weeks past; and had had occasional attacks of vomiting.

POST MORTEM EXAMINATION, twenty hours after death, by H. G. Moore, Esq. The brain, together with the lungs and liver, were found to be free from any trace of disease. In the heart, there were signs of slight recent inflammation of the pericardium, together with some old adhesions. The kidneys were both in a state of fatty degeneration.

REMARKS. But for a few rough notes hastily dotted down in my case-book, I should have forgotten the circumstances of this case; which, however, made a considerable impression upon me at the time. Here was a young man, with the ordinary symptoms of acute rheumatism, with no auscultatory proof of pericardial mischief, with no single symptom, indeed, of any kind whatever, to lead me to think unfavourably of his case—dying suddenly in the course of a few hours. Without the *post mortem* examination, it would have been inexplicable to me. Happily, however, there was no difficulty in getting the consent of the friends; and the diseased state of the kidneys can leave little doubt, that uræmic poisoning was the cause of death. Yet there was no coma, not even stupor, to lead one to suspect blood-poisoning. This case appears to me to exemplify well how insidiously the symptoms may become developed. Practically, it will teach me to be on my guard in cases of acute rheumatism complicated with a fatty kidney. It may perhaps hereafter be shown, that the unknown ferment, by means of which urea is converted into carbonate of ammonia, may be more active in acute rheumatism.

FORCIBLE VACCINATION. A singular case was heard before the Droydsden magistrates lately. A surgeon and a "public vaccinator" were charged with assault, for that is the legal form in which the vaccination of a child without its parents' consent is put. In the case tried before the bench the child was seven years of age, and it was undoubtedly shown that the child was much frightened from the unexpected way in which the operation was performed, and that the parents' consent had not been obtained. A fine was therefore inflicted, and the other cases were withdrawn on the condition of the payment of expenses. The question of revaccination has occasioned a great deal of excitement in the unions of Oldham and Ashton.

LEPROSY COMMITTEE OF THE COLLEGE OF PHYSICIANS. A large contribution of most valuable materials has been received, through the Secretary of State for India, from the Bengal Presidency. It forms a goodly printed volume of five hundred folio pages, containing the replies to the interrogatories of the college from medical men, of the civil and military departments, scattered over the wide domains which are under the administration of the Governor-General—viz., at stations in Bengal, the North-west Provinces, the Punjab, Central India, Rajpootana, British Burmah, and Singapore. They considerably exceed a hundred in number, and many of them have been very elaborately and carefully prepared. Altogether, the mass of information as to the history of the disease as it exists at the present time in the different provinces of India, and illustrative of the hygienic and social condition of the lower classes of the native population, thus brought to light, would alone have sufficed to have made the work, which the college has undertaken at the request of the Colonial Office, a matter of much public interest. The committee had previously received valuable communications from the Madras and the Bombay Presidencies, and also from Ceylon. (*Social Science Review.*)

Reviews and Notices.

THE RESTORATION OF HEALTH; OR, THE APPLICATION OF THE LAWS OF HYGIENE TO THE RECOVERY OF HEALTH; forming a Manual for the Invalid and a Guide in the Sick-room. By WILLIAM STRANGE, M.D., M.R.C.P.Lond.; Physician to the General Hospital, Dispensary, and Orphan Asylum, Worcester. Pp. 434. London: 1865.

Books are sometimes written by medical authors for the public, having as their real if not as their expressed end the making every man his own doctor. Of such books, we have had occasion to express disapproval, and to point out their mischievous tendency. There is, however, a kind of knowledge, the dissemination of which is calculated to prove of great utility, in enabling the public to give intelligent aid to the efforts of the medical profession in the treatment of disease—the knowledge how so to deal with the hygienic conditions surrounding the patient, and to act generally in matters which extend beyond the visit of the physician or the administration of his medicines, as to co-operate efficiently with him as the servant of nature in the restoration of health. To diffuse such knowledge, Dr. STRANGE has written this book; and beyond this he does not go. The work contains no prescriptions, except a very few of the most simple kind; and no details of the symptoms of disease by the reading of which a non-professional person may think himself competent to treat any malady that may befall him.

The book is divided into three parts; the first of which treats of Preventive Hygiene—the Nature, Causes, and Prevention of Disease; the second, of the Management of the Sick-Room; and the third, of Convalescence, and the Restoration to Health.

In the first part, the author first gives an introductory chapter on the Nature and Characteristics of Disease. He points out that disease is not, as is very commonly supposed, an entity—a thing which may be removed by medicine; but that it consists in a disturbance of the balance of the functions beyond that range of variation which may be included in the term health. The office of the physician, he shews, is not to put a damaged organ right in the same way as one would clean and repair an ordinary piece of mechanism; but to “withdraw the forces which are turning the vital stream into wrong channels, and to supply those other, without which the living engine is unable, as it were, to keep upon the proper line of rails.”

A second chapter is devoted to the Causes of Disease; which, in accordance with time-honoured custom, the author divides into Predisposing and Exciting. The co-operation of these, he says, is necessary for the production of any disease; and he shews how the nature and seat of a disease, brought about by the same exciting cause, may vary according to the predisposition of the individual attacked. In speaking of hereditary predisposition, he insists on the fact that much more depends often, in regard to the health of the offspring, on the hygienic circumstances in which the parents are placed than on the presence in them of actual disease. The present prevalent tendency to force the intellectual development

at the expense of the physical powers, is commented on by Dr. Strange; and the results of over-work of the nervous system—a characteristic of modern civilisation—are described. There is, we think, much truth in the following remarks.

“One of the signs of want of tone in the nervous system is moral indecision. The judgment, when actually called upon, may be as sound as ever, and the perception and apprehension as clear; but the will is deficient in force. Hindrances and difficulties before despised now assume gigantic proportions. There is always ‘a lion in the way.’ From ever taking a hopeful and cheerful view of affairs, a despairing melancholy and dread of ill take possession of the mind, damping its energies and quenching the fire of genius and talent.

“On the part of the bodily functions, this defect of nerve-force shews itself especially in slowness of movement—fatigue being more readily induced than formerly—and by a diminished action of nearly all the functions. In fine, the temper becomes uneven, the resolution unequal to the occasion, the judgment uncertain, whilst the animal functions become deranged from slighter causes than formerly.

“Debility and irritability now go hand in hand, and soon other and more serious consequences ensue.” (Pp. 33-34.)

Dr. Strange divides the exciting causes of disease into two classes; viz.,

“First. The natural agents—air, light, heat, food, drink, exercise, etc.—applied in undue force or degree, although their normal application is productive only of health. Secondly. Unnatural and morbid agents (or the natural agents in an impure state) derived from animal or vegetable exhalations, or from some partially known atmospheric or telluric influence, or, as supposed by some philosophers, even from some universal cataclysmic actions.” (P. 41.)

This latter class the author divides into the poisons of rheumatism, gout, etc., which originate within the body, and are incommunicable to other people; and those which are produced by the application of a poison from without—zymotic diseases. In regard to these, he points out that they never arise without the intervention of the specific germ of the particular diseases.

“Unsanitary conditions—filth, overcrowding, foul air, bad food or drink, impure water—by lowering the general tone of the system, predispose the persons so affected to these formidable diseases. Such conditions of living prepare the soil to receive and nourish the germs of specific diseases; and there they multiply and thrive. Hence it comes to pass that the inhabitants of the worst and filthiest parts of towns, as well as those who keep dirty houses anywhere, are more liable than others to these plagues, and succumb to these attacks with less resistance. But the germ must be applied.

“It cannot be denied, however, that the healthy, the strong, the cleanly, the well-fed, are often attacked by specific diseases; and some epidemics have been known to select such subjects by preference, as it were, for their victims. This was the case in the celebrated ‘sweating sickness,’ which infected England and Europe in the fifteenth and beginning of the sixteenth centuries. At the same time, it is so difficult to know who is a sound and healthy person; and the germs of disease begin to vegetate and strike root so deeply into the frame before we become conscious of their doings, that mistakes are easily made as to the robust health of the victims to this or any other epidemic disease.” (Pp. 48-9.)

Dr. Strange very properly insists on the necessity not only of sanitary provisions in the way of cleanliness, etc., but of avoiding contagion and destroying the power of the virus by isolating infected individuals.

The subject of prevention, however, is more fully treated of in the third chapter, the Art of Avoiding Diseases—General Preventive Measures. He insists on three conditions as essential to the general healthiness of a dwelling; viz., "the constant introduction of pure air from without, and the escape of foul and used-up air from within"; "the personal cleanliness of every inmate of the dwelling"; and the regular and daily removal of all effete matter; and the "maintaining a proper temperature and abundance of light."

The author goes on to describe at some length the preventive and restorative measures to be adopted in tendency to derangement of the digestive organs; of the circulatory, respiratory, and secretory organs; of the brain and nervous system; and of the organs of locomotion. His instructions have reference to the use of hygienic agencies—air, food, clothing, exercise, etc.; and leave to the medical man the administration of medicines.

In the second part, on the Management of the Sick-Room, Dr. Strange describes, in seven chapters, the Sick-Room—its General Management, Temperature, Ventilation, Light, and Aspect; the Diet and Regimen of the Sick; the Qualifications and Duties of the Nurse; the Clothing, Bathing, and Sponging of the Sick; and the measures to be adopted in the Casualties of the Sick-Room. In this part, the duties of the nurse, not merely as the mere agent for the application of the remedies prescribed by the physician, but as his efficient aider by rendering the management of the patient such as to favour the curative operations of Nature, are fully and instructively described; and errors which have prevailed among the public are commented on and condemned. In the last chapter of this part, Dr. Strange gives instructions as to the measures to be adopted by the patient's attendants in those casualties which are liable to occur, and in some at least of which prompt action is demanded before a medical man can arrive; viz., fainting, shivering, vomiting, convulsions, delirium, incapacity to pass urine, hæmorrhage, and burns and scalds; and he concludes the chapter with a description of the ordinary signs of the approach of death, and of the proper management of the patient under this condition. The author judiciously takes care to point out, in several places, that the means which he recommends are only to be regarded as temporary substitutes for medical aid.

In the third part, on the Restoration of Health, the titles of the chapters are: 1. Characteristics of Convalescence; 2. Diet of Invalids and Convalescents; 3. Clothing, Exercise, Bathing, and Sleep of the Invalid; 4. Situation as to Soil and Climate—Household Cleanliness; 5. Change of Climate, Scene, and Occupation. Among these, the chapter on Diet is especially full, occupying nearly 100 pages of the book. In it the author gives his views on the choice and preparation of food; on the selection of animal and vegetable food; on the difference between albuminous and starchy food in regard of digestion; on the various modes of cooking; on the digestibility of food; on the nutritive properties of food; on the time of meals and order of taking food;

and on drinks. We notice that Dr. Strange, in speaking of drink, in several parts of his book strongly condemns the absurd prejudice which exists on the part of the public against the use of pure water; which the author regards as one of the most valuable of Nature's remedial agencies.

"In fevers, cold water is by far the most effective drink. It quickly passes into the circulation, where it excites either perspiration or a diuretic effect; both of them natural means of relief in fevers. It should not be taken, however, just before or at meals, except in small quantities, as it is apt to dilute the gastric juice too much, and give rise to flatulence and indigestion. The morbid fear of cold water which still reigns in the minds of nurses and others who have the care of the sick, as well as in those of invalids themselves, is a remnant of the days when every chink and cranny was stopped up in the sick-room lest a breath of life-giving fresh air should blow upon the sufferer. How strange it appears to us, that through long ages (ages of darkness, it must be allowed) the restorative powers of nature and her principal agents were systematically rejected in the very cases in which they were most required! The very sources from which life and health are drawn were supposed to be converted into pestiferous or poisonous agencies, the moment the healthy functions are thrown out of gear.

"Even now the use of water in disease is but imperfectly acknowledged. The two processes which go on in unwonted activity in most diseases, the taking down and ejecting, and the rebuilding and restoring, both require a large supply of water. This is why thirst is so constant an accompaniment of illness. The effete particles of matter, and the noxious materials which the system is so anxious to get rid of, can be carried away only by means of a liberal supply of fluid; and the newly digested material with which nature endeavours to supply the loss will require water as a carrier in proportion to the quantity so to be conveyed to its new destination.

"A moderate allowance of fluid along with a meal is beneficial to digestion. The liquid assists the stomach to separate and dissolve the fibres of solid food, and it makes more, as it were, of the gastric juice when that is deficient.

"To many persons a draught of cold water on going to bed is serviceable. In America, it is the custom to take one on first rising in the morning. Neither of these habits can be adopted by the invalid indiscriminately. But, after confinement for hours in the heated atmosphere of crowded rooms, a draught of cold water refrigerates and refreshes the system; soothing the nerves and conducing to sleep. Also, a draught of cold water taken on first rising in the morning tends to cool and brace the system after the heat and perspiration of the night; and it often has the effect of opening the bowels." (Pp. 294-96.)

In speaking of alcoholic beverages, Dr. Strange has no doubt that much harm as well as good has resulted from their use as medicines; and observes that the dictum, that the timely use of a remedy makes it a remedy at all, is emphatically true with regard to alcohol. For invalids and convalescents, he holds, alcoholic drinks are useful as stimulants to digestion, and for this purpose they should be taken with food—either at dinner and supper or at luncheon and dinner.

This *Invalid's Manual and Sick-Room Guide* of Dr. Strange is a book from which members of the medical profession may derive much instruction, and which they may with advantage place in the hands of their patients and those about them. Here and

there, the author may express opinions which one may see reason to differ from; but, taken as a whole, his instructions are sound, and he has, as we think, very satisfactorily performed the task of showing the nurse how she may render herself the efficient colleague of the physician without intruding on his special province.

ORTHOPRAXY; THE MECHANICAL TREATMENT OF DEFORMITIES, DEBILITIES,* AND DEFICIENCIES OF THE HUMAN FRAME. By HENRY HEATHER BIGG, Assoc. Inst. C. E., Anatomical Mechanist to the Queen and Prince of Wales; etc. Pp. 709. London: 1865.

MR. BIGG'S object, in publishing this book, is to describe the various mechanical means which have been used for the remedying of deformities and deficiencies, and to explain the principles which should direct their application. He thus aims at producing a manual of mechanical therapeutics. The necessity of a special knowledge of the application of mechanism to therapeutics is insisted on by him; and he believes that, if proper advantage be taken of the aid thereby afforded, "deformity will become comparatively rare in civilised communities."

Mr. Bigg makes some remarks on orthopædy as a speciality; which, coming as they do from a layman whose pursuits would seem to lead him in the direction of specialism, are interesting.

"It will not," he says, "be considered impertinent on my part to remark, that the treatment of deformities has not yet passed into general medical practice. It is still followed almost exclusively as a speciality. This appears to be to a large extent uncalled for. There is no sufficient reason why, in the majority of instances, every practitioner should not undertake the treatment of deformities as of any other lesions which come in the ordinary routine of practice. There is abundant reason why he should adopt such a course. It is in early childhood and youth that the prevention and treatment of deformities, to be of the fullest avail, should be pursued; hence the necessity for their becoming recognised parts of the general practitioner's duty. I have an impression that the reason why the treatment of deformities is not uniformly carried out by the general practitioner, is the want of a trustworthy guide to the mechanical aids necessary for its fulfilment. I am, therefore, anxious that the present work should serve this purpose. If it should answer this end alone, it will accomplish one of the objects which I have most at heart in its publication." (Pp. 9-10.)

After stating his reasons for regarding mechanical therapeutics as a subject to be studied separately from surgical mechanics (the production of various surgical instruments), Mr. Bigg gives an account of the various mechanical means used in the treatment of deformities from the days of Hippocrates to our own time; and shows how great has been the transition from the application of mere force to the modern system, founded on a study of the laws which maintain the symmetry of the human frame, and of the action of the different causes which lead to deviation from the normal standard.

In four chapters, which form the bulk of the book, Mr. Bigg describes the various mechanical appliances found useful in the deformities, debilities, and deficiencies of the Head and Neck, of the Upper Extremity, of the Trunk, and of the Lower Extremities. A

careful perusal—which we recommend to all surgeons—will show to how remarkable an extent the structure and movements of the human frame are capable of being imitated by the exercise of that sagacity in mechanical matters for which Mr. Bigg is so distinguished.

THE ADVANTAGES TO BE DERIVED FROM THE ADOPTION OF THE LOCAL GOVERNMENT ACT, AS EXEMPLIFIED IN CROYDON. By EDWARD WESTALL, M.D. Pp. 45. London: 1865.

DR. WESTALL has republished, with the addition of statistical tables and other interesting matter, the instructive address which he delivered at the annual meeting of the South-Eastern Branch, and which appeared in the *JOURNAL* of July 15. The address is one of special interest at the present time, as shewing the great value of the adoption of sanitary measures, especially as regards drainage and the supply of pure water.

A CRITICAL INQUIRY INTO SUPERFETATION: WITH CASES. By GEORGE LINDSAY BONNAR, M.D., Cupar, Fife. Pp. 21. Edinburgh: 1865.

THIS is a reprint, from the *Edinburgh Medical Journal*, of a paper read by Dr. BONNAR before the Obstetrical Society of Edinburgh. The author brings a great amount of literary research—nearly the only available source of information here—to bear on his subject; and argues very ably in support of the doctrine of superfetation.

THE BOOK OF PRESCRIPTIONS; containing more than 3000 Prescriptions collected from the Practice of the most eminent Physicians and Surgeons, English and Foreign. By HENRY BEASLEY. Third Edition. Pp. 559. London: 1865.

THIS book, as the title indicates, contains a collection of the formulæ in which some of the leading practitioners of this and other countries have prescribed the various articles of the *materia medica*. Mr. BEASLEY has made sundry additions—including the preparations of the *British Pharmacopœia*—since the second edition appeared.

SANITARY STATISTICS OF CHELTENHAM. By EDWARD T. WILSON, M.B.Oxon., M.R.C.P., Physician to the Cheltenham General Hospital. Pp. 46. London: 1865.

AN INQUIRY INTO THE CAUSES OF THE HIGH DEATH-RATE IN LEEDS. By JAMES BRAITHWAITE, M.D.Lond. Pp. 32. Leeds: 1865.

THESE are two valuable contributions to local sanitary statistics.

DR. WILSON'S paper was read last year before the meeting of the British Association at Bath. It is one of those complete documents, of which analysis is almost impossible; and, therefore, we can say nothing of it beyond that it is published, and that it is well worth perusal.

DR. BRAITHWAITE has made a most careful examination of the causes of mortality in Leeds. His researches will, we trust, be followed by the result which he hopes for—a diminution in the death-rate of the town.

Progress of Medical Science.

ANATOMY, PHYSIOLOGY, & PATHOLOGY.

MALIGNANT PUSTULE. At the meeting of the Academy of Sciences on June 19th, M. Cl. Bernard presented a paper by M. Davaine on the nature of the malignant pustule. The object of the author was to bring forward additional proof of the identity of the disease with the *charbon* of animals, as shewn by the presence in both of the filiform organisms called by him *bacteridia*. In September 1864, he, in conjunction with M. Raimbert, communicated to the Academy a case of malignant pustule in which *bacteridia* were present; and he now had some additional instances to adduce. Two pustules, removed on the second or third day of their development,* were immediately placed in a solution of chromic acid, and thus hardened. On placing very thin sections in a solution of caustic potash, the cutaneous elements were removed while the *bacteridia* were left. In both instances, these organisms were located in the rete mucosum, underneath the superficial layer of epithelium; they were arranged in groups, separated by collections of normal epithelial cells, with which the masses of *bacteridia* at their outer part became gradually blended. No other pathological element was discovered in the pustules.

Malignant pustule, M. Davaine observes, is a disease primarily of local origin, and may, within the first two or three days, be arrested by removal and by cauterisation; but, if this be not done, the constitution becomes affected. This succession of phenomena is explained by the anatomical constitution of the pustule. At first the *bacteridia*, developed in the non-vascular epidermic tissue, are isolated and may be destroyed; but, if left, they soon reach the true skin, from which they are carried into the circulation by the lymphatics and bloodvessels. In support of this view, M. Davaine relates the case of a man who was admitted into the Hôtel Dieu under M. Grisolle. On June 3rd, he perceived a malignant pustule on his neck; and on the 6th he died, in spite of the application of corrosive sublimate and the actual cautery. On *post mortem* examination, made on June 8th, there were observed: cadaveric rigidity; absence of putrefaction or gangrene; œdema of the subcutaneous cellular tissue of the chest, extending to the mediastina; partial congestion and sanguineous effusion at the apex of the left lung; sanguineous engorgement of the liver; enlargement and softening of the spleen; and black, fluid, diffuent blood in the heart and large vessels. The blood in the heart contained a large number of *bacteridia*. M. Davaine inoculated a Guinea-pig with a drop of this blood: in two days the animal died, and its blood was found to contain an immense number of *bacteridia*. (*Gazette Méd. de Paris*, July 1, 1865.)

DEGLUTITION AS OBSERVED BY AUTOLARYNGOSCOPY. M. Guinier, in a note presented to the Academy of Sciences, arrives at the following conclusions. 1. Deglutition may be effected without occlusion of the pharynx, by the application of the base of the tongue to the posterior wall. 2. The preliminary application of the epiglottis over the larynx is not necessary during the passage of the morsel of food from the pharynx into the œsophagus. 3. The morsel may come into direct contact with the mucous membrane

of the glottis; and the mere contraction of the vocal cords is sufficient to prevent it from entering the larynx. 4. The mucous membrane of the base of the tongue, of the epiglottis, and of the interior of the larynx, appears to be endowed with a special sensibility; here the contact of food produces no painful sensation, but merely the need of deglutition, while the contact of a foreign body gives rise to cough or attempts at vomiting.

At the same meeting, a note was presented from Dr. Krishaber, in which the following conclusions were given. 1. During the act of deglutition, the alimentary morsel passes into one of the pharyngeal grooves along the side of the epiglottis tilted up by the elevation of the larynx; it thus reaches the œsophagus at the moment when, by the action of its constriction, the pharynx is narrowed. 2. Deglutition of liquids is effected in the same way; but they frequently pass over the epiglottis. 3. A small quantity of liquid comes into contact with the mucous membrane of the larynx and even of the vocal cords. 4. In gurgling, the larynx being widely open, a large quantity escapes into the organ. 5. The alimentary morsel is easily tolerated in the larynx as far as the vocal cords and even in the trachea. 6. The sensibility of the trachea to foreign bodies is much less than that of the larynx. 7. Hard cold bodies—a probe for example—are not tolerated in the air-passages; while soft bodies, having a temperature equal to that of the parts with which they come into contact, may remain in the trachea several minutes without producing cough. (*Gaz. Méd. de Paris*, July 15, 1865.)

DIVERTICULUM OF THE BLADDER. Dr. Klob shewed to the Vienna Medical Society an extraordinarily hypertrophied bladder with a diverticulum so large that, in earlier times, it would have been mistaken for a second bladder. The diverticulum was so firmly bound down to the periosteum of the sacrum that it could not be removed without tearing. It possessed a muscular layer, whereas diverticula of the bladder generally consist of the mucous layer alone. (*Wiener Med. Wochenschr.*, July 8, 1865.)

BILIOUS VOMITING FROM A RARE CAUSE. Dr. W. Koster relates the case of a woman admitted into the hospital at Utrecht with uterine cancer, who in the last weeks of her life vomited matter strongly coloured with bile. The vomiting continued, varying in severity, until death; the patient was slightly jaundiced. The ingestion of food and drink was not directly followed by vomiting; hence the symptoms could not be due to cancer of the stomach or any obstruction of the pylorus; and this, moreover, would not have accounted for the discharge of bile. It was therefore only possible to arrive at the vague conclusion, that there was some obstruction to the escape of bile through the duodenum. On *post mortem* examination, there was found carcinoma of the cervix uteri. A fistulous opening had been formed between the bladder and uterus; and in the subperitoneal areolar tissue of the broad ligament a scirrhus hardening had taken place, and had extended upwards along the spine in the areolar tissue behind the peritoneum. The indurated tissue surrounded, but did not close, the ureters and the iliac vessels; and it extended along the aorta to the lowest transverse portion of the duodenum. The latter was half surrounded by the hard mass, which narrowed it so that only the little finger could pass. The coats of the intestine were not remarkably altered; the surrounding induration had more the character of a growth of areolar tissue followed by contraction than of true scirrhus. (*Archief voor Genees- en Natuurkunde*, vol. i, part 3.)

* Dr. Mauvezin, says M. Davaine, has in many instances obtained successful results by removing the pustules and cauterising the wound.

SUPPURATIVE PARACYSTITIS. Dr. W. Koster, after alluding to inflammation and suppuration of the areolar tissue surrounding the abdominal and pelvic organs, speaks of a form of paracystitis which he considers less known. In the body of an aged man, who had suffered for many years from chronic inflammation of the bladder from an unknown cause, he found the summit of the bladder, especially on the right side, much enlarged and thickened. It formed a slight swelling, which pushed the parietal peritoneum from the anterior wall of the abdomen up to the umbilicus. The peritoneum lining the abdominal wall was healthy; that lying over the enlarged portion was easily removed; while that covering the summit of the bladder was thick and firmly connected with the underlying parts, but smooth. The mucous membrane of the bladder showed the usual traces of chronic inflammation—mucopurulent deposits, thickening, false membranes, and in some parts ulceration. At the summit, in the part corresponding to the swelling above described, the membrane projected into the bladder. Beneath this raised portion fluctuation was felt; and on pressure a small opening was formed, through which pus flowed. It was ascertained that inflammation and suppuration had taken place between the mucous membrane and the peritoneum of the bladder (no trace of muscular tissue could be discovered at this part), and that the pus had extended upwards in the course of the urachus. There had been no ulceration or perforation of the mucous membrane at this part. In the chain of pathological processes in this case, that which has now been described was probably secondary. The man suffered and died from consecutive disease of the kidney, and other disorders. The possibility, however, of the formation of fistulous abscess in the abdominal wall, and the difficulty of forming a correct diagnosis in such a case, are fully shewn. Diffuse paracystitis and abscesses generally arise from urinary infiltration. The parietal peritoneum is in such cases rarely perforated; the pus rather becomes infiltrated into the muscles and escapes outwards. (See Oppolzer in *Wiener Medizin. Wochenschrift*, 1864, No. 1.) In some cases, even, the gall-bladder may become united to the abdominal wall and an opening be formed, through which gall-stones escape into the subperitoneal tissue, where they follow the course of the suppuration set up, until they are discharged through abscesses at the umbilicus or groin. (*Archief voor Genees- en Natuurkunde*, vol. i, part 2.)

LYMPHATICS OF THE INTESTINES. Dr. Auerbach, in a communication to the Silesian Medical Society, says that in 1862 Recklinghausen found, after injecting lymphatics with solution of nitrate of silver, a network of dark undulating lines enclosing nearly equal spaces; he regarded this appearance as denoting the presence of an epithelium lining even the smallest lymphatics. This explanation, however, was doubted, especially as no trace of nuclei was seen. Dr. Auerbach has found a network of fine lymphatics in the muscular coat of the intestines, when treated with pyroligneous acid. The walls of the vessels consist of a very thin transparent membrane, studded around with numerous epithelial nuclei, placed at nearly equal distances in the thickness of the membrane. The vessels varied from 1-50th to 1-7th of a millimètre in diameter, and appeared at first to be formed of the simple membrane already described; but, on preparing other specimens by Recklinghausen's method, Dr. Auerbach was enabled to find cells and nuclei. The walls of the finest lymphatic vessels were then seen to be formed of a single layer of flattened nucleated cells, cemented together in an undulating manner at their edges. These lymphatics

were seated between the two layers of the muscular coat of the intestine. Dr. Auerbach also stated that he had confirmed an observation of Recklinghausen and Hic, that the chyle-spaces of the submucous and mucous membrane, as well as of the cells, are bounded by a layer of very flat cells, with wavy outline, cemented together. The walls are formed of these cells alone, and are not surrounded by a layer of modified areolar tissue. (*Berliner Klinische Wochenschr.*, May 1, 1865.)

STRUCTURE OF THE CAPILLARIES. Dr. Auerbach has investigated the structure of the finest capillaries by using injection of nitrate of silver. He has found the walls, generally described as homogeneous, marked with fine undulating lines limiting spaces of characteristic form, within which were often seen nuclei. These spaces, which represent cells, are generally spindle shaped, sometimes elongated; they lie either parallel to the long axes of the vessels or are arranged obliquely so as to form a spiral. In the transitional capillaries, the cells are shorter and broader and more irregular in shape. Hence Dr. Auerbach concludes that the wall of the capillaries, as well as of the finer lymphatics, is composed of cells. (*Ibid.*)

ANOMALOUS DISTRIBUTION OF THE CÆLIAC AXIS. In a case described by Dr. W. Koster of Utrecht, the cæliac axis divided into three branches. The upper branch gave off the left coronary artery of the stomach, and then divided into an ascending branch for the left lobe of the liver, and a descending one which took the place of the right coronary artery. The branch corresponding to the hepatic artery thus came off in union with the left coronary. Another large branch, spreading from the cæliac axis, turned to the right, and divided into an ascending branch for the right lobe of the liver, and a descending (the gastroduodenalis). This gastro-duodenal artery gave off, as usual, the pancreatico-duodenal and right gastro-epiploic arteries. The pancreatico-duodenal and superior mesenteric arteries were joined by a branch as large as the former. The splenic artery had its ordinary origin and course. (*Archief voor Genees- en Natuurkunde*, vol. i, part 2.)

LYMPHATICS OF THE TESTIS. Dr. C. Tommasi has studied the structure of the testicle in the dog, rabbit, and man, by the aid of a solution of nitrate of silver (1 part in 400) as recommended by Recklinghausen. He finds that there are open spaces between the seminal tubes and the septa dividing the lobes; and that these spaces, by injection with gelatine or with nitrate of silver, can be easily shewn to communicate with the lymphatic vessels. The periphery of the seminal tubes and the septa are covered by a layer of epithelium. (*Virchow's Archiv*; and *Gaz. Méd. de Paris*, August 12, 1865.)

DIABETES IN A MONKEY. Dr. Béranger-Féraud recently related to the Société de Biologie a case of diabetes in a monkey. Being well aware of the liability to tubercular disease among animals brought from warm regions, he attempted to find the result of modifying their aliment; and for this purpose gave to two monkeys food more rich in nitrogenous matters than that which they ordinarily use. One of the animals refused to eat animal food, and soon died of acute tubercular disease. The other readily ate it, and at first appeared to thrive. But, during apparently flourishing health, and a full supply of rich food, the animal became rapidly lean; and was troubled with unappeasable thirst. The urine increased in quantity, and left by evaporation a residue recognisable by chemical tests and the taste as glu-

cose. Amaurosis and convulsions supervened; and the animal died three months after its arrival in France. There was found to be an extensive deposition of tubercular matter in the peritoneum, brain, liver, and other parts. (*Gaz. Méd. de Paris*, July 15, 1865.)

TUBERCULOSIS. At a meeting of the Vienna Medical Society, Dr. Klob brought forward some rare specimens of tubercular deposit.

In one case, there was tuberculosis of the muscular tissue of the heart and of the endocardium. Only two similar instances were known to him to have been recorded: one by Becklinghausen, the other by Dr. Klob himself. The endocardium was covered with grey spots and somewhat softened; and microscopic examination shewed the presence of tubercle. No tubercular deposit could be found on the pericardium. In another case, in the body of a boy aged 16, affected with tuberculosis, two tubercular deposits, not miliary, were found in the muscular structure of the heart. They were of a bluish colour, and appeared to have been developed in the intestinal areolar tissue.

Another specimen was one of tuberculosis of the ovaries. The case was similar to one formerly described by Rokitsansky, in which there was extensive tubercular deposit in the left ovary, and a few tubercles in the right.

He also showed a specimen of tuberculosis of the thyroid body. (*Wiener Medizin. Wochenschr.*, July 8, 1865.)

RETENTION OF URINE IN THE FÆTUS. M. Depaul related to the Société de Biologie a case in which a woman was delivered of an eight months' child presenting a great enlargement of the abdomen; there was very little amniotic fluid. The child died soon after being born. The bladder was about $4\frac{1}{2}$ inches long and $2\frac{3}{4}$ wide, and was full of urine. The ureters were also irregularly enlarged, resembling at first sight the intestinal convolutions; and contained urine. The kidneys, especially the left, were also much distended; they were transformed into cysts with thin walls, filled also with urine. The cause of this distension was found to be an imperforate state of the urethra, at the junction of the muscular and prostatic portions. More than 500 grammes (upwards of a pint) of urine were removed. (*Gaz. Méd. de Paris*, July 15, 1865.)

STRUCTURE OF THE MEMBRANOUS LABYRINTH. Dr. E. Voltolini says that the structure commonly called the round sacculus does not exist. Nor is the common sinus closed, as described by authors; it communicates freely with the cochlea. There is no distinction between the perilymph and the endolymph; one liquid alone fills both the vestibule and the cochlea. (*Virchow's Archiv*; and *Gaz. Méd. de Paris*, August 12, 1865.)

UNION OF THE DELTOID AND GREATER PECTORAL MUSCLES. Dr. W. Koster relates an instance in which this anomaly was observed in a body in the dissecting room. No line of demarcation could be found between the two muscles, even at their origin; and the only indication of separation at their insertions was a line running in a spiral form on their tendon. (*Archief voor Genees- en Natuurkunde*, vol. i, part 3.)

EPILEPSY AND CYSTS IN THE BRAIN. Dr. Saunders, Superintendent of the Devon County Asylum, relates the following case in his last annual report. M. W.,

an epileptic, had been in the asylum thirteen months. She was subject to slight epileptic fits at night, and on two occasions had severe fits with coma, which scarcely intermitted for thirty-six hours. In the intervals she complained of pain in the head, and weakness of sight. On her admission, she had a delusion that her food was poisoned. She died in an epileptic fit on February 9th, 1864. At the *post mortem* examination, the surface of the brain was dotted with echinococcus-cysts, ten or more in number, and varying from the size of a hazel nut to that of a pigeon's egg. The cysts were semitransparent and homogeneous in structure; they were filled with a serous looking fluid, in which floated a number of flocculent bodies. By careful dissection of the sac, the head of the worm with its short body was found adhering to the germinal membrane; and by the aid of the microscope the row of cephalic hooklets and suckorial disks were clearly demonstrated.

CONGENITAL DISLOCATION OF THE PATELLA. At a meeting of the Dublin Pathological Society, Mr. William Stokes brought under the notice of the Society a case of congenital luxation of the right patella. This deformity occurred in a boy aged 19 years, who on October 15th last applied at the dispensary of the Meath Hospital to obtain relief from a severe pain in the left knee-joint. Upon examining the part, however, Mr. Stokes could not find that there was indication of any local inflammation, or of any other cause for the pain. Wishing to compare the two limbs, he requested the patient to expose the right knee-joint; and on this being done, he was struck with the remarkable deformity which it presented, the patella being completely luxated outwards. The patient could give no information as to the cause of this deformity. He stated that he had had it as long as he could remember anything, and that he had never consulted any physician or surgeon with regard to it, as the malformation had never given him any uneasiness, and interfered but little with his progression. From this account Mr. Stokes suspected that the case was one of congenital malformation; and this view was strengthened on carefully examining the joint, for on doing so, he found the external condyle of the femur was altogether deficient. This deficiency, then, and the natural anatomical causes for luxation of the patella outwards, appeared to be the two etiological conditions which produced the malformation. The mother of the patient also stated that her son had this condition of the knee from the time of his birth. (*Dublin Quarterly Journal of Medical Science*, May 1865.)

INFLUENCE OF GALVANISM ON THE HEART. Dr. Emile Flies of Berlin has lately studied, in twenty-four cases, the influence of the constant galvanic stream on the impulse of the heart when increased in frequency and force. In some of the cases, the increase of the heart's action was distinctly traceable to organic disease, and in other cases was probably connected with an increased excitement of the sympathetic nerve-fibres of the heart, which, according to Bezold, act on its musculo-motor central organ, increasing its activity. Starting from the physiological fact, that the vagus fibres of the heart have an action antagonistic to that of the sympathetic—i. e., a depressing influence on the moving power of the organ—he endeavoured to act upon the vagus in the neck at the inner border of the sterno-cleido-mastoid muscle. Dr. Flies found that, after the galvanic current had been employed several times, the intensity of the heart's action was diminished. (*Ber. Klin. Woch.* June 26.)

British Medical Journal.

SATURDAY, SEPTEMBER 9TH, 1865.

IS ALCOHOL FOOD?

DR. MUNROE of Hull has published a lecture lately delivered by him at the Royal Institution of that town, "On the Physiological Action of Alcohol"; and has adopted the uncompromising side of the anti-alcoholic question. He goes in for the teetotal system; and we feel bound to say, as the conclusion of the very long discussion which was published in this JOURNAL on the subject some time ago, that, on the face of it, teetotalers have, from a scientific point of view, the best of the argument. It is certain, for example, that our greatest and most esteemed authorities in the matter of dietetics have come to the conclusion that alcohol is not food; that it is not assimilated; that it does not undergo decomposition in the body, but, on the contrary, is eliminated as alcohol from the body. The body, in truth, seems to have a very decided antagonism to alcohol—regards it, we might say, as a very dangerous enemy; for, as soon as ever spirit of wine has found its way into man, his eliminating organs, every one of them, are called into operation for the very purpose of dislodging the apparently unwelcome stranger. With the sweat, by the kidneys, with the bile, and with the breath, is the alcohol separated from the body. And we may fairly add that, notwithstanding the stones which have been thrown at the experiments of MM. Lallemand, Perrin, etc., their conclusions still hold a solid scientific status. But yet, whether alcohol be food, physic, or poison, men of all classes, men of the highest intelligence, and men degraded to the condition of brutes, still drink of the stimulus! Human instincts are too strong for human science. *Les choses sont plus fortes que les hommes.* The very hand which pens and adopts the scientific conclusion yet does not hesitate to raise the sparkling and exhilarating glass to the lips! It is something refreshing, therefore, to meet with one who, like our excellent friend Dr. Munroe, practises what science seems to teach. The fearful amount of crime and misery which the drinking of alcohol entails upon humanity may well drive a conscientious man to reflect whether he ought not to listen, in this case, more to science and less to his palatal instincts; and for this reason it is that those who do not adopt the practice of teetotalers must yet admire the creed. Teetotal efforts are certainly pointed in a direction which is, to say the least of it, highly laudable. And, honestly speaking, we believe that medicine owes a very great debt to society in this matter of alcoholism. It would be

difficult to show that the practice of modern alcoholic treatment of diseases, as mainly introduced by Dr. Todd, has not produced a large amount of evil, physical as well as moral.

We believe that there is rising up in the profession a general feeling at this moment that the indiscriminate practice of giving patients and lying-in women large amounts of wine and spirits has been carried to a most unwarrantable extent by orthodox practitioners. There can be little doubt that many a woman has been taught her first lesson in tipping through this indiscriminate custom of stimulus-prescribing. Dr. Todd's authority was the great incentive to this kind of treatment; and the time of the introduction of it was propitious to its spread, for great authorities were then assuring us that diseases of all kinds had assumed an adynamic type. It is fair, however, to Dr. Todd to remark, that he did not believe in the theory of a lower type. He gave his alcohol on totally other grounds. And what were those grounds? An answer to this question—a careful and critical examination of the principles or data upon which he founded his treatment—would be a very great boon to the profession. If we are not mistaken, all those data of his are actually in disaccord with the best teachings of modern science. He was aware that alcohol was rapidly absorbed as such into the circulation. It is, he says, a hydrocarbon, and acts primarily upon the nervous centres; all hydrocarbons having a great affinity for the nervous system. Its action, when properly given, is to "augment the generation of the nervous power"; but over-doses of it injure and ultimately destroy the nutrition of the nervous matter. The tremors of the drunkard are solely indicative of too great waste of nerve-matter. Drunkards die with shrivelled-up brains—with wasting and degeneracy of its grey and fibrous matter. Alcohol, applied directly, may inflame the conjunctiva or the stomach; but, absorbed into the blood, will not excite inflammation of lungs, heart, liver, kidneys, bowels, or brain. It is a complete fallacy to suppose that exaltation of nerve-force, excited by alcohol, is followed by a corresponding depression. There is no evidence, he says, to show that, as a sequel of alcoholic excitement, any increased waste goes on; or that the nervous power is at a lower ebb than before the alcohol was given. Moreover, alcohol increases animal heat. "Alcohol possesses its stimulating property because it is a form of aliment appropriate to the direct nourishment of the nervous system, and to its preservation; and its special adaptation to this system gives it an immediate exciting power superior to any other kind of food." Alcohol also upholds the calorific process, and is in this respect superior to oil and other hydrocarbons, which do not pass directly into the blood. Hence, then, "as a calorific form of food, as a promoter of the nu-

trition of the nervous system, and as admitting of easy and quick absorption into the blood, alcohol possesses a combination of qualities which render it of the utmost value in the treatment of disease."

Such were the data which guided Dr. Todd in his administration of alcohol. Need we add, that these data, in their main particulars, are, if not directly contradicted, at all events shown, by modern and the best scientific inquirers, to be unwarrantable assumptions. What, therefore, comes of the practical treatment of Dr. Todd, which was assuredly founded upon the incorrect physiological deductions alluded to?

The public, we think, are much indebted to Dr. Munroe for making popular the physiological side of this question; and, if he be in error in his teetotal conclusions, he errs, at all events, on the safe side, and errs in accordance with the teachings of physiology, so far as they guide us in this case. But man, fortunately or unfortunately, does not always accept the conclusions of bare reason. He, in some matters, puts his sentiments and instincts, his faith, above his reason; and he does so in this case of alcohol. The imbibition of spirituous drinks may be, in this sense, regarded as a kind of *credo*. Men have a sort of belief in it which supersedes all reason. As a leading physician once said to us, "Well, those arguments may be very sound and logical; but I am not going to give up my wine. It does me good, and I feel the better for it." Another gentleman, deeply engaged in engineering, said, "If the arguments of the teetotalers are absolutely true, I shall still take my wine; I can't do without it; and, if it comes to that, I would sooner shorten my life by a few years than give it up." Now, we would suggest to the teetotalers that they do not sufficiently recognise this feeling of highly civilised life. Civilisation is in itself—we mean the wear and tear, for example, of professional life—an unnatural state. Why, then, may not alcohol be, as drugs are, in themselves poisons to the physiological body, but correctives of the unnatural—the pathological—states of the civilised body of humanity?

We cannot do better than conclude these few suggestions with the calm judicial summary of the case as given by Dr. Parkes.

"It is certainly undesirable to draw any strong conclusions as to the use of alcohol in health from our present knowledge of its physiological action; but it is impossible not to feel that, so far, the progress of physiological inquiry renders the propriety of the use of alcohol in health more and more doubtful. It appears to decrease strength, and to impair nutrition, by hindering oxidation; and, if in large quantities, the reception of food. If we look upon the body as an agent of work, from which we desire to obtain as much mechanical and mental force as is compatible with health, we can consider the effect of alcohol, *per se*, as simply a means of preventing the development of force."

CHOLERA AND THE CATTLE-DISEASE.

It is interesting to note the difference in the remedies recommended for this disease by the profession and the public. The profession rely mainly on preventive measures; and the public, who are ever so ready to accuse us of drenching them with drugs, still stick to some special panacea. Dr. Fuller tells us that, in order that we may fairly meet the cholera, we must have our dust-bins emptied daily—this duty being rendered compulsory on the parish authorities, and not left to the volition of the householders; the traps and gullies of our sewers rendered impervious to the escape of gases; and the water we drink freed from the pollutions which are at present thrown into the Thames above London by various towns.

As regards the escape of noxious vapours from our sewers, we may remind our readers that we have already, on more than one occasion, called attention to this point. We have argued thus. The immense extent of our present system of sewerage probably converts the sewers into one enormous cesspool. It was, of course, the decomposition of animal excrements which gave rise to the dangerous vapours issuing from the cesspools. Now, if these excrements are allowed, in consequence of the length of the sewers through which they now have to pass, to decompose, as they decomposed in the ancient cesspools, why should not the vapours and gases arising from the decomposition in the sewers produce as noxious effects as they produced when they escaped from the cesspools? We some years ago suggested this question, Whether our present system of sewerage would not become one enormous cesspool; and whether some special provision ought not to be made for the escape, by high shafts, or neutralisation of the products of decomposition. If it be true that the contents of our sewers in London undergo decomposition just as they underwent decomposition in the old cesspools, surely it was something akin to madness to set loose all the products of the decomposition at our very doors and under our very noses. But all this matter requires investigation; and interesting would it be, if we could get some sure information as to the ordinary health of those men who pass many hours in these sewers, and whom we occasionally see emerging from iron traps, with lantern and heavy jack-boots. What effect does the inhaling of the vapours of sewers have upon them? Perhaps some of our readers can tell us something of this; and we may add, that we wish Dr. Fuller had furnished the *Times* with some positive proof that the issue of gases from sewers had injured human constitutions and produced diseases.

Dr. Miller, Professor of Chemistry in King's College, says truly enough, that sewers must be ventilated—i.e., the gases must be let out of them—so

long as it is necessary for men to pass through them; and he recommends the process of ventilation and disinfection proposed by Dr. Stenhouse.

"It consists in suspending charcoal in the ventilating openings. In London, the plan has been carried out by the engineer to the Commissioners of Sewers, with the sanction of Dr. Letheby; and both these gentlemen have reported strongly in its favour. There is placed in each ventilating opening a box, within which are three or four perforated shelves, and on each of these shelves is a layer of wood charcoal; openings are made at the top and bottom of the box, to allow the free passage of the air; the whole of the air which escapes from the sewer is obliged to pass through the box and over the charcoal before it reaches the outer atmosphere. The offensive and noxious gases are speedily absorbed by the charcoal, and are oxidised within its pores, by which means they are converted into harmless substances, destitute of odour. The method is so simple and so effectual," says Dr. Miller, "that it ought at once to be put in practice, while yet there is time."

Again, Dr. Fuller, in a second letter, objects to the process recommended by Dr. Miller, that it is unsafe and unsatisfactory; and recommends an arrangement of ventilating shafts.

"There can be only one effectual remedy—viz., to trap all the gully-holes and close the innumerable vent-holes with which our roads are perforated, placing in their stead a few large—not necessarily lofty—shafts and openings along the main sewers, through which a thorough system of ventilation could be carried on. Over these ventilators furnaces might be erected to burn the gases, or charcoal air-filters might be placed, if it can be proved that charcoal is no less efficacious as a disinfectant than it is admitted to be as a deodoriser."

Dr. Letheby, on the other hand, confirms Dr. Miller's statement; and says that, in a densely populated district of London, the experiment has been carried on with success since 1860.

"The results of it are, that the deodorising power of the charcoal has been very complete; for not only have there been no complaints of unpleasant smells from the ventilating openings, but we have ascertained by actual observation that the odour of the sewer-gases is not perceptible when they have traversed the charcoal-filters. . . . The effect of these air-filters in the ventilation of the sewers is not perceptibly injurious; there is no complaint of bad air from the sewer-men, and analysis of the sewer-air shows no difference in the composition of it."

Dr. Herbert Barker, who has proved himself to be a high authority on the subject of disinfection, speaks of ozone as being "Nature's grand atmospheric disinfectant". His observations are of much interest, and the practical conclusions recommended worthy of consideration, especially in reference to this matter of the cholera. We conclude that Dr. Barker has satisfactory proofs of the fact that ozone is really absent in the district where cholera rages, etc. Of course, the full establishment of this fact is very important.

"In the neighbourhood of cesspools, all evidence of the presence of ordinary atmospheric ozone is lost. When ozone is abundant in the air, it may be detected on the windward side of a stable, or cowshed, or manure-heap, but not on the leeward side. It

may be observed abundantly immediately on the windward side of a town, and not a trace of it discovered at the same time on the leeward side. The ozone test-paper in an ill-ventilated church, when full of persons, will give no reaction. I have evidence from my own experience that the diffusion of ozonised air through the apartments of persons suffering from fevers is of immense service, in that it keeps the room free of oppression, and effectually destroys the offensive odours arising from the gaseous excreta of the subject. Ozone, in its action as a deodoriser, closely resembles chlorine. It can be employed permanently by a simple process with ventilation. Ozone may be prepared by Siemens's cylinder, the air driven through the cylinder being ozonised by sparks from Ruhmkorff's coil. This method can be adopted only in hospitals, as skilled hands are required for its management. Fortunately, we have a means of generating ozone from phosphorus, which is ready for use at any moment, and with little trouble. Two sticks of phosphorus, each two inches in length, made very clean by scraping, if covered with oxide, and half covered with water, will yield in an hour sufficient ozone, in a room of 3,000 cubic feet, to be detectable by Schönbein's test in every part, and this even when there is good ventilation. The objection to the production of ozone, that there is not a sufficient bulk of water to absorb the fumes of phosphoric acid, may be obviated by using a vessel containing a larger quantity of water, and by floating the phosphorus at the proper depth upon its surface. The degree of evolution of ozone may be tested by a slip of Schönbein's paper. It is very remarkable that, during the prevalence of cholera in any district, ozone has been observed to be absent in that district; not the smallest trace has been discoverable by the test-papers."

Dr. Barker does not, however, rely solely upon ozone as the antidote to cholera; he wisely recommends the "simple provisions of a true sanitary code", which sanitarians all understand, but which few persons have the good sense or power to carry out.

As for the public, they also have their cures for cholera and the cattle-disease. *Plebs amat remedia*. A. J. D. H. recommends for cholera "inoculating with quassia", whatever that may mean—the wonderfully successful remedy of a Dr. Honingberg. And then chlorodyne, again, is up in the market and public esteem, which mean the same. Consul-General Mansfield writes to the Secretary of State from Warsaw, that there is no remedy for the cattle-disease equal to profuse drinks of chalybeate water.

Mr. Harris of Constantinople knows of no cure for cattle, but has had practical experience of the great value of an exceedingly simple means of preserving cattle free from all contamination. This is merely to wash well every morning the nostrils, mouth, and tongue of each animal with vinegar. He has heard also from Danubian farmers that *datura stramonium*, thrown into the drink of cattle, constitutes an excellent preservative from the disease. Mr. Ayme of Bournemouth is more sure of a remedy. He gives the following "certain cure", as he calls it, for the cattle-plague.

"Two wine-glasses full of vinegar in a quart of

warm water, repeated every four hours, three times for the first day. Next morning, two teaspoonfuls of spirits of turpentine in a pint of thin gruel; and at night a pint of thin gruel, with a wine-glass of whisky in it."

Mr. Talbot, a large cowkeeper, gives one-third of a pint of charcoal to each cow every other day; and the same treatment by charcoal is said to be adopted by the doctors in Palestine in cases of cholera.

Such are a few examples of the recommendations with which the daily press teems. The medical profession—the reputed physic-givers—must show how to prevent disease, or to diminish its violence, by sanitary measures; the public think it more important to make known some infallible cure.

THE Minister of Agriculture, Commerce, and Public Works in France, a month since charged MM. Bouley and Reynal, Professors at the Veterinary School of Alfort, with the mission of investigating the cattle-disease in France and Germany; and a commission, consisting of M. de Monny de Mornay, Dr. Mélier, Dr. Tardieu, MM. Lecoq, Magne, Bouley and Reynal, Prevost, and Vanhuffel, have been appointed to examine and report on the information received, so that the proper measures may be adopted in the case of an outbreak of the epizootic in France. M. Bouley, at a meeting of the Academy of Medicine on the 29th ult., read an elaborate account of what he had observed and the conclusions at which he had arrived. After stating his reasons for believing the disease to have been imported, and describing the result of his inquiries as to its symptoms and morbid anatomy, he rebukes the English for their tardiness in adopting measures to prevent the spread of the disease. He believes, in a word, that the action of the English Government has been fettered by an undue regard for liberty; and that such a catastrophe as has occurred in England could not happen in France, where liberty is not the object of idolatry (*fétichisme*)!

"That it has attained such considerable proportions in England is," says M. Bouley, "due to sufficient barriers not having been raised against it at first. The animals which were first infected were, while in the stage of incubation, removed from their stalls and brought to the markets, and thus spread the disease in all directions. Whether it was that sufficient account was not taken at first of the gravity of the disease, or that the Government thought itself not sufficiently armed with legal powers, precious time was lost before adopting means for preventing the spread of the scourge..... But now, when the severity of the disease is demonstrated by its disastrous results, individual initiative, so powerful in England, supplements the defects of governmental action; the owners and keepers of cattle are combining in districts not yet infected; voluntary subscriptions are being raised; and the importation even of any animal of the bovine genus into these districts is forbidden. If the disease break out in an animal it is to be killed; and the owner is to be reimbursed from the common fund. These are," says

M. Bouley, "excellent measures; and probably, if they had been adopted earlier, England would not be where she now is."

VETERINARY SURGEONS RIPPEN AND FASTING, from Nordenhamm, have recently visited this country to study the cattle murrain, and have reported to their employers.

"From the symptoms, and from the data arrived at by dissection of animals, it is apparent that the murrain in London is a typhoid disease, having very great resemblance to the cattle-plague (*Rinderpest*) prevalent in Russia. Attempt to cure the disease is but rarely possible. The opinion of the public and of practical men is at variance, whether the murrain was introduced from abroad, or has first developed itself in England. It is, however, generally agreed, that the introduction is more probably from Russia than from Germany. The inspectors of cattle and Professor Simonds do not say it was impossible that the disease might have been introduced from Russia; but they are also of opinion that it may well have arisen in the London dairies. Professor Gamgee firmly maintains that the disease was imported from abroad. Although we ourselves did not venture to express any decided opinion upon the question, we did state frankly and confidently that this epidemic disease never could have been introduced from Germany, and most especially not from Oldenburg and Breunen, as no malady of the kind has, thank God, occurred here for many years."

A CIRCULAR memorandum relative to the spread of cholera among Her Majesty's troops has been issued by the Commander-in-Chief. The following are extracts.

"His Royal Highness the Field-Marshal Commanding-in-Chief desires to draw the attention of general officers in command of districts, and commanding officers of corps in general, to the necessity of examining into the sanitary state of all barracks and cantonments occupied by troops. A permanent sanitary committee should be appointed at all camps and garrisons, consisting of a field officer, or captain when no field officer is present, an officer of the Royal Engineer department, if available, or an officer of the barrack department, and a medical officer, whose duty it should be to visit periodically all barracks or cantonments at the station, and satisfy themselves that the barracks are not occupied to a greater extent than authorised; that the barracks are clean, and that all the orders on the subject of ventilation are carried out; that the drains, cesspools, etc., are in good order; and that no accumulation of filth is allowed in the barracks or cantonment."

It will be seen that here, as is usual, the medical officer, who is evidently the only person who will really do the responsible work, is kept in a subordinate position. Even when the cholera is in view, His Royal Highness still takes due care to have the "doctor" kept in his right position—*i. e.*, to have him duly subordinated.

DR. DE LISLE, of St. Peter's, Guernsey, writes to the *Guernsey Star* on the unsanitary condition of that town, with regard to the drainage and water-supply.

"This town contains some 2000 houses; almost

every house has a cesspool. In other words, about every thirty square feet of surface is dotted with one of these pits, constructed designedly in open masonry to allow the more fluid and soluble contents to percolate the surrounding soil, and thus lessen the expense of frequent emptying. Now the inhabitants of St. Peter Port depend for drinking water upon wells sunk fifty or sixty feet below the surface; the sides of these wells are also of open masonry, and they are supplied in a great measure from the rain that drips into them through the surrounding soil..... In 1849, cholera broke out in the Town Hospital in a virulent form, and destroyed several lives in a few days. On examination, it was found, amongst other causes of disease, that the tank containing spring water used for drinking and for culinary purposes, was strongly impregnated with the leakage of defective drains. Some years since, the water of one of the public pumps was the subject of repeated complaints. After several examinations, it was discovered that this well received the ooziings of a contiguous cesspool and the loathsome contents of a drain. Two adjoining houses were built at one and the same time, and the respective owners agreed to sink one well for joint accommodation. In a few years, the water became offensive and undrinkable through the oozing of the contents of a cesspool. Both houses were drained systematically, nuisances were suppressed, and the water recovered its pristine purity. As matters stand, we may rest assured that the water we drink is more or less tainted with poisonous matter; and that the evil is increased when the springs are low, and when heavy rains succeed a drought or a dry summer. Before sanitary measures can be effectively carried out, more stringent and comprehensive legislation than exists at present must be established."

THE French Government has appointed a Commission composed of the Professors of the School of Medicine and Pharmacy, to prepare a new Pharmacopœia, or Codex. The work is to be printed by the publisher, who will publish it at the smallest selling price. The successful competitor is also to pay down £1000 for the expenses of correcting the manuscript, etc. Five Parisian publishers competed; and the work has been adjudged to Messrs. Baillière. The first *Codex* was published by Parliament in 1743. This was replaced by the *Codex Medicamentarius*, published in 1818 and in 1837. We need hardly say, that this *Codex* is no longer in harmony with science.

THE French Academy of Sciences is receiving an inundation of cholera remedies. A reverend Capuchin, Father Raphael of Loretto, possesses a wonderful tincture, which which he cures hydrophobia. He believes that it will be equally effectual (quite correctly, no doubt) against cholera; and offers to send the Academy some bottles, with the receipt. M. A. Tortosi attributes cholera to miasmata, and proposes to dissipate them by discharging cannon in places attacked by the epidemic. Another correspondent boasts of santonine as infallible; and, in fact, *L'Union Médicale* suggests that it would be a saving of time to enumerate the things which have not been proposed as remedies in cholera.

In 1861, M. Diday challenged the homœopath-*en-chef* of Lyons, Dr. Gallavardin, to a medical combat in the Hospice de l'Antiquaille. "I challenge you to come here," he said, "and treat gonorrhœal patients with infinitesimal doses." "No," replied Dr. Gallavardin, "do you come to our dispensaries, and we will show you there how the thing is done." "That," rejoins M. Diday, "I cannot agree to. I do not for a moment doubt that a homœopath can cure gonorrhœa. What I want to see demonstrated is, that homœopathy can cure it. To speak plainly, I must believe that, if you homœopaths cure gonorrhœa, you give the patients the same drugs that we do, and not globules and dilutions. I, therefore, ask you to perform the experiment under the eyes of a third party in hospital. However, as you object to come to the hospital, I will accept your proposal of treating dispensary patients on one condition, and it is this, that, during the treatment by your method, you shall allow the patient to urinate twice a day in my presence." Such is the challenge thrown out by M. Diday. Let us hope that the homœopath will not refuse it. The combat will be a very interesting one.

Cholera, says *L'Imparziale* of September 1, has notably diminished in Ancona. The disease, however, prevails with severity in the small town of San Severo in Apulia; and it is reported, but it is hoped without foundation, that several medical men have abandoned the town. Cases of cholera continue to appear at Bologna and Modena; and a laundress has been attacked at Grassina, near Florence. Several ports in Spain are officially declared to be infected with cholera; and some cases are reported to have occurred in Gibraltar.

A chair of Organic Chemistry has been, on the proposal of the Minister of Public Instruction, instituted in the Imperial College of France; and M. Berthelot has been appointed titular professor.

Dr. Beale's work on the Urine has been translated into French by MM. Ollivier and Bergeron, who have added two chapters, treating principally on the elimination of poisons and medicines by the urinary organs.

Professor Dietl of Cracow, who was lately appointed Rector of the University there, has, says the *Wien. Med. Wochenschrift*, been for some unknown reason pensioned off. Dr. Gilewski is supposed to be his successor in the clinical wards.

M. Rufz de Lavison, an associate member of the Imperial Academy of Medicine, places at the disposal of the Academy a prize of 2000 francs on the following subject: "Determine by exact and sufficiently numerous facts, in men and in animals passing from one climate to another, the modifications and alterations of function and the organic lesions which may be attributed to acclimatisation." The prize is to be awarded in 1870.

M. Velpeau presents to the Academy of Sciences, for insertion in the *Comptes Rendus*, the conclusion of a work by M. Caradec on the hygiene of hot climates; and asks that a committee of members, who have lived in tropical countries, be appointed to examine the work. The President thereupon nominates M. Roulin and M. Velpeau. "But," cries M. Velpeau, "I have never been in hot climates." The learned professor, says *L'Union Médicale*, regularly attends all the meetings of the Academy; and this is enough to give him an idea of intertropical climates!

Dr. Panum, in his observations on Transfusion of Blood, has come to some important conclusions. Defibrination of the blood, he says, exerts no particular influence over the excretion of urea. The fibrine is quickly reproduced, and, in fact, becomes normal again in forty-eight hours. The fibrine again exercises no influence on the restoration of vital manifestations—a fact which proves that this substance is only a secondary product of tissue-formation, and not, as has been hitherto held, a body presiding over their formation. Hence, therefore, defibrinated blood must be held as infinitely superior to non-defibrinated blood when used for injections; because, by its use, the danger resulting from the injection of clots is avoided, and because defibrinated blood is more highly charged with oxygen than ordinary venous blood. Healthy human blood should always be employed; because, spite of experiments which always show that in animals the blood of an allied species may be used, there is always danger of its undergoing decomposition. The fibrinated blood may be preserved in ice, and warmed when employed in injections; but fresh blood is always preferable. When the case is urgent, there is no need for heating the blood to the temperature of the body; nor is there any danger in injecting large quantities of blood into the vessels. The surgeon should not wait until the last moment before he proceeds to the injection; because the operation is not in itself dangerous, if all due precaution be adopted in its performance.

Dr. Potain of the Hôpital St. Antoine gives, in *L'Union Médicale*, an interesting case, in which aneurism of the thoracic aorta was diagnosed by means of the laryngoscope. The patient, on admission, suffered mainly from cough, aphonia, and dyspnoea, and was treated for laryngo-bronchitis. But as the treatment had no effect, M. Potain, convinced that the mischief lay in the larynx, examined the organ with the laryngoscope; and, to his surprise, found the mucous membrane in a perfectly healthy state. The cause of the aphonia, however, was at once explained by a complete paralysis of the left vocal cord. Hence, it appeared probable that the left recurrent nerve was affected in some part of its course. On further investigation, M. Potain was

able to observe deep down in the trachea on its left side a reddish and projecting surface, which prevented the first division of the bronchi from being seen. No pulsation, however, was observed in it. This fact, however, with certain auscultatory signs, led to the diagnosis of aneurism, which was confirmed by autopsy. The recurrent nerve was found closely pressed between the tumour and the trachea; it was flattened and transformed into a kind of ribbon, and could only be recognised by its continuity with the pneumogastric nerve. All the laryngeal muscles supplied by the left recurrent were more or less atrophied.

"Oh! the Babel cry of therapeutics" (says the *Wiener Medizin. Wochenschrift*); "that which one prizes, another despises; that which one gives in large doses, another fears to give in small doses. What is prized to-day as a novelty, is cast aside to-morrow, because it has been found out to be an ancient thing! Confusion, contradiction, chaos unsurpassed! Not only has each country, every place, its own peculiar means of cure; but every doctor likewise has his method, without which he believes his patient cannot recover. And all this goes on, changing from year to year and month to month. In Vienna, for example, one physician employs opium in the cure of typhus; another, quinine; a third, ipecacuanha; a fourth, acids. In Pesth, hydriodate of potash is the remedy; in Paris, different kinds of tisans; in London, brandy and sherry. In the treatment of syphilis, again, what gigantic absurdities and contradictions are perpetrated. Each one believes he has the key to the only true treatment; and every medical Nathan the Wise regards his brother Nathans as fools."

Up to August 31st, there were 1599 cases of cholera in Malta, and 957 deaths. In Gozo, the cholera cases amounted to 241, and the deaths to 176. The Governor of Malta has declined to accede to a petition for imposing a quarantine of forty days on persons arriving from places infected with cholera. He "is of opinion that shutting people up for forty days in an ill-constructed, ill-ventilated, and unwholesome place, like the lazaretto now is, would probable generate cholera, and certainly induce attacks of typhus fever among the persons detained there."

Dr. Descieux has published a pamphlet, in which he asserts that, during the last third or quarter of a century, the human constitution has undergone a change in France; that diseases have become asthenic; and that, consequently, bleeding is not required now as formerly. He finds the causes of this change in the immoral state of society, in the ardent love of riches, in sensuality, and in the abandonment of moral and religious principles. Dr. Descieux does not, however, produce any proof of his assertion.

THE LATE PEPLOE CARTWRIGHT, ESQ., OF OSWESTRY.

WITH extreme regret we have to record the loss of one of the oldest and ablest members of the British Medical Association. Mr. Cartwright was stricken with apoplexy on the 28th of August; he never rallied, and expired on the day following. His death is an irreparable loss to his sorrowing family, and to his many sincerely attached friends. It has cast a gloom over the town of Oswestry, which owes so much to his public spirit and untiring exertions.

Mr. Cartwright was foremost in the promotion of every measure having for its object the improvement of his native town, and the prosperity and welfare of its inhabitants.

As a member of the British Medical Association, he took a deep interest in its success, and, except at Leamington, was present at every one of the annual meetings. He was an active member of the Council, and some years ago exerted himself much in the Medical Reform movement.

As a medical practitioner, he was distinguished for the soundness of his judgment, which secured for him the respect and confidence of a very wide circle of patients. His professional brethren can testify to the integrity of his conduct, and his never-failing desire to uphold the honour and dignity of their common calling. He was most generous, unselfish, and open-hearted; and he has left behind him a name that will long be held in grateful and affectionate remembrance.

FEMALE PHYSICIANS. The Philadelphia *North American* says there are six or eight regular female physicians in that city, whose daily practice is equal to that of the average of male physicians. One of them keeps three horses in constant use.

APHASIA. A case of this infirmity is reported by Dr. Courties, in the *Abeille Médicale*. Some time ago he was sent for to visit a lady who, while preparing to go to a railway station, was suddenly seized. She could only articulate single words and broken sentences, which were utterly unintelligible. Her cousin asked her to write, but her hands only traced words and sentences quite as incoherent as those she had uttered. At this moment Dr. Courties arrived; the patient had melancholy depicted on her face; her eyes and pupils were in their normal state, her reason was unimpaired, and she perfectly understood what was said to her. He questioned her, and her tongue only articulated incoherent words as before. He tried to make her write, but her hand only wrote the words she had spoken. He then told her he would ask her some questions which she should only answer by nodding or shaking her head. He thus learnt that she had never before experienced similar symptoms, and that she was quite well before this indisposition. Her tongue presented nothing remarkable; she was 63, and of a strong constitution. The muscles of her neck were obedient to her will, and her tongue and hand only were rebellious. Dr. Courties gave her an etherised draught and applied mustard poultices to her feet. By these simple means she was restored to her ordinary state of health in the course of six hours; that very evening all the symptoms ceased, and nothing remained of her indisposition.

WINE, MIGHTY WINE.

DR. JULES GUYOT thus says of sings of his country's wines in *L'Union Médicale*.

However far back we look into Pagan, Jewish, or Christian civilisation, we find the vine, and its fermented juice, wine, in the highest repute as an inspirer of the human heart.

In Pagan times, the vine and wine had their gods, their priests, and worship. Wine inspired the poets, and in their mouth celebrated love, glory, and genius, the agents of all civilisation.

In Jewish days, sacred history every where offers us the vine as a symbol of fecundity and riches, and wine as the source of force and contentment of the human heart. From the days of the Deluge, the vine and wine are linked to man's existence as forming, in some sense, a part of his first regeneration.

Then comes the Christian era, when we find Jesus showing the necessity of the use of wine in family repasts and social meetings, by the miracle at the marriage at Cana.

The pure fermented juice of the grape—natural wine—is, in fact, the most generous inspirer of the heart of man; it opens a new era to man's spirituality, and conducts him upwards towards perfection by inspiring him with love and genius. This is one of the great truths inscribed in the sacred writings, accepted originally by ingenuous faith, rejected by pride and philosophic ignorance, but soon recognised by the true science of observation.

Read the history of ancient and of modern peoples, and you may calculate their degree of civilisation, their courage, their goodness, their genius, by the use of wine as an alimentary constituent of their ordinary repast.

The surface of the earth is large, but the spots where the vine will grow are small; and we find that true genius has arisen at those spots, and has extended thence, and only into those parts into which wine has been imported.

Where the wine enters not, there exist neither science, nor arts, nor manufactures. Islamism owes its imperfection and its decay chiefly to its proscription of wine.

There is only one true wine proper to nourish and fortify the heart and the mind of man fraternally and socially and christianly; and that is the pure juice of the grape, obtained by simple fermentation. Wines that have been boiled, sweetened, and distilled, are no longer natural alimentary and physiological wines. These may please the taste and nourish the body; but they have not the power of uniting men in spirit, and of elevating their hearts.

He who uses grape-wine is of good and generous heart, joyous and prompt in spirit; he produces much, and is bountiful to his brothers. He who drinks of other wines is cold and heavy in heart and spirit, and is rather disposed to take than give.

France has for centuries cultivated the grape. First it was established in its hotter provinces; now it is cultivated in eighty departments. To it France owes a great part of its population and its riches, its force, its contentedness, its bravery, its genius, and, above all, its love and devotion to all humanity.

Wines pure and natural, associated as drinks with ordinary food, are essentially hygienic. Cheap wine is the wine of the people. Drunk in moderation—one bottle to two or three people—it gives force and courage, and nourishes like bread and wine. The wine-grower sells his best wine, and drinks the weakest; but he is strong, and contented, and happy. If he drink beer or cider, he is strong, but he is also

saddened. If he have only water, he is feeble and wretched. Tea and coffee have their bodily and spiritual influence; but wine alone bears with it the traditional inspiration of humanity.

Pure natural wines, even when taken to excess at the festive board, do not produce evil results. A free and vivacious gaiety, an exaggerated sentiment of universal love and benevolence, are the excessive inspirations of good wine. The illustrious Cobden has well said, French wines are the true wines of spiritual gaiety; and twenty years hence, it will be added, they are the true wines of civilisation and universal peace.

The vice of drunkenness is unknown amongst the growers of the vine. The most degraded forms of drunkenness are observed amongst those who partake of falsified wines, and spirits extracted from grains, potatoes, beet-root, &c.

The true qualities of French wines are their purity and primitive simplicity; and they must be appreciated rather by their hygienic and physiological than by their sensual qualities. France, almost alone in the world, produces wines hygienic, physiological, and, as an old Latin inscription over the door of the cellars of the Chateau de Savigny has it, theological. These wines offer a thousand shades of difference, corresponding to as many different qualities, and to as many different effects produced upon the mind and body. Every temperament, every social position, can have the wine best suited to it. In the wines of Burgundy we have a generous bouquet, fulness, and warmth, a stimulating and rich taste; they give force and activity to the body, richness of ideas, and gaiety spiritual and genial.

The wines of Bordeaux possess a bouquet delicious and unrivalled in expansion, duration, and softness; a taste full, velvety, and balsamic. They render the digestion easy; they give comfort and repose to body and mind, and disturb not the brain.

Champagne wines should figure at all the festivals of families and of nations. They have rendered great services to the spirit of associations, and have produced so many happy and fertile ideas that they may be well considered as powerful elements in the social and spiritual movements of mankind.

The wines of the Alps, the Pyrenees, of the Rhone, the Garonne, the Loire, the Seine, the Moselle, and the Rhine, are treasures of inspiration, of love, bravery, and genius. France is the California of the *esprit* and the heart of men. Its cellars are the richest depôts of the concord, the happiness, and the progress of humanity.

ITALIAN MEDICAL ASSOCIATION. The meeting of this Association, which was to have been held this month in Florence, has been postponed.

UNIVERSITY OF DURHAM. Some important changes have recently been made in the statutes of the University of Durham. Under the new regulations, which will come into operation at Michaelmas next, the period of residence will be extended to eight months in the year, instead of six as heretofore; and students in arts, on passing the requisite examinations, will be admissible to the degree of Bachelor of Arts after a residence of two years. In the school of physical sciences which has now been established, lectures will be provided in chemistry, geology, civil engineering, and other kindred subjects. Various new examinations and scholarships have been provided, which, as well as those previously existing, will be disposed of by competitive examination. No religious test or subscription will be required on matriculation, nor for degrees, exhibitions, scholarships, or fellowships.

Association Intelligence.

COMMITTEE OF COUNCIL: NOTICE OF MEETING.

The Committee of Council will meet at the Queen's Hotel, Birmingham, on TUESDAY, September 12th, at Three o'clock *precisely*.

T. WATKIN WILLIAMS, *General Secretary*.

13, Newhall Street, Birmingham, August 22nd, 1865.

SOUTH-EASTERN BRANCH: EAST KENT DISTRICT MEDICAL MEETINGS.

The next meeting of this Branch will be held at the Ship Hotel, Dover, on September 21st, 1865.

Gentlemen intending to communicate papers or cases, are requested to send notice forthwith to the Honorary Secretary.

ROBERT L. BOWLES, *Honorary Secretary*.

Folkestone, August 30th, 1865.

WEST SOMERSET BRANCH.

A MEETING of this Branch will be held at Clarke's Castle Hotel, Taunton, on Wednesday, October 4th. Dinner punctually at 5 o'clock; after which, papers or cases will be communicated.

Gentlemen intending to be present, or to read papers, are requested to give early notice to the Honorary Secretary.

W. M. KELLY, M.D., *Hon. Sec.*

Taunton, September 5th, 1865.

Reports of Societies.

ROYAL MANCHESTER INSTITUTION: MEDICAL SECTION.

ORDINARY GENERAL MEETING, APRIL 5TH, 1865.

WM. ROBERTS, M.D., in the Chair.

Fatty Discharge from the Bowels. Dr. SIMPSON exhibited a specimen of fatty matter discharged from the bowel, either along with or immediately after the faeces. He saw the patient, J. A., accidentally, six months before he was called on to attend him, and was struck with his cachectic appearance. He was a tall, strongly made man, aged 64, a good deal emaciated; having formerly been rather stout, and having weighed seventeen stone only two years previously; from which time he dated his illness. This commenced with diarrhoea. The stools were copious, thin but not watery, and generally deficient in colour. Along with the motions he noticed some oily matter, resembling, as he said, linseed oil. He had also some dyspeptic symptoms, though for a long time his appetite remained good; and he complained of great loss of strength. He examined the motions, and found on several occasions a considerable quantity of congealed fatty matter, of a yellowish colour, floating, in drops or flakes of various sizes, on the water of the pan, or lying on the surface of the faeces like fat on cold broth. It melted by heat, burned readily, and gave a greasy stain to paper. The lungs were free from disease; but there was a systolic murmur heard at both the base and apex of the heart. When first seen (Feb. 25), the patient was anæmic, but not distinctly jaundiced. The abdomen was not distended,

nor was any tumour noticeable on inspection; but, on further examination, the liver was found enlarged and extending nearly to the umbilicus. There was then no tumour in the position of the gall-bladder; but about March 12th, it began to project beyond the edge of the liver; and on the 17th, it extended to an inch and a half below the umbilicus. Several days before the gall-bladder became distended, jaundice set in; at first slight, but it gradually deepened to a peculiarly golden yellow tinge, almost like the colour of the inside of the petals of the butter-cup. The stools were pale, and the urine very dark-coloured. The latter was tested for biliary acid by sulphuric acid and sugar, as recommended by Dr. Harley; but without satisfactory results. The progress of the case was steadily downward. The weakness increased; the stomach and intestines became oppressed with flatus; the mind wandered; and the patient died on the morning of March 23rd. It was with difficulty that a partial examination could be obtained; but on the afternoon of the 25th, Dr. Wm. Roberts, who had seen the patient some days before death, Dr. Thorburn, and Dr. Simpson, examined the abdomen. Decomposition had advanced too far for it to be as complete as could have been wished; but there was found to be considerable enlargement of the liver from intense biliary congestion. The gall-duets were enormously gorged; forming, where they approached the surface, elevations of the size of a cherry. The gall-bladder and the common duct were also greatly distended. The cause of the obstruction was found to be a cancerous growth of the head of the pancreas, of about the size of a small orange. The pancreatic-duct was enlarged, and its orifice ulcerated; but decomposition had advanced so far as to render impossible any further examination. The *post mortem* examination proved that the supposition as to the cause of the biliary obstruction was correct. They were led to this by the frequent (but not invariable) occurrence of fatty discharges in cases of diseased pancreas; by the gradually increasing, and at last complete, obstruction to the escape of bile, which would be accounted for by a tumour in that situation; while the cachectic aspect of the man rendered it highly probable that the disease was cancerous. Some tenderness, but no tumour, could be discovered during life on the most careful examination. No other cancerous nodule was found.

Specimens. Dr. WAHLTUCH showed a Hydroconion of simple construction, worked by steam force.

Dr. LITTLE showed two cases of Synthesis Scintillans; demonstrating with the ophthalmoscope the presence of cholesterine in the vitreous humour.

Dr. LOUGHAN exhibited, for Mr. Smart, a case of Primary Cancer of the Neck in a child 8 years of age. The enormous size of the tumour, extending from the head to the shoulder and passing round the front of the neck, was very remarkable.

Dr. JOHN ROBERTS showed some cases of Tinea Tonsurans; demonstrating with the microscope the presence of the parasitic growth.

Dr. Wm. ROBERTS showed a commodious stand containing all the requisites for complete Urinary Analysis.

Treatment of the Deaf and Dumb. Mr. VAN ASCH, a gentleman who has devoted much attention to the instruction of deaf-mutes, was introduced to the Society by the President. He called attention to their speaking powers, and to their mental state, and would not go into the question of the physical condition of those so afflicted. Being cut off from the ordinary means of observation, their store of information is very small. There are certain natural signs by which they can express some of their wishes

to those accustomed to them; but they are not understood by people in general. Useful as they are, it is very desirable that they should be made acquainted with our language. The finger-language is highly artificial, and known to few. Writing is too slow for ordinary conversation. In Holland, they apply the system of articulation and lip-reading, by which the deaf are taught to articulate sounds, and use them as representatives of thought. It is not a perfect method, but succeeds better with some than others, and best with those not absolutely deaf; the totally deaf being the most difficult to teach. One-half of the deaf and dumb are totally deaf, and the rest have some little remnant of hearing. This system has good effects on the general health of the deaf, tending to correct the deficient expansion of the chest, and the proclivity to pulmonary consumption, proved to obtain more frequently among them than the rest of the community; and it has been found that the mortality from throat and chest diseases is greater in institutions where the deaf are taught by the finger-language, than by articulation and lip-reading. The advantages of the system, then, are—1. That it develops the mind; 2. Speech ensures to them greater usefulness in ordinary life; 3. It promotes the development of the chest and lungs; 4. It generally causes some improvement, where they exist, in the remnants of hearing. One great difficulty in the teaching is the poverty of ideas in the deaf, not so much with abstract ideas as with words, such as some of the verbs, from their being used with such variously modified meanings; *e.g.*, take the verb to employ. We employ time, attention, hands, pens, cotton, timber, etc. They only become acquainted with them and their various uses by seeing them used over and over again. The method was illustrated by three of Mr. Van Asch's pupils, who were able to speak with several of the members present, if a little care were taken to articulate slowly and distinctly; most readily, however, with those who used the most lip-action in speaking. To show that sound was not the medium of communication, they answered questions spoken in a whisper, scarcely audible to those close to the speaker, from the other end of a large room. In teaching them to articulate, the sense of touch is brought into use along with that of sight; the teacher taking one hand of the pupil and holding it under his own, and the other under the pupil's throat; and then, producing the vowel-sounds, which the pupil tries to imitate, succeeds at length in producing vibrations in his own throat corresponding with those felt in the teacher's. The vibrations are, of course, accompanied by sounds, to which, in process of time, definite meanings become attached. The consonants are learned by watching the movements of the teacher's lips and mouth.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, JUNE 27TH, 1865.

JAMES ALDERSON, M.D., F.R.S., President, in the Chair.

THE OBSTACLES TO THE RE-ESTABLISHMENT OF NATURAL RESPIRATION AFTER THE PERFORMANCE OF TRACHEOTOMY: SOME CASES, WITH REMARKS. BY THOMAS SMITH, ESQ., F.R.C.S.

The hindrances to the withdrawal of the cannula and to the restoration of the passage of the larynx, to which attention was drawn in this paper, were such as only take effect after the performance of tracheotomy, and as a consequence of that operation.

They had no reference to the persistence of any cause of obstruction necessitating the introduction of the tracheal tube. The author detailed cases where great and even insurmountable difficulty occurred in removing the cannula after the performance of tracheotomy. He enumerated four cases of obstruction to the passage of air through the larynx after that operation:—1. An accumulation of granulations within the trachea, just above the cannula. 2. Obliteration of the cavity of the larynx by adhesion of the margin of the rima of the glottidis. 3. Loss or impairment of function in the laryngeal muscles. 4. Narrowing or partial collapse of the trachea from necrosis of its cartilaginous rings. The author endeavoured to show that a temporary impairment or loss of function in the laryngeal muscles is no unfrequent occurrence after tracheotomy; and suggested that it may reasonably be referred either to the complete interruption of all exercise of function in the larynx which the operation for a time entails, or to a reflex irritability of the muscles of the glottis from the contact of the cannula with the mucous membrane of the trachea. With a view to obviate the occurrence of some of the untoward contingencies described, the author recommended a small appliance devised by himself to be worn in the orifice of the cannula. This instrument, while it allows the air during inspiration to enter through the wound, directs all the expired air through the cavity of the larynx. This, he said, at once restores the voice; helps to clear the cavity of the larynx from false membrane or accumulations of mucus, and forms a safe method of testing the permeability of the larynx; and its use as a preliminary measure to the final removal of the cannula will accustom the rima glottidis to the transit of air, and diminish its irritability.

THE APPLICATION OF SUTURES TO BONE IN RECENT GUNSHOT FRACTURES, WITH CASES; ALSO REMARKS ON THEIR SIMILAR USE IN SOME OTHER FRACTURES AND OPERATIONS. BY BENJAMIN HOWARD, M.D., ASSISTANT-SURGEON UNITED STATES ARMY.

Dr. HOWARD exhibited statistics, showing the large number of secondary amputations rendered necessary in gunshot fractures of the extremities by the inevitable transportation from the battle-field to general hospital. The disastrous results are mainly due to the constant motion of the fractured ends of the bones, between which innumerable loose fragments and sharp spicula of bone are ground together, mangling the soft parts adjacent, and producing violent irritation and inflammation, which is further increased by the pressure and constriction of disarranged bandages and splints firmly applied on starting to prevent displacement—an attempt perfectly hopeless without the use of other means. The most careful efforts of this kind are frequently followed by such inflammation during the “middle passage” as to destroy every hope of saving either the limb or the life of the patient.

Resection of the shaft of the long bones has been practised, with removal of the loose fragments, but the motion remains undiminished, and the ends of the bone are continually apart. In 1863, the author, in a communication to the Surgeon-General of the United States army, proposed a plan of treatment for gunshot fractures of the humerus, which he had since carried out, with a view to obviate the evils referred to wherever the operation might be practicable. The treatment consists in cutting down upon the seat of fracture, enlarging the wound or otherwise, removing all fragments of bone and everything which can act as a foreign body, making a clean section of the fractured ends transversely, or at such parallel obliquities, as to secure the most perfect apposition with the least shortening. The ends are then firmly

secured together by two wire sutures, the edges of the wound approximated, and a light splint applied by a retentive bandage, so as to leave the wound freely exposed for the repeated application of cold water from the canteen of the patient.

The chief points in the operation are to carefully avoid any unnecessary degree of disturbance of the soft parts, and especially of the periosteum; to introduce the two sutures as described, through only one cortical portion of each end, and each as nearly as possible in the same line of diameter of the bone, to prevent any hinge-like motion. The sutures, which are of annealed iron, or better, perhaps, of plated copper wire, may be cut off short, or be left protruding through the wound, so that, by successive tightening twists, nature may be aided in her natural process of extrusion.

The advantages of this plan of treatment were said to consist—1, negatively, in the absence of all previous causes of irritation; 2, positively, in securing complete coaptation and perfect rest.

A case of gunshot fracture of the humerus was related in which all the details of this plan were carried out. Although the patient was afterwards left uncared for on the field, and submitted to extraordinary exposure, the limb was in excellent condition; and, as far as could be ascertained, it continued so until subsequent recovery, and transfer of the man to another regiment.

Another case also was reported of severe fracture from lodgment of a fragment of shell in the femur, with great shortening. After removal of the missile and fragments of bone, the fracture was reduced, and without section of the bone, by means of one stout wire suture. The refitted interlocked fragments were permanently secured *in situ*. The patient, who was sixty years of age, and of feeble constitution, was rumoured to have died a few days afterwards *en route* to general hospital. This plan of treatment not only contemplates disposal of the chief sources of immediate danger, but of those causing great ultimate delay, thus averting the innumerable intercurrent diseases incident thereto. It is new only in its application. Substantially the same operation, including the use of the wire suture, has for a long period been practised, and still meets with general approval as a secondary operation for ununited fracture. Other things being equal, it cannot be less admissible as a primary operation, where, in the absence of all pathological changes, we have a healthy condition of all the parts, with sound bone in apposition and at rest.

Although it would be unwise to anticipate too definitely the histories of the author's cases, which may be hereafter collected from the various hospitals to which they were sent, and from which a more complete report will be made, his experience so far justifies him in submitting the plan of treatment to the profession. He would recommend the use of wire sutures in the manner described in certain compound fractures with great displacement, in Pigoroff's operation if practised, and in fractures of the jaw, in which he had used them with great advantage.

A FELLOW asked the author if he had met with any cases in which the upper and lower extremities had been treated.

Dr. HOWARD replied that the plan was introduced for the treatment of fracture of the humerus, and had been adopted in but one case of fracture of the femur. Dr. Howard exhibited several diagrams illustrating the chief points in his paper.

Mr. FRANCIS MASON asked if the process was not a difficult one? He had seen Mr. Fergusson do the operation twice, and each time with considerable difficulty.

Dr. HOWARD said it was difficult without assist-

ance. He had, however, once done it in five minutes; but, as a rule, the operation required twenty or thirty minutes.

EXTERNAL LATERO-ANGULAR DISLOCATION OF THE RIGHT ELBOW-JOINT, A NEW FORM OF DISLOCATION, WITH ACCOMPANYING DISSECTION OF THE LIMB. BY FREDERICK JAMES GANT, ESQ., F.R.C.S.

This injury occurred in the person of a man, aged 50, whose right forearm was jammed between the buffers of two railway carriages. He was admitted into the hospital under the care of Mr. de Méric, who placed the limb at the author's disposal for dissection.

The articular ends of the three bones which form the elbow-joint were displaced into the following remarkable relative position. Both bones of the forearm had undergone an external lateral dislocation, as complete as is usually met with, the larger sigmoid cavity of the ulna resting against the outer condyle of the humerus. But both bones had also undergone displacement upwards and outwards, turning on the end of the humerus as a hinge until their axes formed a right angle, or rather less, with that bone; thus constituting an external latero-angular dislocation. The inner half of the larger sigmoid cavity embraced the condyle and capitellum (of the humerus) just behind its articular surface; the coronoid process resting externally against the one, and the olecranon being underneath the other, as far as the ridge between it, the capitellum, and trochlea. The head of the radius was in close relation, not contact, with the external ridge of the humerus, just above the condyle; the ridge bisecting the cup-like cavity of the radius. The head of this bone was, therefore, neither in front nor behind the humerus; it was not dislocated either forwards or backwards.

With this wrenching displacement of the forearm outwards and upwards, all the ligaments of the elbow-joint, save the posterior one, gave way entirely. The disposition and state of the muscles, vessels, and nerves were fully described; also the external appearances of the limb, and their connection, as signs of the dislocation above described. A large lacerated wound in the forearm, exposing the flexor muscles, with the radius and ulna, was the direct result of the contusion. A small aperture in the skin, just above and behind the inner condyle of the humerus, and leading into the joint, made the dislocation compound.

Amputation of the arm in its upper third having been performed by Mr. de Méric, was followed by an excellent recovery, delayed only by partial sloughing of the stump, consequent on the extensive injury.

ON THE PATHOLOGY OF TETANUS.

BY J. LOCKHART CLARKE, F.R.S.

In this communication, the author described the condition of the spinal cord in six cases of tetanus. In every one of these there was not only more or less congestion of the bloodvessels, but there were also definite, and frequently extensive, lesions of structure, such as had never yet been discovered. These lesions consisted of disintegrations of tissue in different stages of progress, from a state of mere softening to that of perfect fluidity, and were accompanied by certain exudations and extensive effusions of blood. They were found chiefly in the grey substance, which, moreover, was in many places strangely altered in shape—unsymmetrical on the opposite sides, or partially fused with the adjacent white column in a common softened mass. Although lesions of this kind existed, in one form or other, in every region of the cord, they were absent in some places; nor did they ever, for long together, maintain the same shape, size, or appearance, but were constantly and alter-

nately increasing, diminishing, or disappearing, at short but variable intervals.

These lesions in tetanus were precisely similar in character to those which the author had discovered in the spinal cords of many ordinary cases of paralysis; and on comparing the lesions and symptoms of both kinds of diseases, he found ground for the support of the following conclusions. 1. The lesions are either not present, or are present only in a slight degree, in those cases of tetanus which recover. 2. They are not the effects of the great functional activity of the cord, manifested in the violent spasms, but are the effects of a morbid state of the bloodvessels. 3. They are not alone the causes of the tetanic spasms. 4. The tetanic spasms depend on two separate causes—firstly, on a morbidly excitable condition of the grey substance of the cord, induced by the hyperæmic and morbid state of its blood-vessels, propagated from the injured nerves and resulting in exudations and disintegrations of tissue; and, secondly, on irritation propagated and spread through the morbidly excitable cord from the same source—from the periphery, by the diseased nerves.

Mr. BROOKE thought the facts brought forward by the author tended strongly to support the views of Dr. Radcliffe on muscular action. He should say that they pointed to the conclusion that in tetanus the disintegration of the spinal cord must necessarily imply diminished, not exalted, functional activity.

Mr. DURHAM had examined, on the plan introduced by Mr. Clarke, the spinal cord of a patient who had died of hydrophobia. He found intense congestion with extravasation in the dorsal region, but congestion only in the lower parts of the cord.

Mr. GANT referred to a *post mortem* examination of a case of tetanus, in which a very large quantity of blood was found in the vertebral canal. To the naked eye the cord did not present any remarkable appearance; it was very elastic.

Dr. ALTHAUS asked the author how many cases of tetanus he had examined, as in some cases in which the cord had been examined no changes had been found.

Dr. HARLEY thought the Society was deeply indebted to Mr. Lockhart Clarke. They were indebted to him because he had opened a new field. Until Schroder van der Kolk began his investigations, nothing had been done in this way. He (Dr. Harley) thought that with the researches of Clarke a new era in the study of nervous diseases had commenced. We still hear of insanity as a disease of the mind, and as if it were nothing more than mere functional derangement. He thought, however, that such phrases as "functional derangement" were doomed. "Functional derangement" was but an apology for our ignorance; "catalytic action" was something we do not understand; "vital action" a cloak for our ignorance. He believed that, thanks to Lockhart Clarke, such terms would disappear, and he could but half express his great obligations.

Mr. LOCKHART CLARKE, in reply, said that the observations described in the paper were made on the spinal cords of six cases of tetanus; and that since the communication of the paper he had examined the cords of three more cases with precisely similar results. The lesions and alterations of structure, though numerous, were in some places exceedingly small, and appreciable only under glasses of considerable magnifying power.

THE MORBID CHANGES IN THE STOMACH AND INTESTINAL VILLI PRESENT IN PERSONS WHO HAVE DIED OF CANCER. BY SAMUEL FENWICK, M.D.

The object of this paper was to induce pathologists to examine the blood-making organs in cases of cancer,

instead of confining their attention to the structure and development of the tumour. The microscopical examinations of the stomach and intestines in fifty-seven cases of cancer were given. In fifteen cases the breast was the organ affected by the cancer, and in eleven the mucous membrane of the stomach was atrophied, the solitary glands were enlarged, and the gastric tubes adherent or destroyed. *Chemically*, there was an excess of fat in the mucous membrane. *Physiologically* examined, there was a deficiency in its power of dissolving albumen. In four cases the microscope showed no appearance of disease. Twenty-four were cases of cancer of the uterus, and in only three was there any serious disease of the gastric mucous membrane, but in five other cases the tubes were unusually adherent. *Chemically*—in some there was an excess of albumen, in others of fat, and in others a large amount of gelatine could be extracted. *Physiologically* examined, the power of digesting albumen was lessened. There were eighteen cases of cancer of other parts of the body, and the condition of the stomach varied according to the part affected. Brunner's glands, the villi, and intestinal tubes, presented similar appearances of disease. The villi in some cases were in a state of fatty degeneration, in others the basement membrane was greatly thickened and the number of nuclei increased. The most general form of disease was a deposit of pigment in the villi. Although the author was of opinion that the facts were not sufficient to enable him to determine whether these diseased conditions were the cause of the cancer, or only a result of some other pathological condition producing both, he thought the subject worthy of the attention both of pathologists and practitioners of medicine.

ON FIBROID DEGENERATION OF THE LUNGS.

BY H. G. SUTTON, M.B. LOND.

[Communicated by GEORGE HILARIO BARLOW, M.D.]

A section of a fibroid lung showed that in parts it was solid, firm, tough, and conveyed a grating sensation while being cut with the knife. The indurated portions were either smooth and non-granular, or in other cases markedly granular in appearance. Closer observation showed the consolidated portion to be mapped out in different colours, having a so-called "grey granular appearance," due to the increased quantity of interlobular tissue, and, scattered amidst the latter, a large quantity of dark pigment matter. The consolidation was not the primary stage; but the earlier indication of this change was seen in the apparently increased quantity of the connective tissue of the lung. The two sides of the pleura were usually found to be very firmly adherent, and in some cases the pleura was very much thickened. The fibroid induration was liable to undergo degeneration, and in consequence cheesy-looking matter was occasionally noticed amidst the hard fibroid masses. Further, in consequence of this degenerative transformation, the new tissue softened down, and a cavity was produced, which was usually discovered in one or in both apices of the lungs.

The microscopic examination resulted in showing:

1. That there had been a formation of new tissue elements, and that these were such as are usually considered to represent newly formed connective or fibroid tissue.
2. That the newly formed fibroid tissue had invaded, and in some parts destroyed, the normal lung-tissue; or, in other words, the lung had undergone fibroid degeneration.
3. That these fibroid elements were found to be the most highly developed in the immediate vicinity of the connective tissue surrounding the minute bronchial tubes, lobules, and lobulets, and also in the vicinity of the thickened pleura, which would appear to show that the cell

formation had commenced in the connective tissue of the lung, and that it had extended in every direction amidst the elastic fibres of the air-sacs until the pulmonary cells were completely filled up and obliterated.

The clinical history appeared to show that this disease was very commonly found in those who have suffered for many years with vesicular emphysema and chronic bronchitis, also that acute pleurisy appeared to have been in some cases the immediate exciting cause; but the evidence tended to show that pleurisy was an accidental, and not essential exciting cause, and well-marked cases of fibroid lungs had been discovered in which no history of pleurisy could be obtained, and the *post mortem* examinations showed no induration of the pleura. In the majority of the cases there was a history of intemperance, especially of long-continued spirit-drinking.

The fibroid degeneration was in by far the majority of cases found associated with fibroid changes of the liver, kidneys, capsule of the spleen, pyloric end of the stomach, and of other organs. Nearly all the patients were males of middle or advanced life, although it did occur even before thirty, and in every case a particular conformation of the body was observed. Dr. SUTTON drew attention to certain facts which tended to show that these fibroid changes were not due to so-called "scrofula," but that it is a general "fibroid disease," and was associated with a fibroid diathesis. It had been found possible, and in many cases by no means difficult, to diagnose this form of chronic lung-disease from that for which it was most likely to be mistaken—tubercular phthisis.

Dr. GRAILY HEWITT said it was well known that collapse of the lung was associated with emphysema. He would therefore ask the author if the part affected by fibroid degeneration had not been previously collapsed.

Dr. SUTTON replied that he had no knowledge that collapse of the lung gave rise to fibroid degeneration, but he thought that under the microscope a piece of collapsed and atrophied pulmonary tissue might be mistaken for fibroid transformation; nevertheless, it was not difficult to distinguish one from the other. In the collapsed lung the elastic fibres lie side by side, and, if of some standing, give a general linear or fibrous appearance; but on closer examination it may be noticed that each individual elastic fibre can be traced to some distance, and that the margin of the elastic fibre is well defined, and the light being readily refracted through its centre, it presents a bright sparkling appearance; whereas, in the fibroid change, the newly formed fibres are imperfectly formed, and each individual fibre cannot be distinguished. Other differences, Dr. Sutton remarked, he had called attention to in his original communication.

SOUTHPORT CONVALESCENT HOSPITAL. The Southport Convalescent Hospital and Sea-Bathing Infirmary has been in existence for the period of sixty-one years, and is the oldest institution of the kind in England. Commenced when Southport was a very small village, it professed only to receive out-door patients. In consequence of the benefits which it afforded to the poor of the manufacturing districts around, the institution grew with the growth of the town, until, in 1853, a spacious building was erected for the reception of the patients, and that building, greatly enlarged during the last eleven years, affords accommodation at the present time for 214 inmates, and during a great part of the summer is completely filled. During 1864 the number of patients amounted to 1415.

Correspondence.

REMARKS ON THE RUSSIAN CATTLE- PLAGUE, AS EXHIBITED BY COWS IN THE LONDON COW- SHEDS.

LETTER FROM F. J. BURGE, ESQ.

SIR,—I have had abundant opportunity of seeing cattle affected with the prevalent "plague"; and I have made many *post mortem* examinations.

I believe that the disease is essentially a catarrhal or mucous fever, but *not exclusively an intestinal one*; that a blood-poisoning is coincident with, or *precedes more probably*, the local manifestations of the disease, and that this blood-poisoning makes its *first* impression on the sensorium, as indicated by the peculiar position of the head of the animal, if closely watched before the mucous symptoms show themselves; that this primary cerebral influence may be first exercised on the function of digestion, causing loss of appetite, etc., but that its influence is soon extended to the other mucous membranes as well as to that of the stomach. The surfaces of the eye, mouth, and nostrils, become pinkish-white, and covered with excessive and unnatural secretions; the expression listless and stupid; in fact, the then cerebral complication is manifest; for the animal will, in the first stages of the disease, blunder even against a stone wall, as if unconscious of its presence. The vital powers seemed stunned; the prostration and debility being marked from the first onset of the morbid influence. The mucous membrane of the mouth, fauces, and stomach, I think, are affected pathologically, subsequently to that of the eye; and, lastly, that of the intestinal canal proper. The morbid influence then attacks the urinary organs. The vagina of the cow shows similar appearances to those of the eye. It is of a pale pink, studded, like that organ, with reddish patches, but not ulcerated; the diffused redness appearing rather in the submucous tissues, as if from infiltration.

The mucous membrane of the mouth is somewhat similar in appearance, modified, of course, by its coarser structure here. Underneath the lips are found the same peculiarities as in the eye and vagina, though much more marked, and the mucous follicles very prominent. The fauces, in some instances, are intensely reddened; though, in others, I have found them pale and pinkish.

The general condition of the skin is undisputed, hot and feverish in some stages, cold and unnaturally bloodless in others. The staring of the coat is universal. The moaning grunt, which is so constantly heard, is special and peculiar. Unlike that of pleuropneumonia, the result of defective respiration, the symptom here is more prolonged, and carries with it an expression of pain and suffering. If the attack be severe, and particularly just before death, the animal, if there be a rail to rest its mouth

against, will, during the expiratory grunt, assume the position of the horse in crib-biting.

The appetite at last entirely fails; the debility and prostration become excessive; diarrhoea prevails. The animal, in an effort to lie down, drops suddenly on the ground; and, in endeavouring to rise, will stick its horns firmly in the manger or against the partition of the stall to assist in doing so. Twitchings of the muscles precede death. I have only seen the emphysematous condition of the cellular tissue of the neck and shoulders marked in two or three instances.

The evidences on dissection are not dissimilar, as far as the patent mucous surfaces are concerned, from those discoverable during life. The back parts of the tongue and fauces are variously red or pink, and always covered with slimy mucus. The trachea and bronchial tubes are filled with froth; and the lining membrane is covered with a thick plastic yellow lymph in flakes, but with no apparent ulceration. The substance of the lungs is generally healthy, though in some instances highly emphysematous.

The lining membrane of the various stomachs shows more or less evidences of implication in the disease; but, in the fourth stomach, these become more decisive, and gradually increase in intensity to the termination of the small intestines. On opening these throughout their length, the mucous surface is found covered with a thick slimy secretion; and, on passing the opened bowel between the thumb and finger, a thick ridge of it will be collected, of the size of the former, in a distance of a few inches along the gut. On examination of the softened mucous membrane itself, I have found *no ulceration*; but, in almost all the instances I have seen, there have been unnatural, *highly congested*, thick, corrugated longitudinal folds of mucous membrane traversing the whole length of the small intestines. Peyer's patches have been usually less visible than natural. Sometimes I have observed, apparently, an enlarged glandular body containing opaque matter with a black spot in the centre, and of tubercular form; but this appearance I believe to be due merely to a chronic enlargement of a solitary gland. The abnormal conditions diminish or cease in the large bowels. The liver, spleen, and kidneys have generally been healthy, though the uniriferous tubes show that they are involved in the mucous malady.

I have not examined the brain and spinal marrow, but am disposed to think that a kind of cerebro-spinal meningitis coexists.

The blood is fluid; and the flesh is of a peculiarly dark colour after death.

I am, etc., F. J. BURGE.

Medical Officer of Health, Fulham District.

Hammersmith, August 1865.

ACCIDENTS IN COAL MINES. The reports for 1864 show that 867 lives were lost in the year by accidents—that is to say, one in every 354 men employed, one to every 103,715 tons of coal raised. Large as the loss of life still is, the return is satisfactory by comparison.

Medical News.

APPOINTMENTS.

MARCH, William J., Esq., appointed Assistant Medical Officer to the Nottingham County and Borough Lunatic Asylum, in the room of H. N. Watts, M.D.
 SPENCE, Alexander L., M.D., appointed Assistant-Physician to the Royal Edinburgh Asylum.
 WATTS, Horace N., M.D., appointed Colonial Surgeon to the Falkland Islands.

DEATHS.

CHAPMAN, Thomas, Esq., Surgeon, at Ampthill, aged 93, on Sept. 3.
 ELLIOT, On September 2nd, at Camberwell, Charlotte, wife of Robert Elliot, M.D.
 GIRDLESTONE. On August 26th, at Biarritz, aged 4 months, Felix, son of Charles Girdlestone, M.D.
 GRANT, Joseph B., M.D., at Constantinople, aged 31, on August 6.
 KING, Richard, L.R.C.P.Ed., at Bath, on September 2.
 L.V., John W., M.D., at Whitby, aged 30, on September 4.
 SIMON. On August 27th, at Loughdon, Essex, aged 21, Alice Georgiana, wife of George Young Simon, Esq., and second daughter of Edward Bay, M.D., of Dulwich.
 WALCOTT. On August 28th, at Blackpool, Lancashire, aged 21, Caroline Coghill, third daughter of John A. Walcott, M.D.
 WOLLASTON, Robert, M.D., late Physician to the Stafford Hospital, at Naples, aged 64, on August 22.

A MUSEUM OF NATURAL HISTORY has been formed at Toulouse.

THE SURGICAL SOCIETY OF PARIS has been authorised to assume the title of "Imperial."

THE NEQUROL PRIZE of the Société Medico-Psychologique for 1864 has been awarded to M. Reynard.

NEW MEDICAL JOURNALS. Two new medical periodicals have appeared in Italy: *L'Unione Medica*, published at Reggio in Calabria; and *La Salute*.

A GOOD EXAMPLE. The Exeter Town Council have divided their body into committees, with the view of making a house-to-house visitation for the purpose of inspecting the drainage, and promoting the ventilation and cleansing of the dwellings in the various streets and lanes of the city.

WHO IS DR. BELL? James Ferguson was fined ten shillings and costs for posting disgusting handbills bearing the name of "Paul de Paris" in various places in the parish of St. James's. Paul de Paris and Dr. Bell were next summoned for causing the bills to be posted. The inspector gave a portion of his evidence; but, owing to an informality in the summonses, they were dismissed.

BRITISH ASSOCIATION FOR THE ADVANCEMENT OF SCIENCE. The annual meeting of this Association is being held in Birmingham. The proceedings were commenced on Wednesday, when the new President, Professor Phillips, F.R.S., gave an introductory address, in which he reviewed the progress of astronomy, geology, ethnology, geography, and hydrography. The anthropologists have again been unsuccessful in their attempt to be formed into a separate section of the Association.

NATURAL SCIENCE SCHOLARSHIPS. There will be, on October 10th, an examination at Sidney Sussex College, Cambridge, in Natural Science (electricity, chemistry, geology, and anatomy) for two scholarships of the annual value of £40 each. It will be open to all students who are not entered at the University; the only requisite being the ability to pass an examination in classics and mathematics. The successful candidates will enter at the College to pursue their medical or other studies. Information may be obtained of the Rev. J. Ellis, tutor of the College.

SANITARY WORKS. Dr. Buchanan is at present engaged in making an inspection of various towns in the kingdom, under a commission from the Privy Council, with a view to ascertain what have been the effects produced upon the public health by works of drainage, water-supply, and other sanitary measures. He has already visited several northern towns, and is at present engaged in conducting a similar inquiry at Carlisle, where much has been done in the way of sanitary reform during the past twenty years.

TYPHUS NESTS. Mr. H. Jeaffreson, of the London Fever Hospital, has addressed to the *Times* a letter in which he calls attention to the fact that a large proportion of the cases admitted into that institution are furnished by the same localities. He observes, very properly, that "it is idle to scare the community with accounts of cholera on the shores of the Mediterranean while a pestilence nearly as fatal commits its ravages almost unheeded at our very doors. . . . Still, by all means, let us prepare for cholera; for the steps taken to cleanse, ventilate, and supply water to the typhus nests of the present, will effectually lessen the number of cholera nests of the future."

INSPECTION OF EXAMINATIONS. The Branch Medical Council for Scotland some time ago organised a system of visitation of examinations, in compliance with a resolution passed by the General Medical Council in its last session. On August 15th the Irish Branch Council made appointments for the same purpose, as follows: Dr. Stokes and Dr. Aquilla Smith, to visit the examinations at the Royal College of Surgeons; Dr. Hargrave and Dr. Apjohn, to visit the examinations at the King and Queen's College of Physicians; Dr. Corrigan and Dr. Hargrave, to visit the examinations at Trinity College; Dr. Leet and Dr. Stokes, to visit the examinations at the Queen's University; Dr. Smith and Dr. Apjohn, to visit the examinations at the Apothecaries' Hall. Dr. Corrigan having declined to act, Dr. Leet was requested to act with Dr. Hargrave in inspecting the examinations in Trinity College.

THE CATTLE-DISEASE. Mr. Plumbly, veterinary surgeon, of Sudbury, made a *post mortem* examination of the carcase of a diseased animal. He had an unhealed boil on his arm at the time. The same evening, he was attacked with sickness and acute pain in the head and chest; and expired a few days afterwards. It was thought that death had resulted from apoplexy, and a medical certificate to that effect was given. Rumours, however, soon became current that Mr. Plumbly's death was caused by the cattle-plague; and the coroner directed a *post mortem* examination to be made. At the inquest, Mr. Maurice Mason, surgeon, said he was of opinion that the death of the deceased was caused by the absorption of poisonous virus into his system while engaged in making a *post mortem* examination of a beast that had been suffering from the murrain or cattle-plague. Verdict, "That the deceased, Robert James Plumbly, died from the effects of the absorption of virus or poison into his system, upon the occasion of his making a *post mortem* examination of a cow which had died from a certain disease called or known as the cattle-plague."

COMMUNICATIONS have been received from—Mr. JOHN MANLEY; Dr. H. HARRIS; Dr. W.A. ELLISTON; Dr. SPENCER; Dr. CARR; Mr. A.D. STEED; Mr. SPENCE; Dr. G.M. HUMPHRY; THE GENERAL MEDICAL REGISTRAR; Mr. R. BRADSHAW; Dr. BOEKER; Dr. E. LEWIS; Dr. S.S. DYER; Dr. W.M. KELLY; ROBERT LEGG; Mr. F.J. DUBBE; AN ASSOCIATE; Dr. ROBERT FORTER; Dr. DUNN; Dr. T.M. ROOKE; and Dr. SANDFORD.

OPERATION DAYS AT THE HOSPITALS.

MONDAY.....	Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.
TUESDAY.....	Guy's, 1½ P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.
WEDNESDAY.....	St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.
THURSDAY.....	St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopedic, 2 P.M.—Royal London Ophthalmic, 11 A.M.
FRIDAY.....	Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.
SATURDAY.....	St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.—Royal Free, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

TO CORRESPONDENTS.

*. All letters and communications for the JOURNAL, to be addressed to the EDITOR, 37, Great Queen St., Lincoln's Inn Fields, W.C.

COMMUNICATIONS.—To prevent a not uncommon misconception, we beg to inform our correspondents that, as a rule, all communications which are not returned to their authors, are retained for publication.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

THE GRIFFIN TESTIMONIAL FUND.—**SIR:** At the last meeting of the Committee, it was resolved that the above Fund should be definitely closed. Intending subscribers will oblige by forwarding their contributions, on or before October 31st, to

ROBERT FOWLER, M.D., Treasurer and Hon. Sec.

145, Bishopsgate Street Without, September 6th, 1865.

HONORABLE REGISTRATION.—Our correspondent should forward his name to the Editor—not for publication, but in confidence.

ADVERTISEMENTS.

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London, August 15, 1865.

JOHN ROBINSON, M.D., and M.R.C.S.L.

Sydenham College Medical

SCHOOL, Summer Lane, Birmingham (opposite the General Hospital).—The SESSION 1865-6 will COMMENCE on TUESDAY, October 3rd, at Three p.m., with an INTRODUCTORY ADDRESS by Mr. FURNEAUX JORDAN.—A Prospectus, containing full particulars, will be sent, and further information obtained on application, either personally or by letter, to the Principal, Dr. Bell Fletcher, Waterloo Street; the Treasurer, Dr. Russell, Newhall Street, who is authorised to enter Students; or to the Secretaries, Mr. Dasset, Hockley Hill, and Mr. Howkins, Bennett's Hill, Birmingham.

Anderson's University, Glasgow.

Anatomy	Dr. George Buchanan.
Chemistry	Dr. Penny.
Surgery	Dr. G. H. B. Macleod.
Physiology	Dr. E. Watson.
Materia Medica	Dr. Morton.
Practice of Medicine	Dr. Cowan.
Midwifery	Dr. J. G. Wilson.
Medical Jurisprudence	Dr. Leishman.
Botany	Mr. Henedy.

The Fees for all the Lectures and Hospital Practice required for a Diploma amount to £40.

A Syllabus with full particulars may be obtained from Dr. GEORGE BUCHANAN.

St. Bartholomew's Hospital and

MEDICAL COLLEGE.—The WINTER SESSION will COMMENCE October 2nd, with an Introductory Address by Dr. Andrew, at 5 o'clock P.M.

LECTURES.

Medicine—Dr. Black.
Clinical Medicine—Dr. Farre, Dr. Black, Dr. Martin.
Surgery—Mr. Paget, Mr. Coote.
Clinical Surgery—Mr. Skey, Mr. Paget, Mr. Coote.
Descriptive Anatomy—Mr. Holden, Mr. Callender.
Physiology and General Anatomy—Mr. Savory.
Chemistry—Dr. Odling.
Demonstrator of Morbid Anatomy—Dr. Andrew.
Demonstrators of Anatomy—Mr. Smith, Mr. Baker.
Assistant Demonstrators—Mr. Vernon, Mr. Langton.
Tutors—Dr. Duckworth, Mr. Baker, Mr. Shepard.

SUMMER SESSION, Commencing May 1866.

Materia Medica—Dr. Farre.
Botany—Dr. Harris.
Forensic Medicine—Dr. Edwards.
Midwifery—Dr. Greenhalgh.
Comparative Anatomy—Mr. Callender.
Practical Chemistry—Dr. Odling.
Microscopic Demonstrations—Mr. Savory.

The Clinical Practice of the Hospital comprises a Service of 650 beds; of these 227 are allotted to the medical cases, 80 to the diseases of women, 222 to the surgical and ophthalmic cases, and 81 to the syphilitic.

In the year 1864, relief was afforded to 6000 in-patients, including more than 550 children under 10 years of age.

Collegiate Establishment.—Warden, Mr. Willett. Students can reside within the Hospital walls, subject to the collegiate regulations. Some of the teachers connected with the Hospital also receive students to reside with them.

Seven Scholarships, varying in value from £20 to £50, are awarded annually. Further information respecting these and other details may be obtained from Mr. Savory, Mr. Callender, or any of the medical or surgical officers or lecturers; or at the Anatomical Museum or Library.

A Description

OF THE

MODE OF TREATING CONSTITUTIONAL SYPHILIS BY SYPHILISATION: AND ITS RESULTS.

BY

PROFESSOR W. BOECK, M.D.,
CHRISTIANIA.

IN continuation of the communications which I gave some time ago in the *BRITISH MEDICAL JOURNAL* concerning syphilisation, I will now explain how syphilisation is practised upon children.

During the first years in which I practised syphilisation, I feared to try it on children. It was only after I had seen in more than a hundred cases the salutary effect it exercised upon grown up people, that I ventured to carry the primary syphilitic virus over to children suffering from acquired syphilis; and I confess that I did it at first with great anxiety. I expected to see ulcers of about the same size as those upon grown up persons; and I feared that these ulcers, with their abundant secretion, might exhaust the child entirely. It therefore surprised me to find that the ulcers upon the child were far smaller; they were neither so extensive nor so deep, and secreted but little. I found also, with the child, that matter cannot generally be carried through any long series of inoculations. It is a great deal to be able to make six or seven successive inoculations with the same matter: it therefore becomes necessary to change the matter frequently.

With children, also, I begin the inoculation at the sides. There is not, however, the same thing to be observed as with grown up persons. The ulcers will not be so much larger on the thighs than on the sides, if the inoculations be commenced on the thighs; and I have never seen any tendency to phagedena in the ulcers, wheresoever I have commenced the inoculations.

The time required for the treatment is about the same with children suffering from acquired syphilis as with grown up people, perhaps somewhat shorter; and, with respect to their general health, the case is just the same in both. The children thrive during the treatment, and are as healthy and look as well after it as any one can possibly wish. As far as I have been able to observe these children afterwards, I have found their state of health very satisfactory.

The number of children under three years of age with acquired syphilis, who have hitherto been treated with syphilisation, is twenty-three. Of these, one died of croup after my performing tracheotomy. Of the remaining twenty-two, three have had a relapse; but only one of these has been syphilised a second time, the other two having been treated by external remedies.

The results of the treatment of children suffering from hereditary syphilis I have already given once before in the *JOURNAL*. I shall, therefore, only mention one point in the treatment, in which this form differs from syphilisation in general. As a general rule, there will be no positive result obtained from

the first inoculations with children; and, if the inoculations were continued as with grown up persons, or with children suffering from acquired syphilis, and performed only every third day, no result at all would be obtained. It is requisite with these children to inoculate more frequently. I do it myself every day; and then, at the end of six or ten days, I find a commencement of small pustules; and, when the pustules from the last inoculation are being developed, several of the previous inoculations will bring forth pustules at the same time, which will be developed along with those last formed. If the inoculated matter cannot be made to take at all, we may be quite sure that the child will die. It is, therefore, a good sign when the matter takes; but we are not quite safe yet, for it will happen sometimes that pustules begin to fail again after a couple of days. It is, therefore, necessary to observe the pustules every day; and, if they do not progress continually, inoculations with new matter must be repeated daily. When in this manner well developed pustules, three days old, have been produced, inoculations from these may be begun; but, at the outset, we must not expect to be able to make any series of inoculations—fresh matter will be required for every new inoculation. It is only when the treatment is somewhat advanced, that it will be found possible to carry each matter through a series of some length.

The time necessary for the treatment of children suffering from hereditary syphilis will be nearly four months.

The same difficulty which we find, as a general rule, in the inoculation of children suffering from hereditary syphilis, will also be met with now and then in grown up people suffering from a violent eruption of a syphilitic exanthem. In such cases, inoculation may be sometimes repeatedly performed without any result; but, by going on inoculating every day for some time, small pustules will at last be developed, after which syphilisation will pursue its regular course. In these cases, it is evident that the inoculations made during the first days of treatment have not been without effect. It is also impossible that the inoculated virus should have vanished; it must have been absorbed; and, by the aid of the influence it has exercised, the later inoculations will be enabled to cause a reaction that will admit of the formation of pustules. According to this experience, we might ask whether there exist individuals insusceptible of vaccine matter (without having ever been vaccinated before); or whether it might be possible, by continued inoculations, to produce vaccine pustules.

I shall now go on to another point that has already been mentioned, but not sufficiently explained; viz., syphilisation practised upon persons who have had a relapse of syphilis after a preceding mercurial treatment. Experience has provided us with two facts, which must be placed side by side.

1. When we syphilise individuals suffering from constitutional syphilis, and who have not been previously treated with mercury, we shall invariably find that the inoculations will call forth a series of pustules and ulcers, which will be essentially similar in all persons inoculated; the phenomena of constitutional syphilis will disappear with a regularity and a certainty rarely imitated in the treatment of other diseases.

2. On syphilising individuals who have been previously treated with mercury, we find neither the same regularity in the development of pustules and ulcers, nor the same influence on the syphilitic phenomena; and this will be still more the case in proportion as we get farther away from the primary

affection, and the longer and more effective the mercurial treatment has been.

In either case there is, however, one thing certain—viz., the salutary influence of syphilisation upon the organism. We often find, during the first development of constitutional syphilis, an anæmic state—weakness, sleeplessness, and headache; these phenomena will disappear under continued inoculation, and the patient will recover the state of health in which he was before he was attacked by syphilis. Many will, perhaps, be unwilling to give the credit of this amelioration of the general health to the inoculations. They may pretend that a similar result can be obtained by the mercurial treatment; and really they may have some reason to say so, for we often see such cases apparently improving for some time under mercurial treatment; but this result is not constant. Often, on the contrary, we find these cases becoming considerably worse under mercurial treatment; and, by continuing the cure by the ancient method, we see them go continually downwards; whereas, under syphilisation, every patient will invariably go on improving in health.

If we look at another series of cases—the tertiary ones—which have been treated for years with mercury, iodide of potassium, and everything that science had hitherto at her disposal, without any improvement—nay, on the contrary, the local phenomena becoming gradually worse step by step, and the organism, on the whole, declining fast, till there remains but little hope of life;—if, I say, in such cases, syphilisation can be made to improve the general health, then there can be no doubt of its powerful and salutary influence. It is impossible that the previous treatment with what is called *specifics* should have caused the change; for it has been but too evident that the patient, by the use of these means, has become continually worse. It must needs be the inoculation of the fresh matter that has produced the result. Under any other circumstances, it might be possible to doubt. If, for instance, any one were to say of the constitutional cases, that it is Nature that cures them, and that it is a mere delusion that it should be syphilisation that does it; or if they were to say that syphilis is nothing but a derivation, and that just the same effect would be produced by the use of antimonial plaster, it would not be easy to prove that, in this special case, the syphilitic phenomena would not have disappeared without the use of syphilisation; for we know very well that, in a number of cases, syphilitic exanthemata will disappear without anything whatever being used; and so the same thing may happen on using an indifferent means, such as the antimonial plasters. If mercury has been used, and there is a relapse, nobody will deny that the new symptoms may be made to disappear by the use of iodide of potassium; and in the same way the influence of syphilisation may be disputed in every single case, till we come down to those where everything else has been tried in vain. If syphilisation can do something here, it must be acknowledged that it is a new and powerful remedy; and I am going to prove this by quoting some cases, after having mentioned the practical result of syphilisation in these cases.

I have already observed, that there is some chance of syphilisation pursuing a regular course even in these cases; but, as a general rule, there will not be the same regular development of pustules and ulcers, and especially not the regular series from the first inoculations, in these old cases, that there will be where mercury has not previously been used, and where the treatment has been commenced immediately after the appearance of the constitutional phenomena. We must be prepared to see the first

matter produce but little effect, perhaps none. Inoculation will have to be made over and over again before there will be any development of larger pustules and ulcers; and at first the series of pustules and ulcers will, perhaps, be but a very short one. New inoculations do not take; and the patient seems, after a short time, to be quite proof against syphilisation. Under these circumstances, there is nothing else to be done than to wait for some time. After a few weeks, it may happen that the patient will again be susceptible to some inoculations. We may even find that the next series of inoculations will be longer than the first one. If the inoculations refuse altogether to be carried through a new series, some iodide of potassium must be given; after some doses of which, the inoculations will sometimes be seen to succeed again; and we also shall find that, after a continuance of syphilisation, iodide of potassium will exercise considerable influence, where perhaps, before syphilisation, it would do nothing at all. The result of our treatment in these old cases is very uncertain. In some cases, it will succeed very well; in others, it will hardly do anything at all; and often, when we think that the phenomena are nearly disappearing, there will be a new eruption. We need to be very cautious with respect to their prognosis.

The time required for syphilisation in old cases differs greatly in different cases; but, as a general rule, it will be very long, because there is no question of a continued series of inoculations, but of several series with shorter or longer intervals. But, even if the inoculations take systematically, it may require a long time.

A woman, G. M. S., aged 30, entered the hospital on the 8th of October, 1852. The lower part of the nose was very much swollen, and covered with a great many small round crusts. On some places, where the crusts had fallen off, the skin underneath was very red. All round this crusted place, the skin was evenly swollen. There were some isolated tubercles, of about the size of a pea, and covered with white scales. On the right side of the nose, and extending partly to the cheek, there was a circular ulcer, of about the size of a shilling, with sharply cut edges, a concave uneven surface, and a dirty yellowish-green secretion. The surrounding skin, to the extent of half an inch, was copper-red, thick, somewhat rough, and covered with crust, partly of a round, partly of an irregular form. That part of the mucous membrane next to the openings of the nose was partly excoriated, partly covered with a yellowish-green secretion; the other part of the mucous membrane was bright red, swollen, and secreted a thin watery mucus. On both forearms and on the left leg, there were a great many large, round, deep ulcers, with sharply cut edges and abundant secretion.

She had been previously treated in the hospital from June 13th, 1851, till July 15th, 1852. The symptoms from which she then suffered were: tubercula mucosa of the genital organs; a papulo-tuberculous exanthem extending over the whole body; affection of the throat; and withal an anæmic state. She had been treated with corrosive sublimate, iodide of potassium, mercurialunctions, and liquor Bellotti.

The treatment was commenced on October 17th, 1855, with iodide of potassium, which was at last given her in large doses. After having used iodide of potassium for more than five months, there was still a papulous exanthem on different parts of the face. The iodide of potassium was then stopped; and on April 2nd, 1853, she began aurum muriaticum natronatum (chloride of gold and sodium), which she continued for six weeks without any improvement. On the contrary, the above mentioned exanthem on

the extremities broke out again worse than ever. The gold was therefore also stopped; and she began a water-cure, with which she went on for two months, during which time the large ulcers on the extremities were healed; but there still remained a great many tubercles of various size, the tops of which were covered with crusts. The development of tubercles was, however, worst on the face; the nose, cheeks, and upper lip being entirely covered with them. These same places were also hypertrophied; and on the *ala nasi* there were phagedanic ulcers, which had already destroyed part of the substance. She was very like one suffering from elephantiasis Græcorum. Her general health was very bad; she was very weak, and always confined to bed.

On August 10th, 1853, syphilisation was commenced; and the inoculations in this case looked uncommonly well. Already, at the end of three weeks, the tubercles and ulcers of the face began to diminish. This improvement went on; and, at the end of six weeks, the ulcer on the nose was healed; but at the same time the ulcers of the right leg became worse, and were not healed until two months later. Seven months after syphilisation had been commenced, new ulcers appeared on the right leg; which, however, cicatrised after three weeks. For some time yet the inoculated matter continued to take but indifferently, all the syphilitic phenomena having vanished by degrees. Her general health, which had been gradually improving during the syphilisation, was excellent when she was dismissed from the hospital as cured, on July 26th, 1854. I have seen her several times since; and she has always expressed her particular satisfaction with the treatment.

It may be said that the treatment in this case was a very long one. But, when one takes into consideration that, after a still longer continuance of another treatment, the result had only been an aggravation of the local phenomena as well as of the general health, I think that no fault should be found with the length of time required for syphilisation. It must also be observed, that this case is the only one in which the treatment by syphilisation is known to have been so long.

It ought also to be mentioned, that she most anxiously asked to be syphylised, because she saw others lying in the same room with her improving much by being treated by syphilisation.

[To be continued.]

THE USE OF ALCOHOL. There can be little doubt but that the promiscuous prescribing of alcoholic drinks to patients by the medical profession has been the source of much drunkenness, disease, and death; and only by the astounding declarations made upon the temperance platform, by men who had experience alone for their guide, has the attention of the physiologist and the chemist been drawn to investigate the action of alcohol from a scientific point of view. So interesting, indeed, has become the inquiry, that medical men in England, America, France, Germany, and other countries, have lent their aid to solve the question whether the use of alcohol is, or is not, beneficial to the human body. Until very recently the medical press of the metropolis abounded with articles unfavourable to the total abstinence question, scientifically proving that alcohol was a necessary adjunct to the diet of man; but during the last few years medical men of talent and high standing in the profession in the provinces, as well as in the metropolis, have made the physiological action of alcohol a study, and have put forth many new and unanswerable deductions, proving that alcohol, as an article of diet, is always dangerous, and only to be taken under medical supervision. (*Dr. Munroe.*)

Addresses and Papers

READ AT

THE THIRTY-THIRD ANNUAL MEETING OF THE BRITISH MEDICAL ASSOCIATION.

[Held in LEAMINGTON, AUGUST 1st, 2nd, 3rd, and 4th, 1865.]

A CASE OF PROGRESSIVE MUSCULAR PARALYSIS, CHIEFLY OF THE PHARYNX, LARYNX, AND TONGUE.

By JOHN K. SPENDER, Esq., Surgeon to the Eastern Dispensary, Bath.

E. B. came under my notice as a patient at the Eastern Dispensary, Bath, on March 10th, 1862. He was a tall thin young man, 20 years old, with a pale and anxious countenance. He was so weak that I requested him to return home and go to bed, where I saw him a day or two after.

His history in brief was: that up to 10 years of age he was a remarkably short fat boy; that then he began to grow fast, and always ate very ravenously; and he attained his present stature of five feet ten inches when he was not quite 17 years old. Soon he became very thin, and proportionately weak—the thinness arising seemingly from loss of fat and loss of muscle; but he was able to work, and he had not suffered from any serious illness before he applied to me.

His chief complaint was of pain in the back, and of some numbness in the legs. I was informed that he had recently had two or three strange "fits," which I judged to be of an epileptoid character; they consisted of a short but complete insensibility, accompanied by a gurgling noise in the throat. There had been a progressive loss of power in the legs for some months, with impairment of the co-ordinating faculty.

The most noticeable symptom now, was a difficulty in swallowing solid food. This was the predominant and most distressing symptom throughout; and for a period of more than eight months before death, scarcely anything was swallowed except sugar dissolved in water. This he liked and craved for; about two or three pounds of sugar were consumed in a week. Now and then at rare intervals, he took a little tea and milk, but with evident nervous trouble; and when I persuaded him one day to try and swallow some biscuit powder and water, a fearfully suffocative spasm of the pharyngeal and laryngeal muscles was provoked, and he barked like a dog for several minutes. He had always pain in talking; his articulation was imperfect, because he could not make his lips meet; and he seldom spoke, except to express an urgent want.

There was no saliva in his mouth; his tongue at first was covered with white fur, but at length became very red and dry, and finally got exceedingly small in size. The pulse and respiration did not vary much, and bore to each other their usual ratio. The bowels were never moved without an injection of soap and water, which came away with a slight tinge of faecal matter. The average daily amount of urine was half a pint; its specific gravity was low, but in other points it was not abnormal. Nutrient enemata of port wine and beef-tea were not retained for a moment. The wasting was general and excessive, and was especially noticeable about the throat. A month

before death he measured only nineteen inches and a half around the abdomen at the level of the umbilicus. Consciousness was retained nearly till death, except during the epileptoid fits. He slept a little during the day, but during the night he usually lay in a kind of trance, with the eyes fixed. His intelligence was not injured in the least, for he knew every one around him, and he made signs when he could no longer utter a vocal sound. Great emaciation and weakness occurred towards the end of life; consciousness appeared to be gradually extinguished; and on January 8th, 1863, he died the plain and unequivocal death of starvation.

POST MORTEM INSPECTION. I was able to examine only the head, but every part of the brain and medulla oblongata was scrutinised with the utmost care. It is enough to say that, with the naked eye, and with the rough microscopic search which alone I am competent to practise, I could detect absolutely nothing wrong. Every portion of the contents of the cranium was small and atrophic, as if from defective nutrition; and in taking out the medulla oblongata, I thought that it seemed hard as well as small. But when at my leisure, I made every conceivable section of it, and found no extravasation, no exudation, no deposit of any kind; and when the microscope told me nothing more, I was driven to the conclusion that here at least was not the source of that remarkable wasting atrophy of which I have given a short outline.

POSTSCRIPT. I do not wish any inference to be drawn from this case as to the absence of lesion of nerve-centres in wasting palsy. All our present evidence points the other way, and nothing short of a most rigid and exhaustive microscopic scrutiny can ever be decisive.

LIFE INSURANCE AND SUICIDE.

By JAMES GEORGE DAVEY, M.D., Northwoods, Bristol.

You are aware that, with the view of encouraging habits of thrift and forethought, the Government has lately empowered the Postmaster-General, "acting on behalf of the Commissioners for the Reduction of the National Debt", to "insure the life of any person, whether male or female, who is not less than sixteen years or more than sixty years of age", for any sum of money between £20 and £100; the same to be paid "immediately after death to his or her representative or family." The adoption of such a scheme of life insurance, and "under the authority of Parliament", is at once good evidence of the recognition in high places of a sound principle of action, as well as of an amount of social advancement which must and will promote the best interests of our time and race, in so far as civilisation is concerned.

I have read through the "Plain Rules for the Guidance of Persons desiring to Insure their Lives" with no slight satisfaction. There is, however, one item to which I desire to draw your especial attention; because I believe it has been conceived and planned in ignorance of the laws of medical science, and is not, therefore, in harmony with the everyday facts of pathology. The item referred to runs thus: "If any person whose life the Postmaster-General has insured shall die by his own hands.....he will by so doing cancel the contract made with him, all the payments made by him will be forfeited, and no payment will be made to his or her family or representatives." This is, without doubt, a hard case; it requires only to be calmly and fairly stated in the proper quarter to receive the best attention.

It is evident to my mind, that the above sentence was penned with the conviction that suicide is voluntary; that the act of self-destruction by hanging, or drowning, or by the infliction of a mortal wound, etc., is one involving a free and normal will. It is not in my power to assent to such a doctrine. I would submit for the patient consideration of those who hear me, that the act of suicide bears a very different interpretation to that so generally insisted on; that, in fact, it is, at all times and under all circumstances, nothing more nor less than an indication—and a very sure one, too—of active brain disease, of, in one word, insanity. If you will be at the trouble to go over an old file of newspapers, and pick out the suicides therein recorded; to read these carefully and critically; you will find an abundance of evidence in favour of my proposition; viz., that suicide is always a form of madness. More even than this; if you have the necessary patience, and will collect the scattered cases of *felo-de-se*, so called, through any given number of years, and be at the pains to investigate these—i.e., to find out, by private inquiries, the antecedents of the parties most concerned, their nature and tendencies, both those remote and proximate—you will, ere long, be assured that no man, nor woman, nor child, ever commits self-destruction, unless he or she is the subject of cerebro-mental disorder.

It cannot be too well known that the tendency to suicide, not less than that to homicidal acts, exists, not infrequently as a monomaniacal form of insanity; and that this assumes, from time to time, and under peculiar circumstances, a paroxysmal or recurrent character; lasting, it may be, but for one or two hours; or, it may be, days. But, more commonly, the suicidal propensity exists as the one dominant or "master passion" in him otherwise insane. The former kind of disorder is, however, the worse, the more difficult to detect, and the more hazardous to treat. Patients so afflicted are staggered at themselves, and become a prey to their unbidden and evil thoughts. They feel ashamed of and shocked at the oft-repeated suggestions to self-murder which so press on them; and they strive, therefore, to effect a concealment of such suggestions. Such patients do not, indeed,

"Fear their hearts upon their sleeves

For dawsies' peck at."

But, very frequently, though suffering much that is known only to themselves, go about their daily pursuits, incurring their ordinary and routine responsibilities; hoping, and praying too, that relief, in some one or other shape, may come to them. I have known such recover; and then, but not before, recite their dread experiences and too painful promptings to suicide. Others, not unlike them, have been brought to my attention, in whom I have detected, not so much by the speech, as by the eye and countenance, the gait and manner, the hidden and painful secret of the mental life. This primary or monomaniacal form of suicidal mania it is which, becoming complicated with, or terminating in, attempts at self-destruction, furnishes the daily press with so large a quantity of sensational matter; and, what is more, occurring not unfrequently to the head of the family, plunges the domestic circle into a sudden and widespread grief.

Cases of this kind are every now and then occurring in my practice. Concerning two such have I been consulted within the past six days. The first, a young man, under the care of Mr. Crossman of Hambrook, aged 23, losing his usual activity and spirits, and becoming silent, morose, and *distract*, appeared statue-like and as if spell-bound with sudden and severe emotion. He spoke not, neither did his countenance vary whatever was said to him;

until, suspecting the nature of the case, I said, "You have, I think, a deep and painful struggle going on within you; you feel frightened do you not?" He replied, in a hesitating and anxious voice, "I have." "You are prompted to do yourself an injury?" His answer was, "Aye, that is it." Now, this is but one of very many cases of primary or monomaniacal suicidal insanity which have come to my close and immediate knowledge within the past two or three years. The second case alluded to, I saw with Mr. Aug. Prichard of Bristol. Here the symptoms pointing to suicide were not concealed. This lady appeared low-spirited, and not in good bodily health. She spoke rationally, and confessed to the persistence of certain delusive feelings; and described accurately and well the tendency she experienced from time to time to do herself bodily harm.

The annexed brief notices of the same disorder will further illustrate the grounds on which I would rest my conclusions, as herein submitted to you.

Within a short time, a highly respected tenant-farmer, a man whose health is, for the most part, good, living some four or five miles from me, awoke suddenly about 6 A.M. after a restless night. He felt, as he said, very nervous and uncomfortable; he "didn't know what could be the matter." (These were his words.) However, he lost no time, as he informed me; he threw on his clothes, and ran rather than walked to Northwoods; fearing, as he hurried on, that he should yield to the temptations of his too deranged mind, so suddenly and completely frenzied by the suicidal propensity. His appearance, excited, restless, and crying, alarmed my servants; I was called up. On entering the room, he reached his hands towards me, exclaiming, "I shall do it; I shall do it; pray, save me; oh, save me." I learnt that for some previous days he had been indisposed, and had therefore consulted Mr. Salmon of Thornbury. I attended the poor fellow with Mr. Salmon; and under the use of purgatives, ant. tart., and appropriate baths, etc., he very soon got well.

I admitted at Northwoods, in the summer of 1864, a young lady, the subject of mania. In January of this year, she seemed sufficiently well to leave and join her family circle. As a matter of prudence, however, she left on trial. She was away seven days only. In the evening of the seventh day, she presented herself for re-admission; begging me to receive her at once, because, as she confessed, she felt so very unsafe away; and that she was confident if she had remained at home she must have thrown herself out of that very high window—meaning a particular one on the top of a certain staircase. It is for cases similar to these described in whose behalf I would now plead.

Rely on it, Mr. President, we do wrong to take objection, as is done, to the ordinary verdict of "temporary insanity" given in the general run of cases of suicide in our coroners' courts. Nor do we less wrong when, as too frequently happens, we accept as fact and truth that other verdict *felo-de-se*, with its barbarous surroundings, and which from time to time still disgrace—if I may be allowed so significant an expression—the finding of coroners' juries.

If, then, the foregoing facts are worth anything, and if the position taken and the line of argument adopted are of any practical value, it is (as it must ever be) apparent to each one of us, that the "Plain Rules for the Government Insurances" demand a very especial modification; and, what is more, that it is a paramount duty of the Postmaster-General to use his best endeavours to negative that part of Rule x (page 10), which says: "If any person whose life the Postmaster-General has insured shall die by his own hands, he will by so doing cancel the contract

made with him; all the payments made by him will be forfeited; and no payment will be made to his family or representatives."

"Shall die by his own hands"—awful words these; but what man of the many hundreds who have already insured their lives with the Postmaster-General's assistance can say, "I will not so die"? Why he only who lives independently of the natural laws; and where can such a mortal be found to have existence? A or B is in health and good spirits; he enjoys that richest and best of all treasures the *mens sana in corpore sano*. He does his best, as a good and faithful citizen, to provide, in case of death, for those near and dear to him, and who will most likely survive him. His life is insured for £100. Little reck he of the far off future—its associations or consequences to those fated to be left behind him. Disease one day overtakes him—not pneumonia, or erysipelas, or acute heart-affection, but insanity of a particular and exceptional form. He is the subject of cerebro-mental disorder; the presence of which involves a deeply seated, hidden, and mysterious propensity to suicide—a propensity which in itself lies at the very root of all other and accessory mental suffering in him; being the cause, and not a mere attendant or a consequence, of the dreadful melancholy which afflicts him. A or B is said to be simply low-spirited. His friends not unlikely laugh at him, and so try and hope to rally him; but all in vain. No one thinks, it may be, to call in medical assistance. Reaction takes place occasionally, and then he is himself again. A relapse occurs; and again he yields himself up, but involuntarily, to the heavy nightmare of his deranged thoughts and impulses. Abnormal action progresses; the disposition to self-destruction gains in strength and endurance; and a painful and self-sought death is the climax—the sad and fatal result of disease which came not at the bidding of A or B, but in spite of his hopes and prayers to the contrary.

The unhappy victim of an all-powerful organic law has passed from among us; the fond father or the affectionate friend is no more. The good intentions of A or B towards his heirs and successors are frustrated; his once cherished hopes have borne no fruit. All is blank. Poverty fills the already dread cup to overflowing; want is added to grief. The Postmaster-General declares the premium forfeited by the act of suicide; and so ends this fearful tragedy. But this must not be. For charity sake—for justice sake—for science sake—this one "plain rule" will be amended.

You will, I am sure, perceive that I have raised this question solely on public grounds, and with no kind of sympathy with it as a mere party affair. I desire to be understood as anxious only to establish and maintain the strictest measure of justice as between the insuring and the insured—nothing more nor less. But how can this be, it may be asked, if the latter, prostrated by disease and impelled to self-destruction, is rendered so responsible for his involuntary act as to be denied—in the persons of his wife and children, for example sake—the pecuniary provision he *bonâ fide* purchased, say five, ten, or twenty years before his decease? It may be replied: The contract is a fair one, inasmuch as A or B was well informed of the several "plain rules" or provisions (including that one relating to suicide) set forth for "the guidance of those insuring their lives through the Postmaster-General." But this plea falls short of the difficulty. The insured *chose* not the dread act which cost him so much, and his wife and children, it may be, more.

In conclusion, I would suggest to this meeting the desirability of the omission henceforth from the

"rules" of this suicidal clause; because simply suicide, if regarded from a medical point of view, ought no more to concern the Postmaster-General, or the Government which he represents, than ought the fact of the death of one insured from a fractured skull or a broken leg, typhus fever, erysipelas, heart-disease, or what not; or because the Postmaster-General might, with equal scientific truth and justice, declare a "client's policy invalid"—i.e., avoided—by death from any more ordinary and casual disease or accident, as from suicide; seeing that this act, like the occurrence of fever or of any other fatal malady, is not due to the will of him afflicted, but is brought about independently of it—i.e., the will.

Let it be well remembered by those in and out of the profession, that the act of suicide is ever a mere external or objective sign or symptom of an internal and subjective disease.

Original Communications.

UTERINE HYDATIDS.

By THOMAS MELLOR, Esq., Manchester.

IN a recent number of the BRITISH MEDICAL JOURNAL, there is recorded an interesting case of uterine hydatids recurring in four successive pregnancies, met with in the practice of Mr. Osborn of Dover. About a fortnight ago, a precisely analogous case came under my own observation.

Mr. Cartmel, surgeon, of this city, requested me to see with him, in consultation, Mrs. W., an apparently healthy married woman, of about 25 years of age, and the mother of one child—at this date, perhaps, thirteen months old. Three menstrual epochs having passed, and several of the ordinary phenomena of pregnancy having manifested themselves, she naturally concluded that such was her condition. At this period, she began to experience slight discharges of blood, accompanied by irregular uterine pains; but not to the extent of interfering with her ordinary domestic duties, or even inducing her to forego a considerable amount of out-door exercise. So lightly, indeed, did she estimate this state of things, as even to pay a visit in the country, under an impression that she would be benefited by the change. For a period of six weeks, there were frequent recurrences of pain and sanguineous discharge, culminating at length in a more profuse flow, and the simultaneous expulsion, mixed with large coagula, of a mass of cysts, varying in size from that of a grape to others much more minute, the latter being attached by very delicate pedicles to the larger ones. A vaginal examination made at this time disclosed nothing beyond a slightly patulous os uteri, and the presence of some small coagula. For two or three successive days the discharge persisted, though in gradually decreasing amount; and our patient was soon restored to her usual health; the only remedy employed during the sanguineous loss being an infusion of the secale cornutum, with tincture of opium.

A subsequent and more leisurely examination of a few of these clusters of vesicles, some of which, as I have before remarked, resembled a grape, both in form and size, with extremely delicate capillary vessels on their exterior, afforded an interesting example of what has been designated "cystic disease of the chorion," or "hydatid mole".

In the second volume of Mr. Paget's *Lectures on Surgical Pathology*, at page 62, may be seen a drawing of this form of proliferous cyst, which pre-

sents an exact counterpart of my own case. In that instance, as in mine, "a part, or it might be the whole of the chorion, was covered with pellucid vesicles, with limpid contents, borne on long, slender, and often branching pedicles."

Such was precisely the case with the specimen which I brought home; for, on suspending a small cluster of these vesicles in water, the above characteristics were beautifully exhibited; clearly placing them in the category of proliferous cysts, with exogenous growths "projecting from the exterior walls of the parent"; and thus distinguishing them from hydatids properly so called.

I ought, perhaps, to add, that in the above case, as in that of Mr. Osborn, no vestige of an embryo could be detected.

CHOLERA.

By JAMES GARDNER, L.R.C.P. Ed., Bungay.

THE spreading of cholera on the continent, the prevalence of zymotic diseases, the disease amongst cattle, all shew that it is not at all unlikely we may yet have a visit from cholera in an epidemic form. We are told not to be alarmed; and that the chief way to prepare for the disease is, to adopt strict hygienic measures, to be careful in diet, cleanly in person. This advice is very good; and, no doubt, if every one were to act up to this, there would be no such thing as cholera or any other infectious disease known; but, unfortunately, there are many of us who are living in neighbourhoods amongst people who will not act up to these laws, and are thus in a fit state to succumb to the disease and then propagate it to their neighbours.

It is well, then, to be prepared; as when the disease does come, it is generally so sudden, and creates such a panic, that it requires all the energies of the medical man to meet it with firmness and self-reliance. I propose stating my experience of the disease, and the treatment which I intend to pursue should any cases unfortunately occur in my practice. At the same time, I court inquiry from others who may probably differ from me, and have had as much experience.

I can remember the occurrence of the cholera in this country in 1833, during the first year of my apprenticeship. The town in which I then lived contained between 3000 and 4000 inhabitants. It was in a healthy situation; and the sanitary measures were, as to drainage, etc., tolerable; but, as is usually the case in almost all towns, there were low filthy localities which at that time could not be reached; and here it was that the disease first broke out, afterwards attacking several of the higher classes in the neighbourhood. Amongst the number was the wife of the medical man to whom I was apprenticed, who died in about twelve hours. The treatment pursued, as far as I can remember (as I have no notes), was the hot air bath, mustard plaisters, and stimulating liniments externally, with opium, stimulants, chlorate of potash, and bicarbonate of soda internally. The average mortality to the cases attacked, I do not remember.

The next time I saw the disease was in Bombay in the year 1843. I was then acting as surgeon to an East India ship. The natives on shore were dying at the rate of four or five hundred a day. There were several cases amongst the English shipping. We, however, escaped with only one man attacked—a drunken character, and one who would be thought

most likely to succumb to the disease, but who recovered. My treatment consisted of calomel and opium, with ammonia and ether as stimulants, mustard plaisters, and frictions with oil and turpentine. I could not find out the treatment pursued with the natives on shore. There was a preparation used amongst the Europeans called "Taylor's drops," said, like many others, to be a specific and a sure cure; but I afterwards found it on trial to be useless. I believe it to be a preparation of opium with stimulants, which will, in some of the lighter cases, answer. Amongst the natives, in the majority of cases of cholera, there is no treatment at all adopted. Having no stamina, and being fatalists, they very soon succumb; and if one attempt to do anything, all the reply is, "No use, massa, must die"; and die the patient will, whether with cholera or any other disease.

In the years 1846 and 1847, I made two voyages with Coolie emigrants from Calcutta to Demerara. In each voyage, there were about three hundred emigrants on board; and each time cholera broke out during the passage down the River Hooghly, the time occupying about three days and nights. The Government regulations allow four native doctors during the passage down the river, and an interpreter the whole of the voyage. The situation is by no means enviable; to be shut up in a ship with the cholera raging, knowing the language imperfectly, and the native doctors as frightened as the poor emigrant natives, and worse than useless. I find, on referring to my journals, that, in the first voyage, out of sixteen cases where collapse set in, twelve died. When there was only diarrhoea with some bile present, cramps light, and no collapse, as a rule, they recovered; and directly we got to sea no fresh cases occurred. In the second voyage, there seven deaths in fourteen collapse cases, and quite as many lighter cases; but more care was taken in looking after the emigrants during the passage down the river, to prevent their drinking the water alongside or concealing raw grain about them. Besides, I was determined to act on my own responsibility, and refused the assistance of the native doctors. There were several causes to predispose the natives to catch the disease. The majority of them were brought down from the country, several miles inland, away from their friends and relations, and put on board the ship, where everything was strange and different from their usual customs, which tended to depress the mind. Drinking the water alongside and eating raw grain likewise added to the mischief. The way in which the disease attacked individuals was strangely perplexing. Not those nearest to, or in attendance on, the patient were the next attacked; but it would be one quite at the other end of the ship, and, in some instances, the most healthy-looking of the lot. Sometimes a man would be cut down like lightning, rice-water stools gushing from him, with vomiting and spasms, collapse at once, cold surface, no pulsation, and death occurring in three or four hours. These sudden attacks in this manner were invariably fatal, and no treatment seemed to have the least effect; in others, there would be spasms and vomiting without purging; and there would be again purging and vomiting with no spasms. There were scarcely two cases exactly similar. The treatment was the warm bath immediately, friction with warm turpentine and oil and mustard poultices externally, calomel and opium with ammonia and ether internally, cold water to drink, with a little brandy and soda when acidity was present, or thin gruel with nutmeg or ginger grated in it. The captain and mate of the ship wished very much to try "Taylor's drops", saying that they never knew the remedy fail. I thought it

fair to give it a trial; it was perfectly useless, and soon given up.

On my return to England, I found that the cholera had visited this country in 1848 and 1849. One of my brothers died from the disease; and, from what I could learn, in a state of narcotism from over-dosing with opium.

During the first voyage, no European was attacked on board; but during the second voyage, on the evening of the first day after getting to sea, when no fresh case had occurred amongst the emigrants, and I began to think we were safe, G. G., an apprentice, eighteen years of age, who had been very useful in assisting with the cholera cases, was suddenly struck down on the deck, as if by lightning, about eleven o'clock at night, and went through all the phases of the disease in its worse form. At four o'clock in the morning, he was a corpse. He was a strong, muscular lad; and the spasms and cramps were very severe. This was one of those cases where the poison seemed to act in its most deadly and overwhelming form. The rice-water evacuations came from him in gushes; and there was constant vomiting, followed by cold whispering voice, shrunken features, blueness of the nails, cold perspirations, scarcely perceptible pulse, and suppressed urine. There was a slight attempt to rally after coming out of the brambath; but he soon relapsed, and gradually sank, sensible to the last.

As to treatment, what would be most rational, taking into consideration the pathology of the disease? Here we have a certain poison, which seems to attack in overwhelming force the sympathetic system, the great solar plexus, and that part of the nervous system which presides over secretion, as shown in the total suppression of urine and bile, and absence of warmth. The constant liquid evacuations seem to drain all the fluid part from the blood, which becomes stagnated and unable to circulate. What we require, then, is to excite reaction, and restore the secretory action of the liver, kidneys, skin, and secretory organs. After reading many reports on the treatment of cholera in 1848 and 1849, I prefer a report from Dr. Wilson of cases which occurred in the Haslar Hospital, as it coincides in every way with my own experience; although I differ from him with regard to his views on contagion. I therefore quote the following, as chiefly taken from his pamphlet.

He divides the disease into—1. Cholera abilisosa—no bile passing; 2. Cholera biliosa—where some bile passes; 3. Choleraic diarrhoea—diarrhoea with occasional spasms; 4. Convulsive colic—diarrhoea with colicky pain in the bowels, and sometimes followed by constipation.

In the treatment of collapse cases (cholera abilisosa), he recommends "warm bath (100° to 112°), diligent frictions of the abdomen and extremities. This is generally followed by reaction, and abatement of cramp, at least for a time. Then give two grains of calomel every hour or half-hour, and half a drachm of turpentine in two ounces of mucilage, repeated every one or two hours; and an enema of two ounces of oil of turpentine, two drachms of laudanum, three ounces of mucilage, and about half a pint of camphor mixture, repeated according to circumstances. Friction should be applied to the cramped parts constantly and forcibly, with turpentine and olive-oil. When the vomited fluid is sour, give carbonate of soda in water to drink; mustard sinapisms should be applied to the calves; and, where the pulse is moderately firm, and the spasms are universal, blood may be taken from the arm. Bottles of hot water should be kept in bed to various parts of the body. A rubefacient was found by Dr. Wilson useful, con-

sisting of an ounce each of strong mercurial ointment and cantharides ointment, with half an ounce of oil of turpentine, well mixed, and applied over the abdomen. The calomel and turpentine draughts should be given at first every half-hour in violent cases, and less frequently as the symptoms abate, being suspended when bilious vomiting sets in, or the tendency to collapse is overcome. At first, one drachm of tincture of opium was given in some aromatic; but it was usually rejected, and experience proved that it did no good. The treatment of bilious cholera, febrile diarrhoea, and convulsive colic, is similar in all cases, consisting of three grains of calomel and one of crude opium, repeated every second, third, or fourth hour, according to circumstances. Cathartics are often required in colicky affections, with occasional bleeding by venesection or leeches. This treatment was uniformly successful. It appeared that, when there had been precedent diarrhoea, with a gradual progress to the collapsed state, there was a much better chance for the patient than when the disease, in overwhelming force, fell upon him at once. When, soon after eating a hearty meal in perfect health, the subject becomes in an instant faint and giddy, with a rush of fluid from the stomach and bowels, shrinking features, fluttering pulse, coldness of surface, tongue, and breath—struck down, as it were, by electricity; and when there soon follow the upturned ecchymosed eye and whispering voice—when the disease thus set in, it is doubtful whether art has any power to arrest or materially modify its fatal career. Such, at least, is the impression from what was observed in my own practice and many others; and such, without questioning what has been alleged to have been done by others, or disparaging the means they employed, it is apprehended, will be the conclusions of most observers elsewhere."

Such are the observations of Dr. Wilson—sensible, practicable, and not overdrawn; the last being an exact description of the case of the apprentice, G. G., formerly described in my own cases.

During the last fortnight, I have had four cases verging on cholera. The first two were choleraic diarrhoea, which abated by treatment with calomel and opium, combined with dilute sulphuric acid and ether. Another case was one of colicky symptoms, and confined bowels following: I gave castor oil and cathartics. The last case was a more decided case of cholera, and only wanted the spasms and cramps to make it as severe as Asiatic cholera; the purging, sickness, and vomiting being very violent, and no bile for a time passing in the evacuations, but blood with mucus only passing. In this case, fever came on with great prostration, which often follows the attacks of this disease.

In Dr. Wilson's cases, out of forty-nine cases of cholera albiliosa, he reports fifteen deaths, twenty-six recovered, and eight convalescent. There were ninety-one cases included in the other forms of the disease, but no deaths.

I did intend making some remarks on the subject of contagion and the origin of the disease, but will postpone it until a future time, when I intend offering some remarks of my experience of fever.

MR. WILSON THE ANATOMIST. For learning anatomy, Mr. Wilson's school in Great Windmill Street afforded much better opportunities than that of my former teacher. He had a most profound knowledge of his subject, and his demonstrations were very far superior to those of any other anatomist of that day; and I may, I believe, add, to those of any one since. (*Sir B. Brodie's Autobiography.*)

Progress of Medical Science.

SURGERY.

BLENNORRHAGIC CONJUNCTIVITIS TREATED BY ALCOHOL. A man aged 22, suffering from purulent gonorrhoeal conjunctivitis in the left eye, was admitted into La Pitié under M. Gosselin. The eye had been affected five days. On admission, the eyelids were swollen, red, and glossy; their edges were agglutinated by thick yellowish pus. There was intense photophobia. The palpebral conjunctiva was red and thick, and its lower *cul-de-sac* contained a large amount of pus. The conjunctiva of the eye was much injected, forming a considerable chemosis around the cornea, and presenting on its surface purulent deposits. The cornea was healthy, transparent, and neither ulcerated nor opaque; the anterior chamber and iris were healthy, and the pupil regular and moveable. The patient complained of severe pain around the orbit. The right eye was healthy. The patient had had gonorrhoea nearly a month, when the eye became inflamed; but he could not tell how or when it had become inoculated. The next day, the treatment was commenced by injecting every two hours a mixture of one third of spirit in two-thirds of water; the eyelids being held apart, the injection was applied by means of a small glass syringe. The first application produced severe pain, which lasted about ten minutes. In the intervals between the injections, cold water dressing was applied. Three days afterwards, the condition of the eye was much improved; and the patient was ordered to keep applied to the eye a mixture—one-third as strong as that already described, and to have the injection used three times a day only. Ten days after the commencement of the treatment, the cure was complete. Notwithstanding every precaution, the conjunctiva of the right eye shewed some injection and redness, but this soon ceased on the application of compresses dipped in a mixture of one part of spirit and three parts of water. (*Gaz. des Hôpît., and Bull. Génér. de Théor., May 30, 1865.*)

VESICAL ABSCESS: DISCHARGE OF GAS FROM THE BLADDER. Madame R., a healthy woman, aged 26, consulted Dr. Léon Marie on account of frequent and painful micturition, which prevented her from sleeping at night. Whenever she passed urine, the flow was preceded, accompanied, and followed by discharges of gas *per urethram*. The urine was very thick, and fetid; and yielded a copious muco-purulent deposit. She had never had a fall nor contusion, nor had any foreign body ever been introduced into the bladder. There was no pain on pressure over the hypogastrium; no tension of the abdomen; and nothing remarkable was found on the part of the vagina. The patient refused to allow a catheter to be passed; but, some time afterwards, her sufferings having increased and her general health becoming markedly impaired, she consented. On attempting to introduce a catheter, a resistance was experienced, which was suddenly overcome, when a quantity of fetid gas and frothy urine escaped. No calculus, polypus, or fistula could be discovered; but the openings of the catheter, when withdrawn, were found plugged with a dark green and very offensive pus. Some warm water was injected, and brought off blood and masses of semiconcrete pus. A phlegmonous abscess, says Dr. Marie, which had long lain at the internal orifice and had been partly absorbed, had been opened. The patient after this passed a quantity of fetid

sanguineo-purulent matter; but her urine gradually became healthy, she was free from pain in passing it, and her health was completely restored. She had not been able to micturate without pain for more than a year. (*L'Union Méd.*; and *Gaz. Méd. de Lyon*, July 16, 1865.)

GUNSHOT-WOUND OF THE BLADDER. Dr. Van Buren of New York relates the case of L. L. J. a merchant, aged 40, of good constitution, who was shot through the bladder during a riot on July 16th, 1863. The accident occurred at 5 P.M.; and, as he had not emptied his bladder since 9 A.M., the organ was distended. Half an hour after the injury, Dr. Van Buren found him pallid and moderately collapsed. He stated that, when struck, he felt as if a football had hit him in the abdomen; and that, on putting his hand to the part, he found himself deluged with urine. There was a wound an inch and a half to the left of the median line, and two inches above the brim of the pelvis. The forefinger could be passed to its full length into the wound, and moved freely in any direction in a cavity behind the abdominal walls, but nothing could be distinguished but coagulated blood. Nothing abnormal could be discovered from the rectum. The bullet (an ounce musket-ball) was found under the skin of the right buttock, about an inch above the ischiatic notch; it was removed through a simple incision, which healed in a week. The abdomen was soft, natural, and not tender; there was slight pain; there was strong and frequent desire to pass urine, but none came through the urethra—a little escaping from time to time through the abdominal wound. It was decided not to introduce an instrument *per urethram*, but to favour the escape of urine through the wound; and to give a fourth of a grain of sulphate of morphia every second hour, with beef-tea, and a moderate amount of ice and water. The only dressing applied to the wound was a moistened rag. The progress of the case was unattended by any unfavourable symptoms; the morphia was suspended on the eighth day, when half an ounce of castor-oil was given, which produced two copious stools, unaccompanied by pain or blood—the first since the wound was received. On the seventh and eighth days, he passed some urine by the urethra; but, as it was followed on one occasion by a severe pain in the right thigh, he again emptied the bladder through the wound until the fifteenth day, from which time he voided urine every three or four hours by the natural passage. The wound, which had become coated with urinary salts, now became clean, and on the twenty-second day was quite healed. (*New York Medical Journal*, May 1865.)

REMOVAL OF A TUMOUR BY ELECTRO-PUNCTURE. Dr. Fischer of Innsbruck relates a case in which he successfully followed the example of M. Nélaton, in treating tumours by electro-puncture. (See *BRITISH MEDICAL JOURNAL*, vol. ii, 1864, p. 167.) Dr. Fischer's patient was a man aged 40, previously in good health, who in November 1864 began to experience difficulty in deglutition on account of a swelling, which grew rapidly, on the left side of the œsophagus. On his admission into hospital (February 25th, 1865) he was emaciated; his skin was of an earthy colour; and his countenance anxious. A large tumour grew from the left wall of the pharynx, and pushed the soft palate aside so that the uvula was in contact with the right molar teeth, and the lower molars on the left side pressed against the palate. The extent of the tumour could not be accurately made out by digital examination. On attempting to introduce an instrument through the nostrils, its passage was obstructed

on the left side. The patient's speech was unintelligible, and his breathing difficult; he could swallow fluids with difficulty, and solids not at all. The tumour was not tender on pressure; but he sometimes had violent spontaneous pain in it, and was troubled by its pressure on the trachea. There was no swelling of the lymphatic glands. Extirpation by the knife or ligature being apparently impossible, Dr. Fischer, on February 26th, introduced deeply into the tumour, through the soft palate, two needles connected with the poles of a Grove's battery. The position of the needles was changed at the end of six minutes, so that all parts of the tumour might be brought as far as possible under the influence of the current. The operation lasted twenty minutes. The patient felt a slight burning when the current was passing. On the following night, he had no sleep on account of violent pain in the swelling and increased dyspnoea; and on the next morning the tumour was found enlarged, and the punctures ulcerated. Electro-puncture was repeated on March 3rd. This was followed by increase of the pain, dyspnoea, and dysphagia. From March 5th to 27th, the symptoms were: extensive sloughing of the punctured orifices, an intolerable odour in the mouth, infiltration of the cervical lymphatic glands, and violent fever. In spite of partial sloughing, the tumour gradually increased; and at the end of March the uvula was pushed between the teeth on the right side, deglutition was impossible, and the patient was in the highest degree exhausted. On March 29th, the application was repeated. From this time, the tumour gradually diminished, and there were less dyspnoea and dysphagia. The electro-puncture was repeated on April 6th and 25th, and on May 17th; and at the end of May the patient was convalescent. An examination was made on June 2nd, with the following results. There was no tumour; but some thickening of the left wall of the pharynx could be felt. The ulcers which had formed at the punctured parts were cicatrised; and the uvula (from which a small portion had been bitten while it lay in contact with the teeth) was in its normal position. The man's speech was perfectly intelligible; and there was not the least difficulty in deglutition or in respiration. (*Wiener Med. Wochens.*, August 2, 1865.)

POWDERED TALC AS A DRESSING. Dr. Gouyon recommends powdered talc (silicate of magnesia and alumina) as a dressing for burns. It is, he says, unaffected by temperature; when applied, it calms pain, cleanses the wound, and excites a rapid growth of healthy granulations. It is also applicable to wounds of any kind and in any situation; and it may be combined, according to the indications, with chloride of lime, tannin, alum, calomel, quinine, etc. The powder is dusted over the part with a dredge. Talc is also, Dr. Gouyon says, an excellent styptic in cases of venous and capillary hæmorrhage; such as the bleeding from leech-bites and epistaxis. (*Gaz. Méd. de Lyon*, August 1, 1865.)

TREATMENT OF NÆVUS. Nævi, says Professor Zeissl, may be removed by caustic potash when they are no larger than hemp-seeds; and by vaccination when they do not exceed the size of a bean or hazelnut. He employs tartarised antimony when the dimension of the nævus is not too great. Sixteen or eighteen grains of tartarised antimony are mixed with about forty-five or fifty grains of diachylon plaster and laid on the nævus, being secured there by strips of gummed paper. Suppuration is established in five or six days; and a crust is gradually formed, which falls off, leaving a quite superficial cicatrix. If the suppuration be very abundant, the

application is removed, and the wound covered with oiled linen. On the other hand, if suppuration be tardy, the application may be allowed to remain. Dr. Zeissl states that he has used this treatment both in adults and in children at the breast, without producing the least pain. (*Wochenbl. der k. k. Gesellschaft der Aerzte in Wien*; and *Gaz. Méd. de Paris*, August 5, 1865.)

British Medical Journal.

SATURDAY, SEPTEMBER 16TH, 1865.

THE CATTLE-DISEASE AND TYPHUS: A CONTRAST.

THE bovine epidemic, having called forth a host of suggestions for its prevention, treatment, or arrest, has received the attention of the Lords of the Privy Council; by whose direction a highly important document, of which some passages are given on another page of this JOURNAL, has been drawn up by Dr. Thudichum.

In the "memorandum", after defining the term "disinfection", Dr. Thudichum grounds his instructions upon the contagious nature of the cattle-disease. Various parts of the animal, some more than others, may convey the malady, which is specific to the ox tribe; but there seems reason to believe that the intestinal discharges are the main bearers of infection. Any person, animal, or thing, with which the diseased cattle, or any portion of them or of their excreta may have come into contact, must be regarded as a possible source of further propagation of disease; and, lest there should be room for overlooking any such source of infection, Dr. Thudichum has given a minutely detailed list of articles which come within this category. For the list, which is of considerable length, we must refer to the daily papers of Wednesday last; but in reference to it, we would observe, that it raises important suggestions as to the origin of those occasional outbreaks of zymotic disease, which cannot be traced to an obvious origin, and which are therefore sometimes regarded as spontaneous. If the very ground on which a diseased animal has stood or walked, and the clothes, boots, or shoes, of persons passing over such ground, are correctly regarded as possible sources of infection, may not the dust of one's feet itself, that have, however unwittingly, trodden over infected ground, be sufficient to convey the germs of disease, and to light up an apparently unaccountable outbreak? We commend this question to the consideration of those who believe that such a disease as the cattle-plague can arise otherwise than from the direct application of the contagious material.

The means of disinfection advised by Dr. Thudichum are burying, burning, and the use of chloride

of lime; and the manner in which these are to be severally employed, and the classes of articles which are to be subjected to them, are given with minuteness. Of chloride of lime as a disinfectant, Dr. Thudichum thinks highly.

"It is the most powerful, the cheapest, and most easily managed of all artificial disinfectants..... It should as much as possible be applied in solution, of a strength somewhat varying with the particular purpose for which it is to be employed; and, after it has been allowed to act upon the surface or matter to be disinfected a reasonable time, should be washed off, together with all products of decomposition. As chloride of lime does not destroy only the infectious matter in a mixture, but destroys all organic matter without distinction, it is not applicable to large quantities of matter..... It is further inapplicable to all matters rich in ammonia, particularly putrid urine, as it destroys the ammonia and evolves a large amount of gases, some of which have a repugnant odour, and are, perhaps, not quite innocuous. But for the disinfection of surfaces of things and places, no better or more suitable agent than chloride of lime is at present known to science."

Of no less importance than the use of chloride of lime in the manner described by Dr. Thudichum, appears to be the thorough ablution of all the surfaces to which it has been applied, and the careful removal of the tainted water; and not only are the infected surfaces, but the tools employed in cleaning them, and finally, the persons and clothes of the workmen employed, to be submitted to a like process of disinfection and cleansing. No more minute directions under this head could well be given, than those which are laid down by Dr. Thudichum.

Still further acting on the principle of precaution, the memorandum recommends that disinfecting processes should be applied to all live stock newly bought, even though it may have shown no symptom of disease; and, when a case of the disease has occurred, the animals which remain healthy, or apparently so, should be disinfected. An animal, Dr. Thudichum remarks, may carry the poison in a dormant state on some part of its body, and thus even infect others without being itself infected. Even if this were not capable of absolute proof, the advice to use precautionary measures is not the less valuable.

But, according to Dr. Thudichum, safety is not absolutely ensured by washing with chloride of lime or Condy's fluid, followed up by water; the animal must be placed in quarantine in an isolated part of the premises for ten days, "in order to afford the security, to be obtained by observation alone, that it is not actually infected with plague." The necessity of adopting both these measures, Dr. Thudichum demonstrates thus.

"While disinfection of the surface of cattle removes one kind of danger, another which cannot be removed can only be kept circumscribed or penned in; and this is done by the quarantine shed. But the keeping of cattle in the quarantine shed would not disinfect its surface with certainty even during a much longer period than ten days; disinfection of the surface,

therefore, cannot supply the precaution of the quarantine shed, and a rigorous quarantine cannot supply the effect of surface disinfection. Both precautions are necessary for perfect security, although either of them, without the other, obviates a particular kind and a certain amount of danger."

As another means of precaution, Dr. Thudichum recommends that all those who visit sheds containing diseased or suspected cattle, or quarantine sheds, should put on a special safety dress when entering the place, and take it off on leaving and have it at once disinfected; and that no strangers should be allowed to come into contact with cattle unless clothed in a safety dress.

A series of elaborate instructions then follows as to the means to be adopted when the cattle-disease has actually occurred. The manner of disposing of the animals, whether alive or dead; the means to be adopted for preventing their excreta from being carried about and thus becoming sources of infection; and the disposal of all excreta in meadows, roads, etc., are carefully described. The memorandum concludes with some words of advice to persons having charge of cattle, which, *mutatis mutandis*, are equally applicable to human beings.

Thus John Bull, when disease has suddenly appeared, and is threatening to more than decimate his herds, and to cut short the supply of his national food, calls in science and common sense to his aid in arresting the progress of the pestilence. We earnestly trust that the measures which have been recommended by the Privy Council, under the enlightened guidance of Dr. Thudichum, may receive a fair trial, and be found successful.

We have brought this memorandum on cattle-disease prominently under the notice of our readers, for several reasons. First, the subject is one of national importance, and concerns us all. Secondly, the memorandum has a value beyond its mere application to cattle-disease; for, if it be clearly shown that, by the fulfilment of the instructions laid down in it with such rigorous minuteness, the progress of a most contagious disease can be arrested, while the neglect of them entails its spread, little more, one would imagine, will be required to demonstrate to the public the value—the absolute necessity—of such measures whenever fever, cholera, or such like diseases, prevail. A third motive is, that of contrasting the vigorous and effective measures adopted when a great malady suddenly appears, with the inaction which, if report be true, prevails in some quarters with regard to disease constantly existing at our very doors, and causing a large amount of preventible mortality among our fellow-creatures. Mr. H. Jeaffreson, of the London Fever Hospital, in a letter addressed to the *Times* of September 7th, asserts—and gives evidence in proof of his assertion—that a very large proportion of the cases of typhus admitted into that institution come from the

same localities; that, in sundry special streets and houses named, typhus occurs over and over again. Again, Mr. William Rendle, lately medical officer of health, and now a vestryman, of the parish of St. George the Martyr, Southwark, has published a pamphlet which confirms, for that locality, the statements of Mr. Jeaffreson. Mr. Rendle asserts, not only on his own authority, but on that of Mr. Jeaffreson, that "the number of fever cases sent from that parish to the hospital from July 29th to December 31st, 1864, was 183; a considerably larger number than that sent from any other London parish or union. The fact most prominent in relation to these cases was, that they came continuously, month by month, from the same buildings, or building even. On inquiry," says Mr. Jeaffreson, "this fact was sufficiently explained on my learning that houses from which five, six, seven, and even eight typhus cases had been sent here, still remained utterly unregarded by the sanitary authorities, and allowed to remain overcrowded and filthy in the extreme. I also found that families, who had been frightened from houses from having lost relatives from fever in them, had had their places quickly supplied by fresh candidates for typhus, who entered infected rooms without even the forms of cleansing having been gone through."

Mr. Rendle has been endeavouring to impress on his colleagues in the vestry the necessity of removing fever patients to hospitals at an early stage of the disease, and of effectually cleansing and disinfecting the rooms which they have inhabited; but as yet, it would seem, with little or no result. His proposals have been met by that system of "passive obstruction" which too often characterises the proceedings of those corporate bodies whose duty it is to watch over the sanitary state of towns, and to act according to the best advice they can obtain in preventing the spread of disease, and ensuring the health of even the poorest under their supervision. It is really almost discouraging to such men as Mr. Rendle to meet with no better success; but we hope that he, and all who are in similar circumstances, will persevere until they cause science and common sense to prevail over ignorance and stupidity. Our local governing bodies should bear this in mind: that, if they do not possess and cannot avail themselves of the necessary knowledge pertaining to the preservation of the public health, they have undertaken a duty of the highest importance without the means of fulfilling it; while, if they have such knowledge at their disposal, and fail to avail themselves of it, but, whether from false parsimony or from other causes, allow life and health to be endangered, their culpability is indeed great; for the liberty of action, in which we of this country glory, conveys with it a moral responsibility far exceeding that which attends legal compulsion.

THE DUKE AND THE ARMY DOCTORS.

THE circular just issued from the Horse Guards, ordering the appointment of a Permanent Sanitary Commission in all Camps and Garrisons, shews well the practical working of the military system. It demonstrates the fact, that the highest considerations affecting the health of the soldier are postponed to official jealousies. It is ordered that the Committee shall consist

"Of a field officer, or captain when no field officer is present, an officer of the Royal Engineer department, if available, or an officer of the barrack department, and a medical officer, whose duty it should be to visit periodically all barracks or cantonments at the station, and satisfy themselves that the barracks are not occupied to a greater extent than authorised; that the barracks are clean, and that all the orders on the subject of ventilation are carried out; that the drains, cesspools, etc., are in good order; and that no accumulation of filth is allowed in the barracks or cantonment. The Board will also visit," etc.

By this order, army medical officers are condemned to be represented at every station by a junior medical officer, because every surgeon is a field officer, and because a captain may preside over the Board. The most essential ingredient of the Board is also mentioned last. Sanitary matters, as conducted by the Director-General's Department, appear to be in a rotten condition. We believe that the Director-General's office is not allowed to take up any questions which may arise on sanitary matters out of reports from medical officers. The Horse Guards' jealousy could not bear such interference, however much the health of the soldier required it. The sanitary management of the army will never get on a true footing, until it is taken out of the Horse Guards and brought under the War Office. A medical sanitary head should sit there co-ordinate in rule and influence with the Director-General. Until this is done, it is evident, from the invariable practice of the Horse Guards, that the army medical officers will be ridden over rough-shod by generals and the military authorities at large; and their influence, and the good which they could effect if free scope were given them for the exercise of their knowledge, reduced to its minimum. The Horse Guards cares not how much the health of the army may suffer, if only the doctors are kept in what it deems their proper, well subordinated, position.

THE *Berliner Klinische Wochenschrift* contains a statistical account of an epidemic of small-pox which prevailed in Berlin during 1864. In 1863, there were 1270 cases, of which 223 were fatal. During the first half of 1864, the disease became more frequent; the number of cases increasing from 227 in January to 644 in May and 628 in June. In July the number fell to 323, and in August to 150; after

which it diminished to 55 in November, again rising to 77 in December. The total number of cases in the year amounted to 3319; of which 617, or 18.5 per cent., died. Of the total cases, 1590 were males, of whom 313 died; and 1729 females, of whom 304 died. With regard to age, the results were the following:

Under 10 years	854 cases	356 deaths, or 41.6 pr. ct.
From 10 to 20	320	10 3.1
20 30	794	47 5.9
30 40	678	65 9.5
40 50	433	73 16.8
50 60	192	52 27
60 70	40	13 32.5
70 80	7	1 14
80 90	1	0

Among children under 15 years, there were 976 cases, of which 360, or 36 per cent., died; among persons above 15, the number of cases was 2343, and of deaths 257, or 10 per cent. Of vaccinated persons attacked there were 2719, of whom 310, or 11 per cent., died; viz., 413 children, with a mortality of 63, or 15 per cent., and 2306 adults, of whom 247, or 10 per cent., died. Of the unvaccinated the number was 600, of whom 307, or 51 per cent., died; there being in this category 563 children with a mortality of 297, or 52 per cent., and 37 adults with a mortality of 10, or 27 per cent. Among re-vaccinated persons the number of cases was 168, and of deaths 16, or 9 per cent. On these statistics, the reporter in the *Berlin. Klin. Wochenschr.* remarks, that the mortality among vaccinated persons was really smaller than appears. From inquiries extending over several months, it was found that, when death from small-pox occurred in children said to have been vaccinated, the operation had either not been performed, or had been done unsuccessfully, or only a few days before the attack of small-pox. Not a single death occurred among children who had been properly vaccinated.

DURING the latter part of 1864 and the early months of the present year, small-pox prevailed extensively in Calcutta and other parts of India. For the reception of cases occurring in Calcutta, a temporary hospital, consisting of a bungalow and sheds, was established at Chitpore, in the neighbourhood of that city, and placed under the care of Dr. Chuckerbutty. An elaborate report of that hospital from the 23rd December, 1864, to 13th April, 1865, drawn up by Dr. Chuckerbutty and presented to the Bengal Government, is before us. During the period embraced within the report, there were 627 patients admitted with small-pox, of whom 249, or 39.7 per cent., died.* The cases were thus distributed. Among Europeans there were 188 males, of whom 51, or 27 per cent., died; and 23 females, the deaths

* At the final closure of the hospital on June 8th, the total numbers were as follows:—admissions, 690; deaths, 261; recoveries, 426. The percentage of deaths was 38.26.

among whom were 5, or 21.7 per cent. Of native patients there were 317 males, with a mortality of 134, or 42.7 per cent.; and 99 females, of whom died 59, or 59.5 per cent. The percentage mortality among Europeans was thus 26.5; and among natives 46.4. As regards age, there were:

Under 5 years	37 cases	11 deaths	} or 26.8 per cent.
10	30	7	
15	33	2	6
20	126	48	38
30	310	142	45.8
40	69	31	44.9
50	15	6	40
60	6	2	33.3
70	1	0	

There were thus 100 cases in children under 15 years of age, of whom 20 died; and 527 in adults, of whom died 229, or 43.4 per cent. The average daily number of admissions during the first seven weeks was 5.3, and of deaths 1.3; in the next four weeks, the daily admissions averaged 7.9, and the deaths 4.14; and in the next five weeks the daily averages were 4 and 2. As regards vaccination, the tables contained in the report show that 354 cases and 185 deaths occurred among those unprotected by vaccination; 27 patients were vaccinated too late to prevent the occurrence of small-pox, but none died; 12 had been vaccinated twice, of whom none died; 148 had been vaccinated once, of whom 43 died. The disease appeared in 65 native patients who had been inoculated, and of these 20 died. In 20 patients, the attack was not the first; and 6 of these had also been vaccinated. The majority of the cases—555—were of the confluent form of small-pox; and the deaths among these were 245, or 44 per cent. There was generally much prostration, requiring the free use of stimulants. Bathing, according to Dr. Chuckerbutty, was a very important adjunct to the treatment; and the proximity of the hospital to the river afforded opportunities for this.

“As a rule, every patient was bathed as soon as the eruption began to desiccate, and the bathing was repeated at intervals during the whole convalescence. The effect of this practice was truly marvellous. Patients who seemed to be on the very point of expiring always survived under the agency of the tepid bath. . . . Many of course died, but none within twelve hours of the bath, and so not in any way to be laid to its account. . . . Patients of all classes, both Europeans and natives, the moment they were able to walk, preferred to go into the river and bathe in the running stream; so I had them sent down in batches with the ward-master and some coolies to prevent accident. This I found to be very beneficial; for the skin seemed to clean itself under this much faster than it would have done under any other plan.”

In another part of the report, he says that the pitting of the skin has been far less than he could have expected, and that he attributes this to the free and early use of baths. Where bathing could not be used, washing of the patient was employed, and was a source of much comfort. Dr. Chuckerbutty is so convinced of the utility of bathing, and of the ne-

cessity of frequently washing the patient's clothes, etc., that he expresses an opinion that “small-pox hospitals should always be placed in close proximity to an abundant supply of running water.” After making in the report a number of remarks on the establishment, accommodation, furniture, etc., of the hospital, the localities whence the patients came, the symptoms and characteristics of the disease, its complications and sequelæ, and other matters, he concludes with advising the establishment of a permanent small-pox hospital for Calcutta, in order to avoid the inconvenience and expense attending the formation of temporary hospitals. He advises the permanent retention of the hospital at Chitpore, with such additions as may be necessary; and suggests that, when small-pox is not prevailing, it may be used as a cholera hospital, for the reception of cholera cases, by which the other hospitals of the town are dangerously overcrowded.

Does sanitary wisdom preside over the councils which permit such folly to be perpetrated, as is told of in the few following official words?

“Notwithstanding the intense heat of yesterday, the thermometer ranging up to 112° Fahrenheit in the sun, a general muster and sham fight was held at Woolwich, the proceedings occupying the entire area of Woolwich Common and the extent of Shooter's Hill Wood. Before dismissal of the troops the Major-General commanding was pleased to notify his marked approval of the whole of the proceedings, and the undaunted spirit and energy with which they had been carried out in spite of the overwhelming state of the atmosphere.”

It would be interesting to have the medical reports of the results of this proceeding on the health of the soldiers concerned in it.

THE Belgian government has prohibited the importation and transit of raw hides, fresh meat, unmelted tallow, and other raw portions of animals of the bovine species.

THE British Association for the Advancement of Science has just completed another successful annual meeting, this year at Birmingham. Among the communications to the Physiological Subsection were papers by Dr. John Davy, on the question, “Is the opinion that a Diet of Animal Food is conducive to Leanness well founded on facts?”; by Dr. Humphry, on the Homologies of the Lower Jaw and the Bones connecting it with the Skull; by the same author, on the Skeleton of a Female aged 104; by Dr. Shettle, on the Causes of the Cattle-Murrain; Dr. Richardson also made communications on Ozone and on the Amyl Compounds. Grants of money were made to the amount of £2135; among which were one of £10 for observations on Rigor Mortis; one of £25 for investigation of the Physiological Properties of the Amyl Compounds; and one of £50 for researches

on British Crania. The Anthropologists made another unsuccessful attempt to have a special section; but, on the last day of the meeting, however, the General Committee made an unanimous recommendation, which was agreed to, that the title of Section D (Zoology and Botany) be changed to "Biology", so as to include the science of man.

"ANCIENT nosology", writes Professor Hirtz of Strasburg,

"Has been swept away by the revolutions which medicine has undergone since the beginning of the century. Anatomy has been made the basis of psychology, and pathological anatomy of nosography. Therapeutics—the treatment of disease—naturally follows upon diagnosis; and semeiology has now arrived at a stage where the rational application of medicine to disease may commence. Chemistry has furnished us with a number of active and isolated principles, whereby the administration of therapeutic agents is rendered distinct and easy. There are two methods of estimating the action of a remedy; viz., 1. By studying its action on the elementary structures, healthy or diseased, of the body; and 2. By studying only its results. The first method is analytic and rational. The latter is empirical, and false in theory and practice. The remedy does not operate upon the disease, but on one or more of its elements, on one or more of the tissues, sometimes on one organ or one function only. The cure is not a simple result; but a resultant of many elements. What we should study is the elementary action of the remedy; and the study is not difficult, for the action is simple and for the most part palpable and constant. Thus, tartar emetic affects the morbid temperature of the affected body, the composition of the blood, and the secretions; it has nothing to do with the pneumonia. We must inquire if it has fulfilled these its proper actions; but not make it responsible for the cure of the disease, which is a secondary consequence, and may be interfered with by a thousand other intervening agencies. Digitalis is given to diminish the action of the heart, and lower the temperature; and we must inquire whether it has thus acted—not if it has arrested the hæmoptysis, the inflammation, or cured the aneurism. These consequences may result, if the remedy act as we desire; and they may be prevented by a number of reasons quite independent of its action. The medicament is the knife by which the abscess is opened; if the patient die, would you say that the knife had failed to cut the skin? Therapeutics alone, of all the different branches of medicine, has failed to shake off the yoke of old empiricism. It has not yet entered on the path of analysis. Let us apply the virtue of the remedy, not to the disease, but to some one distinct elementary indication; and then, in the place of empirical conclusions, we shall obtain, in the case of every remedy, a series of exact observations, from which we may learn justly and rationally the service to be obtained from it."

Dr. Natanson of Warsaw has written a paper to point out that auscultation may serve to show the position of organic lesions of the œsophagus.

M. Sichel has presented to the Academy of Medicine a paper "On Amblyopia and Amaurosis caused by excessive Tobacco-smoking."

THE CATTLE-DISEASE: DISINFECTION.

AN important document, prepared by Dr. Thudichum, by direction of the Privy Council, appeared in the daily papers of Wednesday last. It is entitled, "Memorandum on the Principles and Practice of Disinfection, as applicable to the present Epidemic of Cattle-Disease." The following is an abstract.

I.—PRINCIPLES OF DISINFECTION.

1. The term disinfection signifies the removal and destruction of all matters being or containing products of disease capable of reproducing disease.

2. The same term is used to means applied to the purification and deodorisation of places and things not actually infected, but capable or suspected of being infected.

3. The reproducers of the infectious matter or contagion are all kinds of cattle of the ox tribe, which also are at present in this country the only animals liable to its specific effects. It is probable that the contagion adheres with particular pertinacity to all secretions and discharges from sick animals. It is also probable that many parts of animals which have died from the cattle-plague, or have been killed during advanced stages of the disease, are infectious. Skins, hides, hair, horns, and hoofs must, therefore, always be treated with precaution. The chances of infection by flesh, fat, cleaned guts, and blood are perhaps more remote, but cannot be lost sight of.

4. The cattle-plague, although affecting every part of the animal, shows its effects most extensively in the intestinal canal. It is believed, and apparently upon good grounds, that the spread of the disorder mainly depends upon the destruction of the intestinal discharges.

5. All articles which have been in contact with a diseased animal, or any of its discharges, particularly its fæces, are capable of carrying the infection for an indefinite time, and must be looked upon as being actually infectious. (Here follows a comprehensive enumeration of articles with which animals may come into contact, and which may, therefore, convey infectious matter.)

II.—PRACTICE OF DISINFECTION.

A. *Disinfection by Earth. Burying.* All matters that can be buried, so as to remain covered with a thick layer of ground or earth, are innocuous. The ground chosen for such interment should be dry. The quickest, cheapest, and most certain way of disinfecting an animal dead from the plague is to bury it entire.

2. The droppings, and all matters contaminated therewith, may also be buried into ground where they are not likely to be disturbed for a long time. The places from which such droppings have been removed to be cleaned and disinfected.

3. Manure-heaps and the down-trodden manure of cattle-yards, if they have become infected by even a small quantity of the droppings of a diseased animal, should be carefully shifted, and transformed into compost heaps.

4. If the floor of any shed or stable in which diseased cattle have been standing is not constructed with special watertight and impenetrable material, it must be assumed to be infected to the depth of at least six inches, and should be removed.

B. *Disinfection by Fire. Burning.* All infected articles of a minor value, or made of incombustible materials, can be disinfected by exposing them to a heat which will char organic matter. Chains may be exposed to a dull red heat; all other articles may

be heated over a fire of coal, brushwood, or straw, until well scorched. All new articles of ironware should be bought in a galvanised state, to prevent the formation of rust; and iron articles which have been disinfected by heat should afterwards be either galvanised, or, while hot, be treated with resin, to cover them with a durable varnish, or should be varnished or painted.

C. Disinfection by Chloride of Lime. Chloride of lime should as much as possible be applied in solution, of a strength varying somewhat with the particular purpose for which it is to be employed; and, after it has been allowed to act upon the surface or matter to be disinfected a reasonable time, should be washed off, together with all products of decomposition. Chloride of lime is not applicable to large quantities of matter, such as the manure of cattle, or dung-heaps. It is further inapplicable to all matters rich in ammonia, particularly putrid urine. But, for the disinfection of surface of things and places, no better or more suitable agent than chloride of lime is at present known to science.

D. Special Directions for the Disinfection of Stables, Sheds, Vans, Railway-trucks, and Cattle-ships, and of Persons and Things connected with them. After such a place has been cleaned by mechanical means, scraping, etc., as much as possible, and all manure and dirt has been carefully buried, the entire surface should be covered with a layer of chloride of lime in powder, which should be equally distributed. Clean water should now be applied to the entire surface by one person, while another at the same time scrubs the entire surface. No washing-water from any infected place or thing should ever be allowed to flow away without having previously been mixed and stirred with a liberal amount of chloride of lime. When the place has thus been scrubbed until the water flows off clean, it is ready for effectual disinfection by solution of chloride of lime. (The application of the solution, and the precautions to be taken for the removal of the chloride and of the products of its decomposing action upon infectious matters, both from the place, from all tools, etc., used in it, are fully described; after which the following directions are given for the disinfection of the workmen employed.)

They wash their boots most carefully with chloride of lime and water, scraping the soles and scrubbing the seams. They wash their hands and arms; and, by means of clean rags or sponges, they remove any splashes from their clothes. After this, they go indoors, remove all clothes from head to foot, wash their bodies, and particularly their hands, faces, hair, and feet with plenty of soap and water, and put on fresh clothes and linen. The clothes and linen which they have taken off should be treated as infected, set to soak immediately in boiling water, and afterwards disinfected, or in water containing two ounces of chloride of lime to the gallon in solution, or containing four ounces of Cond's red permanganate of potash fluid in solution; or the clothes and linen should be put in a copper and boiled, and subsequently washed. All articles of little value, which are much soiled, should be burned on a bright fire.

E. Disinfection of Live Stock. 1. Live cattle may carry infection in two ways: first, by being themselves infected with the plague, and reproducing the poison; and, secondly, by accidentally carrying the poison from other animals, in a dormant state, upon some part of their surface, their hair, and particularly their feet. All persons buying new animals should disinfect them before allowing them to enter their premises. If in a stable there has been a case of plague, the healthy or apparently healthy animals should all be disinfected.

2. The mode in which live animals may be disinfected consists in washing them with disinfectant solutions of such strength as will destroy the contagion without injuring the surface of the animal; such as solution of two ounces of chloride of lime in a gallon of water; or a mixture of four ounces of Cond's red permanganate of potash fluid with one gallon of water. For full-sized cows and bullocks, etc., several gallons of either of these solutions should be used. Great care should be taken to keep the solution away from the eyes, nostrils, mouth, and tender parts. When the entire surface is washed and disinfected, all disinfectant is removed by the application of quantities of clean tepid water to all parts. The animal is given a warming and refreshing drink, and is conducted by a clean attendant to the clean quarantine shed. There it should receive fodder, both dry and green, and sop, and plenty of pure cold water, and be rubbed dry with whisks of straw and hay.

F. The Quarantine Shed. 1. The quarantine shed is intended to keep the new and suspected cattle separate for a period of at least ten days, in order to afford the security, to be obtained by observation alone, that it is not actually infected with plague. But disinfection of the surface cannot supply the precaution of the quarantine shed; and a rigorous quarantine cannot supply the effect of surface disinfection. Both precautions are necessary for perfect security; although either of them, without the other, obviates a particular kind and a certain amount of danger.

2. The quarantine shed should be situated in an isolated part of the premises. All manure and urine from it should be carried to a particular place, and be buried daily. The utmost cleanliness should be observed in the shed. All tools, etc., used in the shed, should be used in it exclusively, and nowhere else. The person attending the quarantine shed should not be allowed to go into the shed where healthy stock is kept, nor permitted to approach healthy stock. No person attending healthy stock should be permitted to approach quarantine cattle, or to go near or into the quarantine shed. But, should only one person be available for both duties, that person should be allowed to approach quarantine cattle only when clothed in a safety dress.

G. The Safety Dress. 1. This consists of strong water-boots reaching up to the knees, well greased all over; of a waterproof coat, buttoned close all the way up in front, and closing tightly round the neck and wrists. The head is to be covered with a cap which takes the hair well in.

2. Every person having occasion to visit sheds in which there are diseased cattle, or suspected cattle, or quarantine cattle, should be provided with the above dress, put it on when entering the place, take it off when leaving the place, and have it disinfected immediately.

3. The owners of stock should not allow any strangers to enter their sheds, yards, or meadows, except in disinfected safety dresses.

H. Measures to be taken on Premises where Plague has actually appeared. 1. When the plague has actually appeared in any shed, yard, or place, the sick animal should at once be removed with all due precautions. It is certainly the safest and best to poleaxe the animal at once, and to bury it entire, and then to disinfect the particular lair as above described; and only to let the animals enter the shed, etc., again after it is completely sweet and dry.

2. If, however, a proprietor is desirous of keeping a sick animal, he should place it in a separate shed, which must not be the same as, or near to, the quarantine shed, and be distant from all healthy animals, and so situated that the prevailing wind does

not blow from this hospital shed towards the healthy or quarantine shed. The water from this hospital should be carefully drained away by a special sink.

3. To prevent the scattering of faeces by infected animals (and also by suspected animals and all animals suffering from diarrhoea), their tails should be tied to one of their horns, to protect them against being soiled by the intestinal discharges, and to prevent them from distributing such discharges by the motions of these organs. Animals affected with plague or diarrhoea should not be led along the streets, high roads, and paths, as they would be certain to drop infectious faeces, which would then be distributed over these roads by the feet of men and animals and the wheels of vehicles.

4. The sick animals should be disinfected repeatedly; their pens should be cleaned and disinfected repeatedly during the course of the illness.

5. If the proprietor of any dead piece of cattle, whether it has died naturally or been killed, should decide upon utilising the hide, horns, hoofs, tallow, and bones, he should disinfect these by means of chloride of lime.

6. Flesh, blood, guts, lungs, and the bones of the head of infected animals, should not be trafficked with, as they cannot easily be disinfected. They should always be buried.

1. *Disinfection of Meadows, Fields, Roads, etc.* 1. Meadows affected by diseased cattle should be carefully cleansed of all dung by burying each dropping on the spot where it lies, cutting out the round piece of turf with the dropping on it, and turning it upside down. The grass on the entire meadow should then be cut and burned. It should then be left without any cattle for at least a month, including at least two wet days.

2. All roads, paths, streets of towns, or villages, should be carefully and frequently scavenged. All carts, vans, or waggons, used for carrying manure, should be watertight. They should be kept clean and disinfected, as a precautionary measure, by the proceedings above described.

III.—GENERAL RECOMMENDATIONS.

The same great measures which are known to maintain and restore the health of human beings will also maintain and restore the health of cattle. Pure air; dry, spacious, well-ventilated, and well-drained clean sheds; clean and dry meadows; plenty of pure water; frequent currying and washing; the prevention of the development, by the destruction of the germs, of internal and external parasites, particularly entozoa; proper food in suitable quantities, and at proper times; protection from inclement weather; the utmost cleanliness in the removal of manure; the storing of the manure at a great distance from the cattle-shed; and, in addition, the most conscientious observance of the precautionary and disinfecting measures above described—all these measures and agents together will secure the utmost possible health of stock, and the prosperity of the agriculturist and dairyman. But the neglect of any one of them will make the stock liable to become infected, and the more so the more several or all collateral conditions of the healthy existence of animals are neglected. The negligent man is, therefore, certain to lose, to injure his neighbour by defeating his precautions, and to damage society; but the watchful and painstaking man will be rewarded, not only by the preservation of his property, but particularly by the consciousness that it has been preserved by his own care and attention, and that thereby he has also benefited the state.

THE CATTLE-DISEASE: REGULATIONS IN FRANCE.

THE *Moniteur* of September 8th contains a Report from M. Béhic, the Minister of Trade and Agriculture, on the subject of cattle-disease. It is founded on the statements of MM. Bouley and Reynal, of the Veterinary School at Alfort, who were sent to England and Germany* to investigate its nature; and also on the inquiries of a commission, consisting of M. de Monny de Mornay, Dr. Mélier, Dr. Tardieu, MM. Lecoq, Magne, Bouley, Reynal, and others.

The Commission establishes the identity of the English cattle-plague, the German *Rinderpest*, and the French *typhus contagieux du gros bétail*. Originating, they say, in the steppes of Eastern Europe, this contagious typhus of horned cattle is not developed spontaneously outside the limits of those regions. It is, therefore, an exotic malady for Western Europe, and can never be developed there under the influence of general or common causes. The present invasion of England is due to the importation of Russian cattle from Revel. It is eminently contagious; and its history testifies to its repeated inroads into Germany, Holland, Belgium, France, Italy, Spain, Egypt, and into England itself, notwithstanding its insular position. In all previous times it has been almost invariably in the retinue of the armies of the North that the cattle-plague has spread itself outside of its native land. When the endemic nature of this malady was known, the Prussian and Austrian Governments were able, until recently, to take efficacious measures to preserve from it those of their provinces in which the typhus is not endemic, and, with them, all the other regions of Europe. In consequence of this protection, a period of fifty years has elapsed without cattle-typhus having visited France, while in the last century it showed itself almost every twenty years. But, now that the means of communication between different countries have become so easy, the chances of the typhus overleaping the barrier which Germany has hitherto opposed to it have increased. Thus, its introduction into England is owing to cattle speculators having extended their purchases to the Russian provinces. Germany having thus had her flank turned, and the voyage from the Gulf of Finland to the London docks requiring a time shorter than the period of incubation of the disease, it is in that way that the beasts, bearing within them the germ of this ruinous malady, have been introduced into England, which is again enduring, after an interval of 120 years, those disasters which the importation of the same pestilence inflicted on her in 1745. There is serious danger of its spreading to France; England and Scotland are attacked; and, according to the latest news, the scourge has been imported into Holland by a ship laden with cattle intended for an English port, but which, not having been allowed to land there—doubtless because the inspectors detected the unhealthy state of the animals—put into a Dutch port. The report proceeds to recommend the exclusion of foreign cattle from France. If the disease should insinuate itself into France, resolutions already enacted by former Governments in like cases, applied with discernment, may suffice to circumscribe the malady. As regards the exclusion of the disease from France, M. Béhic submits a decree, which appears in the *Moniteur* with the Imperial signature affixed. It declares the cattle-plague essentially contagious; and

* In the notice of M. Bouley's report to the Academy of Medicine in last week's JOURNAL, p. 265, col. 1, it was stated by error that MM. Bouley and Reynal had been sent to investigate the cattle-disease in France and Germany instead of England and Germany.

authorises the Minister of Agriculture to determine what seaports and lines of frontier shall be closed against the introduction of cattle. An order from the Minister follows, absolutely forbidding the importation of cattle, of fresh hides, or other fresh portions of the animals, proceeding from England, Holland, and Belgium. The same cattle and articles not proceeding from the three countries mentioned, are prohibited only in the ports from Nantes to Dunkirk, and by the northern and eastern frontiers from the sea to the Rhine; but into the other parts of France they are to be admitted only after inspection by special agents. Decidedly healthy beasts are to be admitted; diseased to be sent away; for the doubtful, ten days' quarantine.

Association Intelligence.

SOUTH-EASTERN BRANCH: EAST KENT DISTRICT MEDICAL MEETINGS.

The next meeting of this Branch will be held at the Ship Hotel, Dover, on September 21st, at 3 P.M.

Dinner will be provided at 5 o'clock precisely (charge, 5s., exclusive of wine).

To facilitate arrangements, gentlemen will oblige by intimating to the Honorary Secretary, the day before the meeting, whether their engagements are likely to allow them to attend.

Notices have been received of the following communications to be read at the meeting:—Mr. Garraway, "Six Cases of Placenta Prævia"; Mr. Sankey, "Embolism of Femoral Artery"; Mr. Bowles, "Croup, Tracheotomy, Polypus Uteri".

R. L. BOWLES, L.R.C.P., *Honorary Secretary.*

Folkestone, September 12th, 1865.

SOUTH-EASTERN BRANCH: WEST KENT DISTRICT MEETINGS.

The next meeting will be held at St. Bartholomew's Hospital, Rochester, on Friday, September 29th, at 3.30 P.M.

Dinner will be ordered at the Bull Hotel, at 5.30 P.M.

Tickets 5s., exclusive of wine.

Dr. Adam Martin has consented to occupy the Chair, and trusts that he may see many old faces.

A paper is promised by Dr. F. J. Brown, viz., "Unzer's question, Do True Insentient Animals exist?"

Gentlemen are requested to bring contributions with them.

FREDERICK J. BROWN, M.D., *Hon. Sec.*

Rochester, September 13th, 1865.

WEST SOMERSET BRANCH.

A MEETING of this Branch will be held at Clarke's Castle Hotel, Taunton, on Wednesday, October 4th. Dinner punctually at 5 o'clock; after which, papers or cases will be communicated.

Gentlemen intending to be present, or to read papers, are requested to give early notice to the Honorary Secretary.

W. M. KELLY, M.D., *Hon. Sec.*

Taunton, September 12th, 1865.

SHROPSHIRE ETHICAL BRANCH: ANNUAL MEETING

The annual general meeting of this Branch will be held at the Raven Hotel, Shrewsbury, on Monday, October 16th, at 2 P.M.

At 4 P.M., the members will dine together; J. R. Humphreys, Esq., President, in the Chair.

Correspondence.

THE SIBERIAN CATTLE-PLAGUE.

"First form your opinion, my son, and then seek for facts to support it. Do not you be like the Jewish Gaders of the Islands of the West, who consume their time in first collecting the facts, and then think of forming an opinion upon them." (*Anastasia*.)

SIR,—A strong interest in recent discussions as to the origin and mode of propagation of typhoid fever, cholera, and other epidemic diseases, has led me to read with especial attention the essay submitted by Dr. W. Budd to the British Medical Association on a kindred subject; viz., the formidable epizootic now prevailing in this country. I was so impressed with the talented author's confidence in the decisive character of his facts, in the severe simplicity of his logic, and in the unassailability of his conclusions, that I confess to having read and re-read his paper; and, after rubbing my eyes, to have read it yet a third time, in order, if possible, to discover all that I was assured was to be found in it. In vain;—this failure, it is true, may be ascribed by impartial persons to the reader instead of to the writer; but so it was, that, instead of precise facts, I found only general statements; in place of strict logic, bold assertion; and in place of unassailable conclusions, what I venture to regard as most inadequately supported propositions. And here I must presume that, except with regard to the nature of the disease, these observations are made rather from the point of view of the critic and logician than from that of the physician or epidemiologist. The truth may be one way or the other as to the mode of origin of our present cattle-plague, as to the means of its propagation when once originated, or as to the proper measures towards its extinction; all that I am here concerned to shew is, that we need more tangible facts and sounder reasonings than Dr. Budd has given us in this paper, before we should be justified in accepting his conclusions as a basis for action. The chief statements which we are intended to receive as facts, I take to be these:—

1. That the present epizootic, Rinderpest, is the exact analogue of human typhoid fever.
2. That, like typhoid fever, it is in its very essence a contagious fever—i.e., originated by importation and propagated only by infection.
3. That it may be extinguished by sufficiently stringent anti-contagious measures.

With regard to the first statement, Dr. Budd says in a foot-note that, "so far as the pathological interpretation of the facts is concerned—and that is the essential point," he feels himself "on perfectly sure ground." Now, on the contrary, having carefully read the accounts of the disease given by the best German and Russian authorities, I unhesitatingly assert that Rinderpest and typhoid fever, so far from being exact "pathological equivalents," are totally different diseases, which have no true analogy whatever either in their symptoms or *post mortem* appearances. My opinion on this point, I see, is confirmed by a short but instructive paper in a recent number of our JOURNAL by Dr. Murchison, whose high authority on pathological questions must be recognised by every competent pathologist who has read his numerous papers in the *Pathological Transactions*.

With reference to the second statement, seeing that Rinderpest is not like typhoid fever at all, the most zealous advocates of the pythogenic theory can have no interest, on that ground, in disputing its having originated from importation and being propagated only by infection. But Dr. Budd fails, from

want of personal observation and experience of results, to render these well authenticated facts. The disease having a short definite period of incubation of from five to eight days, it must be easy to collect evidence within such narrow limits of time; and we ought surely to have had at least one instance detailed of the purchase of newly imported stock or hides, together with the subsequent outbreak of the disease among healthy English cattle *within the definite period of incubation*. Yet I find in the whole paper no single fact of the kind in connection with the origin of our present cattle-plague; and the nearest approaches to such facts with reference to other visitations of the same disease are, that Dr. Layard seems to have ascertained that in the middle of last century cattle-plague originated in England from the purchase of a parcel of distempered hides from Zealand; and also that in the Crimean war Rinderpest from the Steppe overran the Crimea, and was carried from Turkey to Egypt; where, however, I find from Lady Duff Gordon's *Letters*, that it only began to prevail in 1862. Again, with reference to propagation by infection only, it should have been shewn at least that a large number of the separate outbreaks which have occurred in different districts during the last few weeks can be proved to have been so caused; whereas, whatever the truth may be, no accurate data on this head are even attempted to be given. The road travelled by the infected load of manure which is mentioned should have been traced, and the consequences of contagion from it have been watched and brought forward with all particulars of names, places, and dates, instead of being merely conjectured and declaimed about so as to add much to the effectiveness, but surely nothing to the real weight of the statement.

The third statement, as it stands in Dr. Budd's paper, is a deduction throughout implied from his assumed facts as to the mode of origination and propagation of the disease; but, now that these have been shown not to be *proved* facts at all, the supposed deduction becomes a mere assertion, which, as far as this paper is concerned, rests mainly on the ground that our last outbreak of the epizootic died out in ten years, after anticontagious measures had been long in operation. Considering the very short and definite period of incubation of the disease, accurate observation should soon be able to show that its extinction follows quickly and obviously upon strict anticontagious measures, if they alone are required and effectual. But, if this should not be the case, to say that extinction does not follow because there are so many invisible sources of infection, would be merely begging the question; for why is any man bound to believe in "the continuity of a chain" of any other man's making, while "the links are invisible" and unprovable? Nor can we see how, when there are invisible sources of infection, "precautions which science could have suggested might have altogether prevented" its advent, and still less how they can certainly suffice to extinguish it when our author himself confesses that there are "untraceable outbreaks without number."

Although I have already occupied too much space, I must briefly advert to our author's mode of reasoning from his facts; and I need not go further than the last mentioned; viz., the untraceable outbreaks which he allows to have taken place whenever the specific poison has been imported into a country. In the very next sentence, Dr. Budd proceeds to reason and draw conclusions as follows. "Had the pest, of which this is the history, been some newly imported animal or plant, the events could not have testified in a more clear and decisive way against spontaneous origin," etc. Now it strikes me that, when dahlias

and orchids, and still more when giraffes and hippopotamuses had been newly imported into the country, no one ever heard of "untraceable outbreaks" of these plants or animals. The truth, I repeat, may be one way or the other as to the origin and spread of cattle-plague by contagion only; but where is the boasted perfect analogy between the history of the pest and that of any newly imported animal or plant?

One instance more, and I have done. Dr. Budd urges in conclusive disproof of the spontaneous theory, that "the only plea put forward for it at all, is the simply negative fact that now and then outbreaks of the disease arise whose germ cannot be traced to any distinct or specific origin of contagion." But is not this, after all, quite as good ground to stand upon logically as the converse, which forms the whole real foundation as yet of the contagious theory; viz., that "now and then, when outbreaks of the disease occur, some of them do seem able to be traced to a distinct and specific origin of contagion?" Further than this, on Dr. Budd's own showing, we cannot at present get; and, although I may confess, in conclusion, to holding the contagious theory myself, surely this does not justify us in pouring contempt by implication on all who may hold the spontaneous theory, or in assuming that belief in the spontaneous origin of typhoid fever must involve the same opinion with regard to the origin of a widely different disease.

And now, half in admiration of the superior powers displayed in this essay, and half in regret at the manner in which they have been wasted, I must part from this elaborate specimen of logic, which consists in proving assertions by the severely simple process of asserting that they are proven.

I am, etc., SCRUTATOR.

THE STATUS OF THE MEDICAL PROFESSION.

LETTER FROM JOHN SPURGIN, M.D.

SIR,—I wish for no controversy with my old friend Dr. Kennion, but that he should withdraw his allegation of my data and conclusions from them being false. This is but opinion, at the best. It reminds me of a like procedure on the part of the late Sir Astley Cooper, who, on my showing him that his view on the use of the thyroid gland had been anticipated, on a hasty glance at the pages of the work to which I referred, said, "Oh, the author is all wrong;" to which I replied, "You may say so, Sir Astley; but it would be difficult for you to prove it."

Dr. Kennion believes our profession never ranked higher in public estimation than at the present moment. If this be so in reality, is quackery lessening? Is homoeopathy less outrageous against common sense? or how came it into existence and such general estimation? Is unity of thought touching medical principles and treatment of disease more manifest? Is the reception of medical evidence in courts of judicature more complimentary than it has been? Is diversity of teaching by medical magnates a diminishing quantity? Where, and to whom, can we look for consistent medical doctrine, as founded on, and proceeding from, incontrovertible principles of science?—a rational pathology, in fact, in the place of indefinable terms that take reason captive, to realise the phenomenon of "straining at gnats and swallowing camels."

Dr. Kennion advocates the reference to sense, in preference to the exercise of the higher faculties of our nature, as essential to a correct diagnosis of the functional and other derangements of the abdominal viscera. The only important difference between us

in this respect, is as to the number of instances where such examination of renal and alvine excreta is called for. Dr. Kennion contends for the frequency of the necessity, when I contend for such necessity being but according to the physician's requirement, rather than according to the patient's presumption.

Not long ago, I was in attendance on one of our judges, whose complaint was of so serious a kind, involving as it did his heart, his lungs, his bowels, and his kidneys, that the newspapers proclaimed him to be in a hopeless condition. This gentleman declined any inspection of his excreta. A revolt arose in his mind at the thought of it. I pleaded no necessity for it; but, through a conflict of disturbing causes—a very tempest, as it were, of bodily commotions, distresses and difficulties—I brought him to a healthy state, the like whereto he had not experienced for a very long time.

As to my "recommending any *laissez aller* mode of practice," according to Dr. Kennion's showing, it is not a correct statement of the case. It is degrading to the medical faculty truly, to determine its power to the alvine and renal excretions for obtaining a "knowledge of disease and the power of healing it." This is not the way to arrive at a knowledge of the causes of disease. The disease is not there, though its effects may be seen there in one or more particulars only. It is, therefore, of higher and wider medical faculty than what the eye or the nose or the touch supply, and this wrongly sometimes, to survey disordering causes, in order the more efficiently and surely to divert, prevent, or remedy their effects. As a physician, "I know" that a thought with feeling in it will change every natural property that is presentable by excretions, whether alvine or renal; and this in a moment almost. I "know" also that many ailments spring from disorderly and intemperate indulgences of the appetite; that they also come from origins still deeper in our economy, whether of hereditary taint or of confirmed inclinations of the family stock. I "know," moreover, that even religious sentiments can act destructively, or prejudicially at least, on our organic framework, establishing gloominess and its frown where cheerfulness and its attraction should reign, correspondently with the false or true views of the God worshipped. Knowing such things, I repel the inference, if not the innuendo, that I cannot say, equally with my old friend, "*Homo sum; nihil humani alienum a me puto*;" and I adhere to my position in a most especial manner, that speciality is too limited in its action to entitle the agent to supersede the functions of a "physician for all", whether for consultation, for judgment, for experience, or for cure.

In conclusion, I beg to refer, not Dr. Kennion alone, but a host of doctors besides, to my second curriculum of the work under the title of *The Physician for All*, at page 2, in proof of my qualification for a medical status, or for treating on the constitution of the blood, and specially on consumption and other specialities. On this wasting subject, I have remarked, that a quick pulse, under a seemingly general healthy condition of the body, is the circumstance most to be mistrusted, and most requiring notice; for it is the strongest indication of incipient organic mischief. The eye and the ear of the "physician for all" may here be anticipated by his touch. Not but that his every sense should be awake at all times against every disturbing cause, either physical or mental. The wariness of the serpent, without its wiliness, is the expressive emblem of his vocation. Well may it cling to the rod of power, and be subservient to the goodness and the wisdom of a godlike man. Yes, his every sense, as the lowest faculties of his function, should be exercised vigilantly against

the incursions of evil, as a fitting preparation for his task in their detection and removal.

Hoping I may be favoured by your publication of this my explanatory letter in the cause of our faculty, which seeks to be good as well as true,

I am, etc., JOHN SPURGIN.

17, Great Cumberland Street, Hyde Park, Sept. 2nd, 1865.

"HOW THE MEDICAL PROFESSION IS DEGRADED."

SIR,—In our JOURNAL for the 26th ultimo was a letter having the foregoing heading, from the pen of that shrewd and eminently philosophic and experienced physician, Dr. Spurgin. That gentleman broached the causes of his grievance with no intemperate zeal. Judging by the light of common sense, and taking into account the regard that was due to our noble profession, his letter was not less dignified in spirit than admirable in tone. In the main, the public forms its conclusions on men and things from what it sees or hears of them. And, as a body, our habits, peculiar conduct, and accustomed method of practice, are ever under its eye. But of those master-principles—those leading and essential doctrines by the diligent study of which we are enabled to comprehend the laws of health and premonitions of disease—the public mind has not the most distant conception. The time, therefore, is well arrived, when the public should be made acquainted with the simple truth, that to the physician himself is ever known the position whether, for the assistance and guidance of his insight of morbid structure and perverted function, he should needs daily inspect the contents of chamber-pedestals and close-stools. I cannot deny that, in certain cases, occasional ocular examination of the *dejecta* is a necessary duty of the medical attendant. I also am of the opinion, that sundry rarer cases would require results more precise than any which could be obtained by simple visual inspection. Their constitution, as revealed by means of the microscope, or as determined by chemical analysis, might be an indispensable requisition. But who is the man, in the exercise of advanced professional ministrations, but must feel it a positive degradation to be called on to perform the like needless inspections out of an obsequious regard for the whims of the Lady Stanhopes of our time? Strange, indeed, would it be, if offices of distinction, civil or national, often should fall to the chance of medical men, whilst known familiarity with indelicate usages—usages which act in opposition to their instinct and moral sense, and which avail not in the majority of instances the requirements of successful diagnosis and practice—is viewed and accepted by their clients as evidence of professional training and competency.

A writer in another number of the JOURNAL has dissented *toto celo* from the opinions so properly put forward by Dr. Spurgin. The writer, Dr. George Kennion, informed us, at the outset of his remarks, that he joins issue with the conclusions arrived at by Dr. Spurgin; telling us that he thinks them to be "false, drawn from wrong data." I read on. Dr. Kennion says (the italics are my own), that as the education of its members becomes each year higher and higher, and as the social position of those who enter its ranks is in a corresponding proportion elevated, so..... Here I must confess my inability to comprehend the meaning which it was obviously Dr. Kennion's intention should be conveyed. I suppose that the sort of education here spoken of referred only to those who might be about to enter our ranks. Of these the public will certainly never put itself to

the trouble of ascertaining the "social position." But, on the other hand, it is quite a different thing to speak about the *social position* of "members" of the profession. My own experience goes far to convince me, that their social position exercises unmistakable influence over their individual success as practitioners. And, in this one respect, it is singularly clear, that the social status of our body never will be elevated by our exercising professional privileges for the public weal at the present rates of ridiculously small charges, or by the competitive efforts of its members to obtain posts, entailing valuable professional services, to do the work of their calling gratuitously.

I am, etc.,

HOPEFUL DEGRADATION.

September 5, 1865.

THE MEDICAL PROVIDENT SOCIETY.

LETTER FROM A. B. STEELE, ESQ.

SIR,—Before proceeding to consider the code of laws *seriatim*, it is necessary to observe that, the Society having been enrolled under the Friendly Societies' Act, these laws are strictly binding, and must be interpreted according to their precise meaning. There is no discretionary power left in the hands of the Directors, to modify or adapt them to unforeseen special or peculiar cases; and a deviation from their legal meaning might involve the Society in the expenses of litigation at the suit of any individual member who felt himself aggrieved. Nor can any rule or table be altered, except by consent of a general meeting of the members called for that purpose. The existing code may, therefore, be taken as the consummation which the projectors in their collective wisdom, and after full consideration, have determined as the basis of their operations.

The first objection I note is in Rule 1, Clause II, which binds the Society to carry on its business in London. Now, although this may probably be the most convenient arrangement, yet circumstances might occur to render it desirable to adopt some other large town as the central point, as Birmingham for instance. The omission of the word London would have left this optional; and would have been more consistent with the constitution of a society affiliated with a British and not a London association.

Rule II states the object of the Society to be "to enable certain duly registered medical practitioners to provide," etc., which is at variance with the public advertisement, which declares it to be "open to all duly registered medical practitioners." This difference, at first sight, would appear nothing but what may be clearly understood and open to no objection; but, as we shall see by and bye, the wide and liberal invitation of the prospectus becomes so narrowed and limited by the rules, that the certain class who may aspire to enrolment constitute not only a very limited section of the profession, but that very portion least likely to stand in need of its aid, to the exclusion of the great majority of those to whom provision for sickness would be a valuable boon.

Rule III, providing that the Society shall consist of *honorary* and contributing members, is at once destructive of the self-supporting and self-governing principle; and is, as I have already shewn, at variance with conditions which experience has shewn to be essential to success.

The 6th Clause provides that every contributing member "shall be healthy and shall not have any organic disease," etc.—a manifest absurdity which, we may suppose, was an oversight, pardonable enough, perhaps, in amateur lawyers, but with other discrep-

ancies to be noted hereafter, an illustration of the old saying, "he who is his own lawyer, has a fool for his client." When attorneys or others dabble in physic and prescribe for themselves or their invalid friends instead of sending for the doctor, we are not slow to laugh at their ignorant blunders, and not always polite in the terms we use to designate their proceedings; and, therefore, we must not be surprised to find the tables turned upon us when we try our hands at law-making. How can we expect that a conclave of doctors would draw up a sound code of laws, any more than we should anticipate that half-a-dozen attorneys could set a fracture or diagnose a pleurisy?

The 10th Clause debars the contributor from sick pay for the first twelve months of his membership—a very serious limitation to the promise to provide for the exigencies of sickness. I have known numerous instances of young men beginning practice in fever districts, to whom it would have been a great comfort to feel that they could insure against the risk they run, especially during the first few months of exposure, and who from their age and vigorous health, would prove good members ultimately, but who would probably be deterred from joining by this very objection. As well might an insurance company object to pay a policy unless the holder lived a twelve-month. I regard this as a vicious and unjust item in the covenant against the contributor, who ought to be entitled to his privileges from the moment he is a member. If time permitted, it could be shown that it is quite needless as a precaution on the part of the Society.

Under Rule v, Section 1, it is provided, that "no member shall be entitled to claim benefit for inability to attend to his professional duties in consequence of infirmity"; and for the interpretation of "infirmity", we are referred to Rule XVI, Section 5, where we find, "The term infirmity.....to mean any incurable alteration or imperfection in any part or organ.....interfering with the functions of the part or organ to such a degree as is sufficient to permanently disable him from discharging his duties as a medical practitioner, or to render him liable to recurrent attacks of disability."

Surely the framers of this rule could never have anticipated the manifest hardship and injustice it is calculated to inflict. To take one of many instances that might be cited. A member has acute rheumatism, from which, after a few weeks' illness, he apparently recovers and resumes his duties; but, unfortunately, his heart is left so far damaged, that, although able to do his work for months, or even for years, yet he is now and then liable to attacks which lay him up for a short time; and in this condition he may live for years, but can never claim sick-pay, as, by this law, his case is clearly one of infirmity.

The 10th Section of the same rule, in directing the sick member to be visited once a month by a referee, prevents the former from adopting a course which might be essential to his recovery; namely, a prolonged stay on the continent, or a sea-voyage of more than four weeks' duration; and, as no provision is elsewhere made for the object, the directors have no power, under any circumstances, to relax the rule; indeed, it is not clear but that, under the 13th Section, a winter at Nice or Madeira would involve forfeiture of all claim under any circumstances.

The 12th Section of this same rule is that which will perhaps cause as much dissatisfaction, and lead to more disagreeable contention, than any other. It prohibits (on pain of suspension for a term, or expulsion) any member from discharging any of the duties of a medical practitioner during the time he is receiving sick pay. What utter forgetfulness, or

want of information, or both, as to the responsibilities and necessities of a sick or lame surgeon or physician, does this absurd prohibition imply! A conscientious observance of this condition might cost a member a sacrifice ten times greater than the amount of his sick-pay, without any compensating advantage to any one. The absurdity of the whole thing is so manifest, that it would be a waste of time to dwell upon it.

This brings us to a natural division of the subject; and, therefore, I shall defer further remarks to a future letter. I am, etc., A. B. STEELE.

Liverpool, September, 1865.

ON THE VITAL CAPACITY OF THE FRENCH GIANT, M. J. J. BRICE.

LETTER FROM THOMAS LEWIS, M.D.

SIR,—Having had, within the last few days, an opportunity of obtaining the vital capacity of M. J. J. Brice, I thought that some among your readers who take an interest in spirometry might be pleased by having it put on record.

In the short memoir drawn up by Mr. F. J. Buckland, M.A., several dimensions of the giant are given. Those which bear a relation to vital capacity are only two; viz., height, nearly 8 feet; and circumference round the chest, 4 feet 6 inches. These were taken when he was 22 years of age. He is now 25. There is no vital capacity given in the memoir; M. Brice never having met with an instrument capable of taking his measure. On application, he very readily consented to try the hydro-spirometer; and by using two of them an accurate measure of his vital capacity was taken.

There were four trials. In the first, he blew 496 cubic inches; in the second, 496; in the third, 482; in the fourth, 530. This is, I believe, the largest amount on record.

The way in which the two instruments were made available was by the rapid exchange of the blowing tubes; when he had blown a certain amount of air into one bottle, the tube of the second was rapidly used, without a fresh inspiration.

I measured the circumference of the chest about an inch below the mamilla, and found it to be fifty-two inches over his uniform. Allowing three inches for the clothes, his net chest-girth would be forty-nine inches.

I understood that the circumference of the chest given in the memoir was taken at the level of the arm-pits.

By a reference to Dr. Hutchinson's table, and following the rule laid down there, the normal vital capacity of the French giant should be 454 inches, supposing his height to be 7 feet 11½ inches, which I believe is very near the mark; and this he has exceeded by seventy-six cubic inches. Hence, it may be inferred that the French giant does not neglect bodily exercise.

For the sake of comparison, I append the measures given of two other giants, drawn from the papers of Dr. Hutchinson and Dr. Radclyffe Hall.

	Height. Ft. In.	Chest-girth. Inches.	Vital Capacity. Cubic ins.
Brice.....	7 11½	49	530
Freeman ...	6 11½	47	434
J. S. G.....	7 3	51	370

The age of Brice is 25 years; that of J. S. G., 18. Freeman's age is not given.

If not of any present practical value, the record here given may serve at least to amuse.

I am, etc., T. LEWIS, M.D.

Carmarthen, Sept. 5th, 1865.

VACCINATION.

LETTER FROM T. MORLEY ROOKE, M.D.

SIR,—I have read with some interest, but at the same time with considerable dissent from the doctrines enunciated, the letter on Vaccination by Mr. S. H. Steel, in your number of the 2nd inst.

During the last two or three years, in which, owing to the prevalence of small-pox in the country generally, there has been in this neighbourhood a great demand for re-vaccination, I have performed that operation on a large number of persons; but the results I have obtained differ most materially from those of Mr. Steel. My experience is, that not more than one person in three or four presents anything that can be called a characteristic vesicle. I admit that, if good and fresh lymph be used, a very large majority will show a certain affection at the punctured spots—something more than any clean lancet would produce; but I cannot regard this, without further proof, as specific in its character, or, if so far specific, that it differs from what any other animal matter in a state of active change would produce—at any rate, as indicating that the subject presenting it would have been liable to small-pox if left alone.

I believe, indeed, that the same appearances will follow repeated re-vaccinations at very short intervals. I have known a good many nervous persons who get themselves vaccinated every two or three years, and always with this *pseudo* effect following. If we carefully note the phenomena that follow the punctures in such cases, we shall find that, on about the third day, the places become reddened; a slight papular elevation supervenes, which, within another day or two in the majority of instances, subsides, if not mechanically irritated; but, as there is often a good deal of itching, the part is frequently, half voluntarily, half instinctively, scratched, and the skin abraded; a serous exudation consequently takes place, leading to the formation of an irregularly shaped yellowish crust. In the minority, however, of these abortive cases, a very imperfectly formed and imperfectly filled vesicle makes its appearance, but even this is at its height by the fifth day; it then subsides; and when the scab has dropped off, there is scarcely a scar, and what there is, is wholly uncharacteristic of the pure cow-pox.

In the few cases in which more or less well marked specific phenomena do follow re-vaccination, I can subscribe pretty nearly to the description given by Mr. Steel.

The last paragraph of his letter is rather ambiguous; but I quite coincide in the view, as I presume most men will, that "the more nearly a secondary cow-pox imitates the primary in its course and characters, the more probable it is that the protective power of the first has been lost."

Apròpos however of the same subject, I can never see the force of the common opinion that, in proportion to the perfection of the peculiar pitted cicatrices at a distant date after vaccination, is the likelihood of the body being still under the protective influence of the virus, which, in its introduction to the body, left this impress of its foot at the portal. Because the local stamp still presents its early features, does it follow that the whole mass of the body continues to retain its artificially impressed condition? Is the rate of change in one tissue any index of the rate in another? Even were it so, can the persistence of a mechanical alteration of form in the skin, all valuable as it is, as an index showing that a certain desired effect was once properly produced, be any criterion of the persistence of a chemo-vital effect which was produced coterminously? I conclude

not; and so I have found in practice those with excellent marks on their arms, some again going through cow-pox, others through small-pox, and, on the other hand, those with very imperfect marks resisting all attempts at re-vaccination.

I am, etc., T. MORLEY ROOKE, M.D.

Cheltenham, Sept. 5, 1865.

Medical News.

APOTHECARIES' HALL. On August 31st and September 7th, 1865, the following Licentiates were admitted:—

Cheesman, Henry, Brighton
Fitzpatrick, James, Northampton
Horne, Edward, Isleworth

APPOINTMENTS.

ANDREWS, R. J., Esq., elected Resident Medical Officer to the Norwich Dispensary, in the room of S. T. Taylor, Esq.
BROWN, David P., M.D., appointed Surgeon to the Prison, Aber-dee, in the room of the late Duncan Reid, M.D.
CUMING, James, M.D., appointed Physician to the Belfast General Hospital, in the room of the late J. C. Ferguson, M.B.
PARSON, Edw., M.D., appointed Medical Officer to the Out-patients of Queen Charlotte's Lying-in Hospital.
POWNE, Benjamin L., Esq., appointed Resident Surgeon to the Nottingham Dispensary, in the room of E. B. Truman, M.D.
ROBERTS, Edward C., Esq., appointed Resident Medical Officer to the York Dispensary, in the room of G. H. Atwell, Esq.
***ROGERS, Robert J., Esq.**, appointed one of the District Medical Officers to the Brighton and Hove Dispensary.
STAMFORD, William A., Esq., appointed House-Surgeon to the Chesterfield and South Derbyshire Hospital, in the room of B. R. S. Vipan, Esq.
THOMAS, Jabez, L.R.C.P.Ed., elected Physician to the Out-patients of the Swansea Infirmary, in the room of T. D. Griffiths, M.B.
WANE, William J., Esq., appointed House-Surgeon to the South Shields and Westoe Dispensary, in the room of David Ross, M.D.

ARMY.

BUCKLE, Surgeon R. T., M.D., 15th Foot, to be Staff-Surgeon, *vice* C. G. Irwin, M.B.
HOOPER, Assistant-Surgeon A., 42nd Foot, to be Staff-Assistant-Surgeon, *vice* J. Anderson, M.B.
IWIN, Staff-Surgeon C. G., M.B., to be Surgeon 15th Foot, *vice* R. T. Buckle, M.D.
LALING, Surgeon-Major P. S., 23rd Foot, to be Staff-Surgeon-Major, *vice* S. M. Webb, M.D.
PRICE, Assistant-Surgeon W. H., 89th Foot, to be Staff-Assistant-Surgeon, *vice* R. W. Troup, M.B.
TROUP, Staff-Assistant-Surgeon R. W., M.D., to be Assistant-Surgeon, *vice* A. Hooper.
WEBB, Staff-Surgeon S. M., M.D., to be Surgeon 23rd Foot, *vice* Surgeon-Major P. S. Laling.

VOLUNTEERS. (A.V.=Artillery Volunteers; R.V.=Rifle Volunteers):—

IRVINE, C., Esq., to be Honorary Assistant-Surgeon 12th Aberdeen-shire R.V.
MARSH, H. T., Esq., to be Honorary Assistant-Surgeon 19th Worcester-shire R.V.
WILSON, W. A., Esq., to be Assistant-Surg. 1st Renfrewshire A.V.

MILITIA.

HURMAN, W., Esq., to be Surgeon 3rd Middlesex Militia.

MARRIAGES.

On September 7th, at St. Saviour's Church, Jersey, *Charles Searle RAYLIFE, Esq., Chippenden, to Harriet Ruth, eldest daughter of the late Charles BURTEN, Esq., of Sutton Benger, Wilts.
On August 19th, at Winchester, Harry Barrington TURRIET, Esq., Surgeon, Ventnor, Isle of Wight, to Louisa Julia, daughter of the Hon. and Right Rev. Hugh PERCY, late Lord Bishop of Carlisle.

DEATHS.

*BAKEWELL, Samuel G., M.D., at Church Stretton, aged 55, on August 30.
BATEMAN. On September 9th, at Richmond, Surrey, Ellen Anne, daughter of W. A. F. Bateman, Esq., Surgeon.
FORREST, John, M.D., C.B., Inspector-General of Hospitals, at Bath, aged 61, on September 10.
MANIFOLD. On July 21st, at Morar, Galloway, aged 8, Richard F., son of Michael F. Manifold, Esq., Surgeon, 34th Regiment.

THE HERBERT MEMORIAL. The foundation-stone of the Home for Convalescents from the Salisbury Infirmary, to be erected at Bournemouth, in memory of the late Lord Herbert of Lea, is to be laid by the Earl of Pembroke (son of the late Lord Herbert) on Saturday, the 16th inst. (this day).

AN UNUSUAL CIRCUMSTANCE. At the recent quarterly general meeting of the governors of the Royal General Dispensary, it was stated that at the end of 1863 the liabilities amounted to £258; but that at the close of 1864 this deficiency had been cleared off; all the expenses of the year had been or could be discharged; £400 had been added to the building fund, and then a small surplus remained. The dinner and annual subscriptions amounted to nearly £500. They had received from Mr. Crawford, M.P., a sum of £400, part of a gift from the Hon. Rustomjee Jamsetjee Jeejeebhoy.

DEFEAT IN THE SALE OF POISONS' ACT. Mr. Cart-tar, the coroner for West Kent, held an inquest on a woman, who committed suicide by swallowing "Battle's Vermin Killing Powder," which contains strychnine. The evidence showed that the deceased, who was addicted to habits of intemperance, purchased a packet of the above powder at a neighbouring druggist's, and on returning home mixed it in some liquid and drank it. The druggist at whose shop the poison was purchased, said it was generally sold to persons who asked for it without any questions being put, and Dr. Cogan said that a 3d. packet of the poison would contain a grain and a half of strychnine. The coroner said it could never have been the intention of the legislature that such a compound should not come within the Sale of Poisons Act.

NÉLATON'S PROBE. Dr. Fleming of Dublin has used this probe with success in the case of the poor fellow Cummings, who was shot both over the eye and in the thigh. The wound over the eye was examined with a porcelain probe, and the fact of the bullet being lodged in the skull, ascertained beyond a doubt. If the wound contained a lodgment of lead, contact with it will impart a black mark to the porcelain; if the body lodged be iron, the mark will be of a red colour. The Nélaton probe was extensively used in the American war. Dr. Fleming made his examination in the presence of Professor Houghton, M.D., Mr. Butcher, etc. What he used was not a specially constructed appliance, but merely a few inches of slender porcelain which had formed part of an ornament. The operation of extracting the bullet was carried out at the Richmond Hospital, with partial success. The bullet had flattened, and had broken into two or three pieces. It struck, it appears, against the wall of the orbit, and was thus prevented from reaching the brain. Dr. Fleming succeeded in extracting about half of the bullet.

THE ALLEGED FEMALE ARMY SURGEON. Deputy-Inspector-General E. Bradford, of Sandhurst, writes to the *Medical Times and Gazette* on the alleged case of a female army surgeon, giving a sketch of the life and career of Dr. J. B., the individual referred to. Mr. Bradford says that "there can be no doubt among those who knew him, that his real physical condition was that of a male in whom sexual development had been arrested about the sixth month of fetal life." "The real marvel of his history is, that a being of a frame so feeble, without domestic resources, with a temper so irritable and even mischievous, in spite of frequent severe sickness in tropical climates, and constantly at variance with authority, should have attained the highest rank in the medical department and have lived to the age of 65 years."

DEATH OF REMAK. M. Remak of Berlin, well known for his researches in microscopic anatomy and especially on the development of the vertebrata, and more recently for his contributions to electro-therapeutics, has lately died of carbuncle at Kissingen.

THE SIBERIAN CATTLE-PLAGUE. The *Moscow Gazette* states that the Siberian plague is making terrific progress in the government of Perm, and in the districts of Ekaterinburg, Irbis, Nerchotowish, Kamushlov, and Shadrinsk.

WESTERN MEDICAL SOCIETY OF SCOTLAND. An association bearing this name has lately been formed, having for its object the cultivation of good feeling and unanimity among its members, the discussion of professional topics, and the affording of mutual protection to its members. The officers appointed are: *President*, Dr. George M'Ewan; *Vice-President*, Dr. T. D. Buchanan; *Secretary*, Dr. Hugh Miller; *Treasurer*, Dr. S. Buchanan; *Other Members of Committee*, Drs. Cassell, and Connell.

ADULTERATION OF DUTCH YEAST. At a meeting of the Sanitary Committee of the Hull Board of Health, the chairman stated that his attention had been called to the adulteration of Dutch yeast. The letter stated that the recent importations of yeast contained a large admixture of China clay. The chairman remarked that this kind of adulteration occurred a few years ago, and he had reason to believe that it was again being extensively practised. It was resolved that the substance be sent to an analytical chemist for inspection. The average import of Dutch yeast at Hull is about 7,000 baskets per fortnight, and during the last fortnight 123 baskets of yeast had been destroyed as unfit for human consumption. The chairman said the Board had no power to interfere with the adulteration if it could not be proved deleterious. If the substance on analysis was found to be injurious, the Board would take prompt steps to remedy the evil.

THE LATE DR. KING, OF ELTHAM. Dr. David King practised in Eltham for the long period of fifty-four years. After an education in the Collegiate School of his native town, Ayr, he repaired to the University of Edinburgh, where he graduated in 1809; passed the College of Surgeons, London, in 1810, after a year's attendance at the Westminster Hospital; and finally settled in practice in Eltham in 1811, remaining there through his long and useful life. He never married; but he leaves a successor in his nephew who bears his name. In person the late Dr. King was what the expression "homely" best explains. Although of a generous nature, and unselfish in all his social relations, courteous to his equals and kindly to the poor, still he was occasionally brusque and somewhat hasty in manner. He never lost the traces of his northern tongue. His frame was strong; and as such, well fitted for the arduous work of village practice. He was sober and active in his habits, and until the last few years enjoyed uninterrupted health. He died on August 23rd, in the 78th year of his age. Without claiming to be highly intellectual, Dr. King possessed a strong will and good common sense that seldom failed him. Dr. King was a member of several learned societies in the metropolis and also of Kent. Formerly he was president of the West Kent Medico-Chirurgical Society. He was the author of the *History of Eltham Palace and its Subterranean Passage*. He was esteemed and respected by all classes among whom he lived; evidence of which was shewn in the testimonial presented to him on his jubilee in 1861, when "rich and poor met together" to honour him. On that occasion little short of £300 was raised in sums from 6d. to £10.

DOCTORS AT OTTAWA. The medical profession is so largely represented that, if one-half of the practitioners whose signs meet the eye, and whose advertisements clamour for notice on the hoardings and dead walls of the city and in the columns of the newspapers, are enabled to earn a decent subsistence, the people of Ottawa must be among the most credulous and persistent valetudinarians in the world.

VENTILATION OF SEWERS. M. Robinet, a French chemist, has devised a means of freeing the sewers from the effluvia which escape in the attempt to ventilate them. He proposes that the furnaces of factories shall derive their supply of air from the sewers. The gases will be destroyed by combustion, fresh air from the atmosphere supplying their place. He calculates that if the combustion of only 70,000 tons of coal can thus be economised annually in Paris, or only a tenth part of what is burned there, the sewers will be supplied with about 140,000,000 cubic feet of fresh air—that is, more than seven times their contents—daily. He would apply the same principle to the ventilation of cesspools, etc. It has been partially in use already, on the small scale. (*Scientific Review*.)

STATUE OF JENNER IN BOULOGNE. A statue of Jenner, the discoverer of vaccination, was on the 11th instant inaugurated with much ceremony at Boulogne, in the presence of the mayor, and municipal council of the town, the civic and government functionaries, and a large number of French citizens and English residents. The statue, which has been gratuitously designed and executed by M. Eugene Paul of Paris, stands on a marble pedestal about twelve feet high, and the statue measures nearly ten feet in height. It is of iron, bronzed by galvanic aid. The figure is clothed in the costume of about 1810. The head is slightly inclined, as though absorbed in thought. In the right hand he holds a lancet; the left hand reposes on a pile of treatises placed on a pedestal, from which depends the sketch of a cow. The right foot is firmly placed over the word "Angleterre," while the left is advanced over the word "France." On the border of the groundwork is inscribed the name "Jenner," and on the pedestal is imprinted "A. Edward Jenner, la France reconnaissante, 11th Septembre, 1865." At the moment of uncovering the statue the Orphéons of Boulogne sang a cantata in honour of Jenner. A banquet was afterwards given in the College Communal, under the presidency of the mayor, at which upwards of 260 gentlemen sat down. In the evening a fête with fireworks, and a grand *bal paré*, were given.

LONGEVITY IN ENGLAND AND WALES. The returns of mortality for England in the year 1863 record the death of 213 men and 430 women registered as 95 years old or upwards when they died. Twenty-one of these had reached 100 or upwards, and one at Chelsea was 109. Sixty-two of the women had also completed a century of life or more; and one at Liverpool, in the district of West Derby, was 112 years old. Five men and five women died in the year 1863, who, if the register may be relied on, were born before George III was king—that is, before 1761. It appears that longevity is lowest in the North Midland division of England, and by far highest in Wales, that which approaches nearest to the Welsh being the South Midland division of England. The proportion of those who reach the age of 100 years in Wales as compared with the North Midland division of England is about 10 to 1 in favour of the former, while Wales has the advantage of more than 2 to 1 above England's most favoured district.

OPERATION DAYS AT THE HOSPITALS.

MONDAY.....	Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.
TUESDAY.....	Guy's, 1½ P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.
WEDNESDAY....	St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.
THURSDAY.....	St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopaedic, 2 P.M.—Royal London Ophthalmic, 11 A.M.
FRIDAY.....	Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.
SATURDAY.....	St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.—Royal Free, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

REGISTRATION OF DISEASE.

MONTHLY RETURN of new cases of disease coming under treatment at Pauper and Public Institutions. (A.) Manchester and Salford (Sanitary Association). (B.) Preston (E. C. Brown, Esq.). (C.) St. Marylebone, London (Dr. Whitmore).

Diseases.	4 weeks ending July 29.		5 wks. endg. July 29.	
	A.	C.	B.	
Small-Pox	25	15	17	
Chicken-Pox	4	14	1	
Measles	40	49	—	
Scarlatina	39	35	7	
Diphtheria	—	5	1	
Whooping-Cough	51	27	1	
Croup	1	2	1	
Diarrhoea	706	1215	117	
Dysentery	45	14	16	
Erysipelas	11	23	4	
Insanity	46	38	2	
Bronchitis and Catarrh	426	381	89	
Pleurisy and Pneumonia	37	21	5	
Accidents and other diseases ..	4490	3922	469	
Totals	5922	5741	730	

TO CORRESPONDENTS.

*. All letters and communications for the JOURNAL, to be addressed to the EDITOR, 37, Great Queen St., Lincoln's Inn Fields, W.C.

COMMUNICATIONS.—To prevent not uncommon misconception, we beg to inform our correspondents that, as a rule, all communications which are not returned to their authors, are retained for publication.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

DR. FRIEDRICH PAULI, Physician of the Hospital at Landau, has recently published a Treatise on Croup. (*Der Croup*. Von Dr. F. Pauli. Pp. 182.) This work is the summing-up of a large personal experience of the disease.

REFLEX PARALYSIS.—Dr W. Galloway, of Dundee, has published an instructive sketch of the subject of Reflex Paralysis. It contains, in a pamphlet form, a good summary of our present knowledge of the subject.

THE RECENT ARMY MEDICAL LIST.—Mr. William Robertson, one of the successful candidates at the recent examination, writes to the *Medical Times and Gazette* that he has been erroneously put down as having been educated at Galway and Dublin, whereas his place of education was Aberdeen. He also says that the second and ninth men (Mr. Collins and Mr. Andrew) are attributed to Glasgow and Dublin, whereas they were both Aberdeen students. As the list published in this JOURNAL agrees as regards the above-mentioned names with that of our contemporary, it is clear that the mistake was in the list forwarded by the Director-General.

A LECTURER.—Your suggestion shall receive due consideration.

F. T.—The medical men who were upon the United States Sanitary Commission, and who investigated the treatment of Federal prisoners by the Confederates, were men of high character; viz., Valentine Mott, M.D., Chairman; Edward Delafield, M.D., and Ellerslie Wallace, M.D.

THE GRIFFIN TESTIMONIAL FUND.—SIR: At the last meeting of the Committee, it was resolved that the above Fund should be definitely closed. Intending subscribers will oblige by forwarding their contributions, on or before October 31st, to

ROBERT FOWLER, M.D., Treasurer and Hon. Sec.

145, Bishopsgate Street Without, September 6th, 1865.

BEEF-TEA.—SIR: As I find that, in consequence of your observations on the subject, the value of beef-tea is being very much questioned and discussed, I would suggest the following experiment. Take two young animals, kittens or puppies; make good beef-tea; feed one on the "tea" allowed to become jelly, and the other on the "refuse"; and note the result in healthiness, growth, weight, etc. That there be no mistake, repeat the experiment three or four times; and, should the result be the same in every experiment, I think the conclusion would be satisfactory. The experiment might also be varied thus: should one patient increase much in health, etc., over the other, then stop and change over the treatment, and again note the result. I have invariably, when beef-tea has been made at home, had the "refuse" chopped up with spice and butter, and potted, and consider it equal to the potted beef of the shops. I was first told of this by a patient, well to do, but who wasted nothing; having eaten of it at her house, where it was much liked by the family, for breakfast, luncheon, or supper.

I quite agree with your correspondent, Mr. Parker, that the stomach will receive and retain beef-tea before anything else, after attacks of vomiting, cholera, etc.; and I also think that the authorities of St. Mary's Hospital have acted wisely in using the whole of the *bouilli*.
I am, etc.,
September 1865. S.

COMMUNICATIONS have been received from:—Mr. THOMAS MARTIN; Mr. R. J. ROGERS; Mr. J. C. ROOPE; Dr. R. H. BAKERWELL; Dr. H. W. J. ELLIS; Dr. J. W. GOODWIN; Dr. FREDERICK J. BROWN; Dr. J. C. MURRAY; Mr. J. K. SPENDER; A RETIRED SURGEON-MAJOR; Mr. R. L. BOWLES; Dr. J. G. DAVEY; Dr. W. ADDISON; Mr. J. SPENCE; Mr. W. TALLACK; Mr. C. S. BAYLIFFE; and Dr. W. M. BEDDOES.

BOOKS RECEIVED.

1. The Ninth Annual Report of the Medical Officer of Health of St. James's, Westminster. 1865.
2. Epidemic Cholera, Diarrhoea, and Dysentery. Pointing out an Effectual and Expeditious Mode of Cure. By H. Jeanneret, M.D. London: 1865.
3. Special Report on the Prevention of Cholera, by the Medical Officer of Health for Glasgow, to the Board of Police. Glasgow: 1865.
4. Diarrhoea and Cholera; their Origin, Proximate Cause, and Cure, through the Agency of the Nervous System, by Means of Ice. By J. Chapman, M.D. London: 1865.

ADVERTISEMENTS.

EXTRACTUM JECORIS ASELLI;

NOVEL AND IMPORTANT ADDITION TO THE MATERIA MEDICA.

OFFICIAL APPROBATION IN FRANCE AND RUSSIA,

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COD LIVER DRAGÉES.
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escape from Cod Livers, along with Cod Liver Oil, have been found to be richer than the oil itself in those active principles to which that substance owes its medicinal properties. An extract obtained from the concentration, by a patented process, of those watery products, forms the nucleus of Guffroy's Cod Liver Dragées, which, being easily taken and free from nauseating effects, can, therefore, be prescribed with great advantage for patients—children especially—unable to use the oil, or for the purpose of augmenting the efficacy of the oil. Daily dose for adults, 6 to 10 dragées. Box of 220 dragées, 4s. 6d.; box of 120 dragées, 2s. 6d. Procurable Retail through any Chemist, and Wholesale of F. NEWBURY and SONS, 45, ST. PAUL'S CHURCHYARD, LONDON. Sent free on receipt of the price in stamps, by BARR and CO., Sole Consignees, 1, Robert Street, Adelphi, London.

Addresses and Papers

READ AT

THE THIRTY-THIRD ANNUAL MEETING OF THE BRITISH MEDICAL ASSOCIATION.

[Held in LEAMINGTON, AUGUST 1st, 2nd, 3rd, and 4th, 1865.]

EXTRACTION OF SOFT CATARACT BY SUCTION, AND SUCTION INSTRUMENTS.

By T. PRIDGIN TEALE, JUN., M.A. Oxon., Surgeon to
the General Infirmary, Leeds.

HAVING, during the past year and a half, twice brought before the profession the subject of Extraction of Soft Cataract by Suction, I still feel that the present occasion is a fitting one for again drawing attention to the operation. I purpose, therefore, at the risk of repetition, to give a short account of the mode of operation which I employ, and to show the most improved forms of instruments which have been devised for carrying it out; being convinced that those surgeons who have attempted the operation by suction and have been disappointed with it, have failed, either from defects in the instrument which they have used, or from not carrying out those details of the operation which are more or less essential to success.

Extraction by suction, used centuries ago by the Persians, and attempted twenty years ago by Parisian surgeons, lay dormant, under condemnation as an absurdity, until the latter part of the year 1863. At this time, having encountered some difficulty in removing by linear extraction the more consistent forms of soft cataract, I was led to work out experimentally the applicability of suction, and to devise an instrument which would effect this object. (*Vide Lancet*, Sept. 24, 1864, p. 348; and *Ophthalmic Hospital Reports*, vol. iv, p. 149.) This I did, independently, and in entire ignorance of the previous attempts which had been made in this direction.

Having now employed suction in nearly every case of soft cataract which has come under my care during the last eighteen months, I can fairly state that the results of these cases have equalled, and even exceeded, my most sanguine anticipations, in rapidity of recovery, in perfection of vision and pupil, and in freedom from inflammatory complications.

The following is my mode of operating, as described in the *Lancet* of Sept. 24, 1864.

"First Stage. *The efficient Rupture of the Anterior Capsule.* The pupil having been dilated by atropine, and the eyelids fixed by the stop-wire speculum, the anterior capsule of the lens should be very freely torn open by two needles passed through the cornea from opposite sides. In carrying out this step, the surgeon should bear in mind that its object is not merely to liberate the cataract, but also to ensure

such a tearing up of the anterior capsule that it may curl back from the area of the pupil and be lodged behind the iris. At the same time, he ought by all means to avoid injuring the posterior capsule; a caution to be especially remembered in cases in which the cataract is dwarfed and the anterior capsule tough, or in which, in traumatic cataract, the lens has been much reduced in bulk by absorption. If the operator wish to avoid the use of the two needles, he may rupture the capsule at a later stage by introducing through the corneal opening made for the curette the hook used in extraction of hard cataract. The two needles, perhaps, give more perfect command over this important step in the operation.

"Second Stage. *The Opening in the Cornea.* Having withdrawn one needle, and steadying the eye by means of the other, the operator should next make an opening in the cornea for the admission of the tubular curette of the suction instrument. For this purpose a broad needle has been made for me by Messrs. Weiss, of such breadth as to make an opening of the exact size required for the curette. The broad needle should enter the cornea opposite the margin of the pupil when fully dilated, and, passing somewhat obliquely through the laminae of the cornea, should make a valvular opening, in order, firstly, that it may not be too central and leave a scar in front of the pupil; secondly, that it may not be too near the attached margin of the iris, and thus favour its prolapse and adhesion to the wound; and thirdly, that the curette, when introduced, may not rest upon nor bruise the iris.

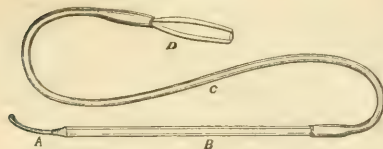
"Third Stage. *The Removal of the Cataract by Suction.* Having carefully introduced the curette, the surgeon should hold the open end of the tube, which should look towards the operator, steadily within the area of the pupil, gently burying it in the opaque material. The suction power may then be applied, and regulated in degree as the opaque matter runs off into the tube. As soon as the pupil is clear, the curette may be carefully depressed towards the posterior capsule in order to ascertain whether any opaque matter remains; but it should not, on any account, be swept before or behind the iris. If the suction be continued after the opaque matter has been removed, the cornea is drawn down over the open end of the curette, and blocks it up, thus preventing the iris from being sucked into the instrument and injured.

"If the operation have been efficiently performed, it will be found that the cataract has been completely withdrawn from the eye, through an opening in the cornea no larger than will admit the common curette, without any injury to the iris, without rupture of the posterior capsule, and with such complete division of the anterior capsule that it has disappeared completely behind the iris.

"The foregoing rules apply to a simple case of complete soft cataract. They are also applicable, with slight modification, to cases of traumatic cataract of recent occurrence. In these cases, however, it is necessary, in the first place, to be very careful to tear open completely the anterior capsule which has been previously ruptured in the accident producing the cataract; and, in the second place, to bear in mind that the posterior capsule may also have been torn through. Should this have occurred, the suction operation will be complicated by the admission into the anterior parts of the eye of the vitreous humour, which tends to pass through the tube more readily than the denser material of the cataract."

What, then, is to be done with those partial cataracts often met with in young persons, in which the central portion only is opaque, and the cortical portion is healthy and transparent, and adheres to the capsule? Are they to be first rendered complete by a preliminary operation of puncturing the capsule? or are they to be at once removed by suction? The first is, perhaps, the most certain and satisfactory method. It involves, however, a double operation. The second requires one operation only. It is difficult, however, to be quite certain that the whole of the transparent matter is removed. If any remain, it rapidly becomes opaque, and is absorbed in a few days. Further experience, perhaps, may enable us to avoid even this defect.

Suction-instruments, or, as I have named them (not very accurately, perhaps), "suction-curettes", are of two kinds. In one, the suction-power is applied by the mouth of the operator, by means of an India-rubber tube; of which kind I now exhibit the last and best edition. It consists merely of a light glass cylinder (B), with a small tubular curette (A) at one end, and an India-rubber tube (C) with a mouthpiece (D) at the other. It differs from my



Tale's Suction-Curette.*

original instrument in the substitution of a glass tube (suggested by Mr. Bowman) for the ordinary ivory handle, which enables the operator to watch the progress of his work. The other kind of instrument has the power applied by a piston in the handle, and has been brought to great perfection by Mr. Bowman. Between the two I do not venture to decide. Both are good: both effect easily the purpose required.

A few words may now be said on some of the disadvantages and difficulties that may be met with or imagined in the operation of suction.

1. One gentleman writes to me: "In some cases—few, I suspect—you may find the pipe advantageous." My answer is, that during the last eighteen months I have hardly found a case of soft cataract in which I could not use the suction-curette with advantage. On the other hand, I have met with many cases which I could not have treated with the same perfection and speediness of result without the aid of suction. I may state, as the result of my experience, that the cases are few, very few, in which the suction-curette does not prove a great boon, the exception being that small class in which the cataract is fluid, and requires little else but rupture of the capsule.

2. The stiffness of the cataract may prove a source of difficulty. On first using the instrument, it is hard to realise the amount of suction-power sometimes required to draw through the narrow tube the more tenacious forms of cataract. The operator may readily suppose that all cataract has been removed, when, in reality, it has only blocked the curette. This can be remedied by putting on more suction-power, or by withdrawing the instrument from the

eye, blowing out the obstructing material, and then completing the operation; the test of its completion being the pure blackness of the pupil. This difficulty is one which a little practice will overcome.

3. Another difficulty may arise from rupture of the posterior capsule. In these cases, it is hardly possible completely to remove the opaque lens, in consequence of the readiness with which the vitreous humour is sucked into the instrument. By a little management in directing the opening of the curette against the portions of opaque lens, a great part of it may be withdrawn, mingled, perhaps, with some of the vitreous humour. The withdrawal, however, of two or three minims of vitreous humour, does little harm; and the advance of fluid along the transparent stem of the instrument will warn the operator if he is carrying the suction too far.

Advantages of the Suction Operation. 1. It is more easy to remove soft cataract successfully by suction than by any method hitherto in use.

2. It is more speedy in its results. The following cases, which recently occurred in my own practice, illustrate this point.

CASE I. Joseph Etheridge, aged 42, suffering from complete traumatic cataract. On November 3rd, 1864, extraction by suction was performed.

Nov. 4th. He reads 16 Jäger.

Nov. 7th (fifth day). He reads No. 1.

Eighth Day. All trace of operation had disappeared. No redness; pupil active, circular; no adhesion of iris to cornea.

CASE II. T. W., aged 3.

May 24th. *Right Eye.* A complete cataract was removed by suction.

May 31st (eighth day). All trace of tenderness was gone. He had good vision, and a central, active, non-adherent pupil.

May 24th. *Left Eye.* A partial cataract was removed at one operation by suction.

May 31st (eighth day). The eye was rather tender, with a slight film in the pupil.

CASE III. Edward Stocks, aged 13.

July 29th. *Left Eye.* A complete traumatic cataract was removed by suction. He read No. 8 immediately.

July 31st. He read small words of No. 1.

Aug. 1st. He read long words of No. 1.

Aug. 5th. He read No. 1 fluently (with + 2½). All tenderness had disappeared.

3. Most soft cataracts, whether complete or partial, can be removed at one operation.

4. When the operation is duly performed, there is rarely any formation of opaque capsule requiring a secondary operation. This is certainly the case, as far as I have seen, with complete cataracts, and may possibly prove to be so in incomplete cataracts also.

5. Most cases of soft cataract can be treated as out-patients with impunity; so little disturbance is produced in the eye by the suction-operation.*

In conclusion, allow me to notice, and ask for further information on, a point raised by Mr. Adams of Maidstone. Up to what age can a cataract be drawn through the curette? I have myself removed easily, by suction, a cataract in a lady nearly forty years of age; and in two men, each of the age of forty-two. The operation may be attempted in persons still older; and, if there should prove to be a hard nucleus, the operation may be concluded *à la* Schiöft.

* In my private practice, I have frequently performed the operation at my own room, and the patient has called to see me in two or three days. Several of my best cases have never been visited at their own home.

THE NON-TRANSMISSION OF SYPHILIS BY VAC- CINATION.

By W. BOECK, M.D., Christiania.

[The following few words on the question of the Transmission of Syphilis by Vaccination have been sent by Professor Boeck to the editor, for communication to the British Medical Association. They are simply the *resumé* of careful and extensive observations made by the professor, which were published in the seventeenth volume of the *Magazin for Lægevidenskaben*, p. 206. Professor Boeck's opinion, differing as it does from that which is commonly received at the present moment, is of much interest, and may be called very satisfactory, in so far as it tends to contradict the idea of the transmission of syphilis by vaccination. It need hardly be added, that few observers on this subject have more claims as an authority to our attention than Professor Boeck. EDITOR.]

When the question of the transmission of syphilis by vaccination was brought before the profession, I examined the question with the greatest care, investigated all the documents on the subject, and published my conclusions in the *Christiania Medical Journal*. I found that there was not one single case which could be held as conclusive of the transmission of syphilis by vaccination. But, in order to advance the position of the question, I determined to make some positive experiments on the question.

On the 28th of June, 1862, Ole Johan Olavsen, two months old, entered the hospital of the University of Christiania. The child had an exanthematous syphilitic eruption of a papular kind, which afterwards became pustular, on the thighs and buttocks. The mother and father had been treated for syphilis by mercury. The child was at once submitted to syphilisation. On July 10th, the child was vaccinated with matter taken from another child which was also under treatment by syphilisation. I made several punctures on the left arm; and, on July 17th, there were two well-formed vaccine pustules. On July 20th, I took from one of these pustules, on a lancet, vaccinal matter mixed with blood; and with this matter I inoculated two men suffering from elephantiasis Græcorum—one having the disease in the tubercular form, and the other in the anæsthetic form. Both of them had been vaccinated in infancy, and neither of them had had syphilis. In the first case, on July 28th, there were three well developed vaccinal pustules on the left arm, and two on the right arm. These pustules were observed every day; and, on August 25th, I noticed that the vaccinal crusts had fallen, and that there was no trace of syphilitic eruption. In the other patient, there were no results visible. It must be remarked, in reference to this observation, that subjects of elephantiasis can take syphilis as well as men perfectly healthy. I have seen several cases of this kind.

On March 12th, 1863, Alf Olavsen, three months old, entered the hospital with roseola of the trunk, of the legs, buttocks, hands, and forearms. The mother had been treated five years before by derivation—*i.e.*, eruption produced by tartar emetic; and last year had a child, which died of hereditary syphilis. Alf Olavsen was the same day treated by syphilisation. The child was vaccinated, the pustules being made as in the former case. The vaccinal matter, mixed

with blood, was then inoculated in the same two cases of elephantiasis. The result was in both perfectly negative.

On March 27th, 1865, the child Martin Gustav Amundsen, nine months old, entered the hospital with a maculo-squamous exanthem of the extremities, mucous tubercles of the perineum and inguinal regions, also between the buttocks, and ulcers of the tonsils. On April 6th, he was vaccinated as in the previous cases. The vaccinal matter thus obtained, mixed with blood, was again inoculated in the two cases of elephantiasis; and again the result was entirely negative. These two patients were observed daily during three years, and never presented a single symptom of syphilis.

I do not know if any direct experiments of this kind have ever been made by any other medical man; and I therefore consider that they have a certain degree of value. Vaccination is the greatest and most positive fact in our science; and it should not, therefore, be rendered suspicious, or have any doubts thrown over its excellence, unless on the most convincing evidence. I do not deny the possibility of the transmission of syphilis by vaccination; but I shall only believe in the fact when I see it. In Norway, where there is such great facility for following all the traces of contagion, never has the transmission of syphilis by vaccine been observed.

A FEW WORDS AGAINST THE HABITUAL USE OF PURGATIVES.

By C. B. RADCLIFFE, M.D., F.R.C.P., Physician to the Westminster Hospital, and to the National Hospital for the Paralysed and Epileptic.

Nor a few persons still look upon purgatives as necessities of life. They seem to think that their bowels would never act without the customary pill or potion. They stare incredulously if they are told that constipation is the natural result of some error of diet. They scout the idea that in some cases the bowels are habitually constipated with advantage, and not with disadvantage. Nor can it be denied that the conduct of not a few medical men is such as to encourage rather than to contradict these notions.

I object to the habitual use of purgatives on two grounds chiefly. In the first place, I object because the object in view may be attained by a more ready and rational way; that is, simply by regulating the diet in a proper manner. In the second place, I object because the very cases in which purgatives are habitually resorted to are very often those in which the constipation which it is intended to remove is a state to be encouraged, rather than a state to be corrected. To show fully why I make these objections, is not possible in the few minutes at my disposal. I can only hint at the reasons which have influenced me; and this, in fact, is all I propose to do.

1. Man is an omnivorous animal. Originally, it was not so. Then, "every herb bearing seed, which is upon the face of all the earth, and every tree, in which is a fruit of a tree yielding seed," was ordained for meat. Now it is very different; and it is to the butcher, rather than to the gardener, that man looks for his daily food. And what must be the consequences, so far as the bowels are concerned, of so doing? What must be the consequences, in this re-

spect, of taking too much animal food, and too little green meat? These are questions, to answer which it is not necessary to look further than to the illustration supplied in the case of a herbivorous animal, and in that of a carnivorous animal—the cow, for example, and the lion. The cow grazes on grass, and has a semifluid motion every hour or thereabouts. She is, so to speak, in a state of habitual diarrhoea; and this is her natural state. The lion, on the other hand, gorges on flesh. He eats seldom; and his bowels are relieved of a mass of little more than dry earthy matter once a fortnight, or even not oftener than once a month. He is in a state of very decided constipation; and this state is natural to him. As, therefore, the food of man departs from that of the lion, and inclines to that of the cow, it may be expected that his bowels will act more and more after the fashion of the cow; and so, in fact, it is. Supply green meat—salad, fruit, and the rest—and the bowels, as a rule, will act well enough: withhold it, and constipation will be the result. This is my experience in this matter. At any rate, this much I may say, that I have always been able to dispense with the habitual use of purgatives by attending to this point, and to that which I have next to consider.

In regulating the bowels, it also seems to be important to bear in mind the composition of the natural food provided for the state of infancy. This food, of course, is milk. Now milk, especially human milk, contains a large quantity of cream—contains a large quantity of that ingredient which is carefully extracted in too many instances from the milk which too often has to do duty for mother's milk. And what is it which this cream is intended to do? Part of it, it is probable, has to be burnt in the respiration, in order to keep up the heat of the body. Part of it, it is possible, has to act as food for nerve-tissue, by supplying some of the oily matter which is an essential ingredient in this tissue. And the rest—what of it? It is possible—nay, it is probable—nay, rather, it is certain—that it will further the secretion of bile; for it is one of the functions of this secretion to dispose of unused-up “respiratory fuel”. Hence, to feed an infant on skimmed milk may lead of necessity, as one of its consequences, to constipation, by stinting the natural outflow of bile into the bowel; and hence the natural remedy for the constipation thus arising may be, not “to seek to regulate the secretions”, but simply to follow Nature's lead, and restore to the milk used as food what had been robbed from it—namely, its cream. Surely, in theory, it is better to be *secundum naturam* than *secundum artem*; and most assuredly all I have seen in practice has taught me to prefer cream to grey powder, or any other abomination of the kind, as a means of correcting the constipation of infants. Indeed, my own experience amounts to this: that sickly spoon-fed infants have improved in health, and ceased at the same time to be sources of solicitude as to the condition of their bowels, as soon as care was taken that the milk used in their food was not deficient in the natural amount of cream. And, if this be so with infants, why should it be otherwise with persons of maturer age? If this be so with cream, why should it not be so also with butter, fat, and oily matters of other kinds? In theory, I can find no reason why it should not be so; and still less can I find a reason in practice. Practically, indeed, I can say this without hesitation: that the result of insisting upon the addition of a due amount of oily and fatty matter to the food, together with (at proper ages) a due amount of green meat, has been to enable me to dispense, for the last dozen years at least, with the habitual use of purgatives in practice.

In properly regulating the bowels, there are, of course, many other things to be attended to; as, for example, the proportion of bread and potatoes in the food; the question of brown bread *v.* white, and coffee *v.* tea; of alcoholic drinks *v.* water; of exercise *v.* rest; and so on. But all these, as I believe, are of minor moment only, when compared with the two questions which have been considered. Indeed, I have no hesitation in saying this broadly, as the result of an experience extending over at least a dozen years, that in any ordinary case, without making any other change, the habitual use of purgatives may be dispensed with by taking care that the diet contain a sufficient amount of oily and fatty matter, together with a sufficiency of green meat in those cases in which green meat is not contraindicated by age or by some other circumstance; and that in every case the result is most unmistakably beneficial.

2. A sentence or two will serve to say what can now be said in justification of my second objection to the habitual use of purgatives. I objected on the ground that the very cases in which purgatives are habitually resorted to are very often those in which the constipation which it is intended to remove is a state to be encouraged, rather than a state to be removed. The cases I had in my mind in making this statement are cases of old age, and of debility generally—cases in which, most assuredly, constipation must be looked upon as the rule, rather than as the exception. Now, in cases of this kind, certain things may be assumed. It may be assumed, that the digestive powers are feeble. It may be assumed, that debility of digestion implies inability to deal with the more innutritious kinds of food, green meat especially—with those kinds of food, that is to say, which are favourable to frequent stools. It may be assumed, also, that debility of digestion implies slowness of digestion; and that one effect of slowness of digestion is to lessen the number of stools. It may be assumed, in fact, that constipation, within certain limits, ought to be the rule in the cases in question, if the diet be of the kind best suited to the wants of the system; and that it is simply foolish to attempt to bring about a contrary state of things. In the cases in question, indeed, to cause the bowels to act every day, after the manner of many, is, as it seems to me, to do what must have the effect of starving the system, by removing the food from the bowel before digestion and absorption have had time to do their work—is to victimise the patient as Sancho Panza was victimised by his pretended physician at Barataria; that is, to take away the dish before time had been given to partake of it. At any rate, be these reasonings right or wrong, of this I am sure in practice—that good results from disregarding in a great degree the habitually constipated condition of the bowels in many cases of debility, of old age especially; and that to attempt to remove constipation by the habitual use of purgatives in these cases, is only to increase debility and irritability.

SPIRITUALISM TAXED. A curious case has been tried at Buffalo, New York, to decide whether professors of spiritualism are subject to a licence-tax for practising jugglery. The tax assessors thought that they were, while the professors thought they were not; and hence the strangest collection of people outside of a lunatic asylum has been brought together in the court at Buffalo. It has been at length determined, much to the disgust of the spiritualists, that they are jugglers, and must pay a tax as jugglers to the United States government. The case was highly amusing, and developed many “spiritual” secrets.

Illustrations

OF

HOSPITAL PRACTICE:

METROPOLITAN AND PROVINCIAL.

BIRMINGHAM GENERAL HOSPITAL.

CASES OF FAT KIDNEY.

Under the care of JAMES RUSSELL, M.D.

THE interest of the two following cases is derived from the rapidity with which the morbid process in the kidneys ran into the stage of fatty degeneration. The form of the disease in the first case, in which a *post mortem* examination revealed its nature, and, doubtless, also in the second, was that which most frequently presents itself, termed by Dr. Johnson the granular fat kidney; a disease in which the fat is confined to particular tubes or coils of tubes, constituting minute yellow granulations, visible to the naked eye, and studding, more or less thickly, the cortex of the organ. Such disease is usually the sequel of a gradual process of decay in the functional energy of the kidneys. It is preceded by a prolonged term of albuminuria; and, after death, is found conjoined with a perfectly pallid state of the cortical tissue, and generally with enlargement of the entire organ.

But, occasionally, as in the following instances, the morbid process runs quickly on to the fatty stage, at once imparting to the case a very serious complexion. Dr. Johnson (*Diseases of the Kidney*, p. 387) gives two cases in which the oily disease made its appearance with considerable rapidity; in one, within a month; in a second, after a still shorter interval.

Ordinarily, however, the fatty change is the termination of a more lengthened process of impairment of functional activity, and, doubtless, also of vital power. During this period, the presence of albumen in the urine testifies to the embarrassment which has taken place in the renal circulation; whilst a diminution in the daily excretion of urinary solids bears witness to a crippled condition of the organ; and, after death, the anæmiated state of the renal tissue is the outward and visible sign of the suspension of functional power, which existed during life.

The previous history of my patients affords no explanation why a process of vital decay, which ordinarily occupies a term of months, should in them have been comprised within a few weeks. There was nothing in their habits or constitution to explain the difference; nor any thing in the early symptoms of the attacks, in either case, to suggest that the issue would be otherwise than favourable.

The presence of fat, however, in the tissue of the kidney must not be taken as the cause of the fatal symptoms. The morbid change rather derives its importance from the circumstances with which it is associated, than from its own peculiar nature. It thus affords one among many examples which prove that the essence of all diseases consists in something beyond the mere structural change which constitutes their visible manifestations; namely, in the alteration of the vital condition of the organ with which the change in question is accompanied. How important is this fact in pathology, let the various theories which have been held respecting inflammation testify.

Thus, it is matter of common experience with microscopists, that in the liver preternatural amount of oil may be present in its cells without any morbid

result; and it has been shown by Frerichs (*Diseases of the Liver*, p. 281), that the quantity of fat in the hepatic cells varies with the nature of the food. In the kidney, I have more than once found the cells generally loaded with fat, without any evidence of proportionate embarrassment in the function of the organ; and a like remark is made by Dr. Johnson (p. 392). Even in the heart itself it has occurred to me on several occasions, especially in phthisis, to find the fascicles containing a considerable amount of oil-globules, although the organ has been quite equal to the demand made upon it. Such appearances are, of course, less significant in the secreting organs than in the muscular tissue; but are of greater importance in the kidney than in the liver, on account of the different offices filled by these glands respectively in secreting the hydrocarbons.

These considerations have much practical value in relation to prognosis. The appearance of oil in the cells or casts excreted by the kidney whilst suffering under disease must always suggest cause for anxiety; but our final conclusion will always rest upon the concomitant circumstances. Thus, during the process of recovery from acute renal dropsy, fat sometimes appears in the cells or casts present in the urine; but, being united with evidence of gradual diminution in the functional embarrassment of the organ, this phenomenon does not affect our favourable prognosis. On the contrary, the two following cases had all the characters of ordinary acute dropsy; but, concurrently with the discovery of fat casts and cells, the fact presented itself, that there was no diminution in the severity of the local or general symptoms, and the chances of cure declined in proportion.

It is worthy of remark, that the form of fatty change in the kidneys which seems most closely related to functional impairment is that in which, as in the present instance, the degeneration affects isolated coils or tubules only. This peculiar distribution of the degeneration is aptly compared by Dr. Johnson with the "larger patches of degeneration of the muscular substance of the heart, which are associated with a more or less impervious condition of the branches of the coronary artery."

CASE I. S. S., aged 17, newspaper errand-boy, was attacked with symptoms of acute renal dropsy, six days before his admission. No special cause could be assigned beyond the general fact that in his occupation he was liable to exposure. His previous health was excellent. The only fault to be found in this particular was, that up to the last two or three months he had been overworked at a confectioner's. At two months old, he had inflammation of his left eye, which had left the cornea permanently opaque; but he presented no other evidence of strumous tendency, and his family history was perfectly clear.

His symptoms at admission were by no means urgent; though the anasarca was considerable. He was treated by aperients and the hot-air bath, and was kept in flannel. He had milk diet. He never made more than a slight and temporary advance towards recovery. The anasarca diminished for a short period after the first five days, but then again increased and became general. The pulse averaged about 64 till the end of five weeks, when it rose. Anæmia increased, and became complete; but the digestive functions remained active, except that his abdomen was greatly, even painfully, distended with flatus; and, at the end of six weeks, he suffered, especially after eating, from attacks of very severe colic pain, with frequent sickness. These paroxysms became very frequent and distressing. The cerebral functions were entire, and there was no chest complication.

The register of the urine for the first three weeks

was mislaid; but during this period the quantity of urine passed was very small; at times, none but with the stools. The albumen varied from one-half to the entire bulk of the urine. During the subsequent period of the case, the daily quantity of urine averaged twenty ounces, of specific gravity 1019, in addition to what was passed with stools. The quantity increased as the case advanced. The albumen never sank below one-half the bulk of urine; generally it occupied two-thirds; and during the last ten days again rose to the entire bulk. The urine at first contained a large number of intracellular and full-sized casts, filled with small exudation-globules; and groups of uric acid. On the fifteenth day after admission, and the twentieth of the disease, oil was first discovered in the urine; from that time, fat-casts or cells were never found absent from the urine.

The treatment adopted, in addition to aperients and attention to the skin, included salines, digitalis, and cantharides, with tonics when they could be borne. Free discharge was maintained from acupuncture, which needed to be frequently repeated.

On the eighty-second day of his stay in the hospital, the boy was attacked with repeated fits of convulsions, and died in the night.

POST MORTEM EXAMINATION. The large veins of the pia mater were very turgid, but with this exception there was general and very well marked pallor throughout the brain, with increase of subarachnoid fluid. The heart weighed eight ounces; its fibre was perfectly healthy. There was some increase in the quantity of fat in the liver cells. The two kidneys weighed ten ounces and a half. The cortical tissue was completely anæmic; the cones retained colour, but were pale. The large vessels were healthy. No fat granulations were visible to the naked eye, but by the microscope they were found to be present in an early stage; entire tubules and coils being loaded with oil in places to the extent of being perfectly opaque and dark. Around the specimens floated a large number of cells loaded with oil, answering to the "granule cells" which had been observed in the urine. Some of the small arteries were hypertrophied.

The following case has fortunately not arrived at a fatal termination, but its nature is very apparent. It exhibits a still more rapid development of the fatty change than the last case, but contrasts with it in a much slower progress subsequently, as will be especially apparent by comparing the report of the urine in the two instances. Still the persistence of the symptoms, united with the continued presence of oil, justifies gloomy forebodings respecting the patient's fate.

CASE II. W. P., aged 18, a lithographic printer. He was attacked with symptoms of acute dropsy eight days before admission; the anasarca speedily became considerable, and dyspnoea came on. His urine, too, was scanty.

The only apparent cause of the attack was a wetting the day previously, and his remaining in his wet clothes. Up to this illness he had enjoyed perfect health. His family history was satisfactory. On admission, the patient made much complaint of his breathing, but no physical signs of disease were present, excepting slight prolongation of the first sound of his heart at the apex. There was no other urgent symptom; the anasarca also had lessened and soon left altogether. The patient appeared to progress satisfactorily, except that he continued feeble, and that the anæmia increased; the appetite, however, improved. The pulse, which was at first 72, fell to 65 and 62. He perspired very profusely. He got up on the twenty-fifth day, and in a fortnight was sent

to the Convalescent Hospital, though some cedema had again presented itself.

Three weeks afterwards, the anasarca again increased, and was accompanied with cedema of the lungs. He continued under observation forty days longer; when he left the hospital very anæmic, and with considerable anasarca, though without any other important complaint.

His urine averaged 51 ounces, of specific gravity 1013, with decided increase in quantity as the case progressed; but the quantity of albumen, which, at first, was equal to the entire bulk of the fluid, never sank below one-half, and finally stood at two-thirds. The urine at first contained numerous fibrinous casts with exudation cells. One or two oil-cells were discovered on the sixteenth day of the disease; and, eleven days afterwards, fat-globules and fat-casts were numerous. The oil-cells, in particular, increased greatly in number, and the fat-casts became abundant.

The treatment consisted at first of cupping from the loins; the usual means for exciting the action of the skin, which were soon intermitted on account of the free perspiration; ammonia; and, subsequently, steel. He had milk-diet at first, to which wine was subsequently added.

Reviews and Notices.

A DICTIONARY OF PRACTICAL MEDICINE. Comprising Special Pathology, the Principles of Therapeutics, the Nature and Treatment of Diseases, Morbid Structures, and the Disorders especially incidental to Climates, to Races, to Sex, and to the Epochs of Life; and with an Appendix of Approved Formulae. By JAMES COPLAND, M.D., F.R.S. Abridged by the Author, assisted by JAMES C. COPLAND, M.R.C.S., and throughout brought down to the Present State of Medical Science. Pp. 1537. London: 1865.

THIS is, as the title denotes, an abridgement of Dr. COPLAND's celebrated *Dictionary of Medicine*. In its production, he has shown no loss of that energy which enabled him to carry on, single-handed, that *κρηνα ἐς αἶα* of which the completion was witnessed but a few years ago. He has not been content with merely cutting down the original work, but has, with the aid of his colleague Mr. J. C. COPLAND, introduced sometimes entirely new articles, such as that on Diphtheria; and in every part has incorporated the opinions of the most modern and best known investigators of disease and its treatment. It is, of course, in the earlier parts of the book that these amendments are most noticeable. Thus, in the article Cancer, the doctrines of Walshe, Lebert, Paget, Rokitsansky, and other moderns well known to fame, are given. In Epilepsy, the opinions of Dr. Russell Reynolds and others are noticed; in Fever, the writings of Dr. Murchison have been laid under contribution; and so on throughout the book.

All who are acquainted with Dr. Copland's larger *Dictionary* will be able to form an idea of the manner in which the subjects are handled by him in the present volume. The profession must be under deep obligation to him for thus having, at a time when he might be reasonably entitled to rest after his thirty years' labour, applied himself to the laborious task of reducing his work to its present size,

and at the same time introducing into it, from among the gradually increasing accumulations of many years, the materials necessary to bring it up to the level of modern medical science.

CONSUMPTION, AS ENGENDERED BY REBREATHED AIR AND CONSEQUENT ARREST OF THE UNCONSUMED CARBONACEOUS WASTE: its Prevention and Possible Cure. By HENRY MACCORMAC, M.D. Second Edition, enlarged and revised. Pp. 240. London: 1865.

DR. MACCORMAC's object is an excellent one; and his zeal in endeavouring to carry it out is most praiseworthy; but his manner of doing so is quite as likely to defeat his purpose as to accomplish it. He tells us a great deal of what has been said again and again. This is right enough; for truth cannot be repeated too often until all are convinced of it. But he uses far too many words; and his readers are therefore liable to be bewildered or to be tired before they have grasped his meaning. In a book of 240 pages, he gives an Introduction just one hundred pages long, the text of which is the following sentence—

"Wherever the air habitually respired has been respired, in whole or in part, before, there tubercular deposits are found; and wherever the air habitually respired has not been respired in whole or in part, before, these tubercular deposits are impossible and consumption and scrofula are unknown."

This he considers to be an absolute law; and, as he claims its discovery, he calls it by his own name—"MacCormac's law"; and on this law he grounds all that he has to say on Consumption. Now every intelligent medical man who has had much dealing with consumptive patients knows, and has known for a long time, that confinement in an impure air—that is to say, in an air which has been spoiled by being used in respiration—is a very sure provocator of phthisis. But to assert absolutely, as Dr. MacCormac has done, that such impure air and nothing else is the cause of tubercle, and that tubercle cannot be found where the antihygienic condition alluded to does not exist, is to assert more than can be proven. If his statement were correct, those occupations and mode of life which induce phthisis in some who are subjected to them ought to induce it in all such persons without exception. But even Dr. MacCormac himself seems to be aware that his rule is too absolute; for we find him referring to the well known fact of the pressmen in a printing-office being less liable to consumption than the compositors. This he correctly ascribes to their using more exercise; but, if the air of a printing-office be *per se* impure enough to produce consumption in the compositors, why should the pressmen fare better, who, from the very fact of their greater exercise, must spoil the air more rapidly and breathe it again and again even more than do the compositors? Exercise, as Dr. MacCormac admits, is an important element here.

Dr. MacCormac assumes that tubercle is mainly a carbonaceous deposit, the result of imperfect respiration; and he speaks of "carbon, waste carbon," as being the "solid predominating ingredient." But the very analysis which he quotes—that of Scherer—gives to tubercle a composition closely allied to that of the protein compounds; the proportion of carbon,

hydrogen, nitrogen, and oxygen, being nearly the same in tubercles as in albumen or casein. It is something more than the mere chemical proportion of its ingredients that renders tubercular matter unfit for the purposes of life.

While we think that Dr. MacCormac has expressed his views too dogmatically, and that certain of his conclusions as to the action of impure air on animal nutrition are erroneous, we can agree much more closely with him in the observations which he makes on the prevention and treatment of consumption. That for these objects a plentiful supply of pure air is of the highest importance, is a truth which every enlightened physician recognises.

We would go very far in agreeing with his condemnation of the prevalent dread of "night air"—believing, as we do, that *per se* it is less injurious than the atmosphere of a confined room; but then we must take into account, for the consumptive especially, the temperature of the air that reaches the patient—an important consideration, of which, as far as we can see, Dr. MacCormac takes little if any notice.

There are, then, in this book, some valuable practical hints; but these are wrapped up in so much dogmatic assertion founded on a limited view of facts, that we cannot class the book among the most instructive works on phthisis which have appeared in modern times.

THE MODERN PRACTICE OF MEDICINE: a Lecture delivered before the Royal College of Surgeons of Edinburgh. By D. RUTHERFORD HALDANE, M.D., F.R.C.P., Physician to the Royal Infirmary. Pp. 18. Edinburgh: 1865.

IN this lecture, DR. RUTHERFORD HALDANE reviews the present position of pathology, diagnosis, and therapeutics. He comments on the question whether the modern change in practice has been brought about by a change of type in disease; or by a more accurate pathology and diagnosis. Neither of these, he thinks, affords a satisfactory answer. He enumerates several influences which he supposes to have brought about a change in the human constitution; but he cannot admit that so great, so sudden, so complete, a change of this kind has been produced as will account for the difference in practice. Then, as to the influence of modern improvements in pathology and diagnosis, Dr. Haldane thinks it much less than the influence of the spirit of independent inquiry—of loss of faith in the doctrines of past ages—of scepticism on the action of remedies—which has laid hold of men's minds in these days. This condition Dr. Haldane considers to be a transition stage of medicine; but he believes, and hopes, that we are on the road to a positive system of therapeutics—that "medicines may ultimately acquire the power of curing many diseases."

The author refers, in support of the possibility of such a discovery of therapeutic agents being made, to what is already known of the action of some substances and of their affinity for particular parts of the body; *e.g.*, the Woorara poison, strychnia, sulphocyanide of potassium, nicotine, and certain metallic substances. He urges the importance of experiment; so as to become acquainted not only with the action of a substance on the healthy body, but with its action on the body in disease.

Dr. Haldane writes in a manner calculated to encourage those who would promote medical science by improving our knowledge of the action of remedies. This pamphlet is the production of a thoughtful mind. Its perusal will give pleasure and instruction.

HEADACHES, THEIR CAUSES AND THEIR CURE.

By HENRY G. WRIGHT, M.D., Physician to the Samaritan Free Hospital, etc. Fourth Edition. Pp. 160. London: 1864.

THIS new edition of a well known little work does not contain much that is new. The author, however, has treated his subject clearly, and in a manner which—though he sometimes gives some very unnecessary information to professional men—renders the book one which may be perused with advantage. Headaches are grouped according to their causes; and, according to the cause, the proper treatment is described.

LECTURES ON THE GERMAN MINERAL WATERS,

AND ON THEIR RATIONAL EMPLOYMENT. With an Appendix embracing a short Account of the principal European Spas and Climatic Health-Resorts. By SIGISMUND SUTRO, M.D., M.R.C.P. Lond., Senior Physician to the German Hospital, etc. Second Edition, carefully revised and enlarged. Pp. 419. London: 1865.

THE first edition of this work appeared in 1851, and consisted of a course of lectures delivered at the Hunterian School of Medicine. Dr. SUTRO's object, in delivering and publishing the lectures, was to give a faithful description, derived from personal observation, of the properties of the various German mineral springs, and to facilitate their appropriate selection according to the object sought in an application of their remedial powers. In this, his second edition, the author has left the lectures in the form in which they originally stood—making, however, alterations where necessary; and has added a copious Appendix, comprising an account of the British and foreign health-resorts not previously alluded to.

We commend this work to our readers, as containing a clear and practical description of European spas, and their applicability to the restoration of health.

A COURSE OF PRACTICAL CHEMISTRY, ARRANGED FOR THE USE OF MEDICAL STUDENTS. By WILLIAM ODLING, M.B., F.R.S., F.R.C.P., Examiner on Forensic Medicine at the University of London, etc. Second Edition. Pp. 241. London: 1865.

DR. ODLING, in bringing out a new edition of his *Practical Chemistry*, has made considerable alterations in the work. The first chapter, treating of Chemical Reactions and Manipulations, is new; the second, on Analytical Chemistry, has been rewritten; and the third and fourth, on Toxicological Chemistry and Animal Chemistry, have been carefully revised. The directions given are brief and intelligible; and the nomenclature adopted is in accordance with the system which is gradually gaining favour among modern chemists. The old atomic weights are, for convenience, still retained; but, in an appendix, several tables are given to shew the superiority of the unitary over the dualistic formulæ.

As a laboratory companion, we know of no book more useful to the student than is this one.

Progress of Medical Science.

ANATOMY, PHYSIOLOGY, & PATHOLOGY.

EPITHELIAL TUMOURS OF THE CERVIX UTERI. M. Cornil remarks on the difficulty of making a diagnosis, by pathological characters, between true cancer and epithelioma of the cervix uteri; and inquires whether it may not be possible to found an arrangement of the tumours, on such elements of diagnosis as the arrangement of the epithelial cells. In some tumours, the cells are arranged like the acini of glands; and M. Robin calls these tumours heteradenic, and divides them into three varieties, of which M. Cornil retains one, classing the tumours comprised in the two others according to the form of their stroma and epithelium. From an examination of fifty-five cases, he has made the following classification: 1. Heteradenic tumours (M. Robin's third variety) with or without epidermic globules = 18 cases; 2. Epithelial tumours with alveoli visible to the naked eye and cylindrical cells = 3 cases; 3. Epithelial tumours having a net-work of fine meshes and cells of very various forms (the prismatic form predominating) = 34 cases.

The following is a succinct account of the characters of these varieties.

1. *Heteradenic Tumours.* The lips of the os uteri—sometimes one alone—are swollen, sometimes everted, and irregular. The tumours are whitish and somewhat transparent, friable under the pressure of the finger, and having a consistence between that of scirrhus and that of encephaloid; on section, the surface is smooth, and presents no milky juice, but yields on pressure small coagula, or white opaque vermiform filaments one or two millimètres (sometimes even a centimètre) in length, which proceed from cylindrical cavities visible to the naked eye. These filaments are sometimes disposed without order, sometimes parallel, or radiating like a fan in the large projecting *bourgeons* of the tumour. Under the microscope, a section made parallel to the direction of the filaments shows a number of elongated tubes, anastomosing like the tubules of glands, enlarged at parts, and ending in one or more ramifications; these tubes are separated by a thin layer of areolar tissue, or of uterine muscular tissue, and have no special external membrane; they are comprised of cylinders formed of prismatic or pavement nucleated cells, agglutinated by an amorphous granular matter, these cells entirely filling the tubes. When the tubes are not transversely, they present epithelial cells implanted in a radiating manner in their walls. As to the origin of these nucleated cells, M. Cornil observes that they do not spring from pre-existing glands; and believes that they arise spontaneously, producing in the adult an abnormal gland-formation analogous to that which is physiologically formed in the embryo. As this process of development goes on, the parts first formed undergo certain changes, consisting principally in vesicular, fatty, or epidermic degeneration of the cells, followed by disintegration and ulceration, and finally by putrefaction or gangrene of the tumour.

2. *Epithelial tumours with visible alveoli and cylindrical cells* are characterised by the presence of alveolar cavities, generally visible to the naked eye, hollowed in the pre-existing tissues, and filled with cylindrical epithelial cells. The tumours are soft, friable like encephaloid, and yield on pressure a milky juice, mixable with water. They differ from heteradenic tumours in the presence of fluid, in the absence of tubes and of globular epidermic cells, and in the cha-

acters of the alveoli; they are distinguished from encephaloid by the presence of cylindrical cells and by the absence of newly formed alveolar tissue.

3. *Epithelial tumours having a net-work of fine meshes and cells of various forms, principally prismatic.* This is the most common variety of epithelial uterine tumour. It presents to the naked eye the characters of encephaloid; and, microscopically examined, differs from the two varieties already described, in the formation of a layer of connective tissue, supporting the vessels and forming alveolar cavities, generally microscopic, and filled with epithelial cells. These cells are free, and may be removed, in the form of a milky fluid miscible with water, by pressure, or by scraping a section of a tumour with the back of a scalpel. The elements found in the fluid are: 1. Ovoid nuclei of greater or less size, having a thick membrane and a large nucleolus—these are considered, by those who hold that the elements of cancer are specific, as characteristic of carcinoma; 2. prismatic cells containing ovoid nucleus, and generally also a nucleolus; 3. fibro-plastic cells; 4. spherical cells containing large nuclei; 5. mother-cells with several nuclei, etc.; 6. cells undergoing fatty degeneration; 7. white globules.

M. Cornil has never observed the disease to become generalised in the first two varieties, while he has noticed it to do so in five cases of the third. Independently of such results as peritonitis, inflammation of the bladder and urethra have been amongst the most frequent complications. In six cases out of thirty-two of the third variety, tubercular disease of the lungs was also present. (*Journ. de l'Anat. et de la Physiol.*; and *Gaz. Méd. de Paris*, July 8, 1865.)

STRUCTURE OF NERVES. M. Roudanovsky states that he has found that the walls of the nerve-tubes of the spinal nerves have an inner membrane consisting of transverse fibrils. These striæ or fibrils have an arrangement very like that of the striæ of muscles, and are united at an angle, so as to give the tubes a pentagonal or hexagonal form. The membrane here described touches the neurilemma externally and the myeline internally. M. Roudanovsky has not found the transverse striæ in the cerebral nerves; nor has he seen them in all the fibres of spinal nerves which he has examined. (*Gaz. Méd. de Paris*, July 8, 1865.)

PHYSIOLOGICAL ACTION OF CARBONIC ACID. M. Demarquay, in a memoir presented to the Academy of Sciences, gives the following conclusions. 1. Carbonic acid has an irritant action on the skin, especially in the more secretive parts, such as the perineal region. 2. Analgesia of the skin is obtained only by the influence of a continuous jet of the gas on a very limited part of the body. 3. The action on the organs of sense is analogous to that on the external integument; there are lively excitement, sensorial exaltation, or nervous perturbation—all these phenomena being generally very transient. 4. The action of the digestive organs is stimulant, and is attended by slight neuro-vascular excitement. 5. Injected into the veins, carbonic acid is absorbed in large quantity, and is rapidly eliminated if the experiment be carefully performed; otherwise it produces distension of the cardiac cavities, and death. 6. Carbonic acid introduced into the air-passages does not produce the toxic effects commonly attributed to it. Mammalia can remain for some time without serious inconvenience in an atmosphere of common air or oxygen mixed with from 20 to 25 per cent. of carbonic acid. In man, some slight disturbance occurs at a time varying with the susceptibility of the individual. When death follows the inhalation

of this gas, whether in man or in animals, the *post mortem* appearances are different from those produced by carbonic oxide, the effects of which have often been confounded with those of carbonic acid. 7. Most of the accidents produced by the fumes of charcoal, by confined air, by the vapours arising from stoves or from fermentation, have been erroneously attributed to carbonic acid; they ought in great part to be laid to the charge of carbonic oxide, sulphide of hydrogen, alcoholic vapour, and other imperfectly known gases. 8. Carbonic acid is simply irrespirable; because, being of the same nature as the gas expired from the lung, a physical interchange of gases cannot take place. Hydrogen and nitrogen are less immediate in arresting respiration than carbonic acid, because they allow the physical interchange to go on for a short time. 9. Anæsthesia cannot be produced in man by carbonic acid without danger of asphyxia; and, even if it could be safely produced, it would be too transient to be of service in operations. (*Gaz. Méd. de Paris*, August 5, 1865.)

ACTION OF ATROPIA AND MORPHIA. Drs. Mitchell, Keen, and Morehouse give the following conclusions regarding the action of atropia and morphia. 1. Conia, atropia, and daturia, have no power to lessen pain, when used subdermally. 2. Morphia thus used is of the utmost value to relieve pain, and is most potent, in certain forms of neuralgia, the nearer it is applied to the suffering. 3. Morphia lowers the pulse slightly or not at all; atropia usually lowers the pulse a few beats within ten minutes, and then raises it twenty to fifty beats within an hour. The pulse finally falls about the tenth hour below the normal number, and regains its healthy rate within twenty-four hours. 4. Morphia has no power to prevent atropia from thus influencing the pulse, so that, as regards the circulation, they do not counteract one another. 5. During the change of the pulse under atropia, the number of respirations is hardly altered at all. 6. As regards the eye, the two agents in question are mutually antagonistic, but atropia continues to act for a much longer time than morphia. 7. The cerebral symptoms caused by either drug are, to a great extent, capable of being overcome by the other, but owing to the different rates at which they move to affect the system, it is not easy to obtain a perfect balance of effects; and this is made the more difficult from the fact already mentioned, that atropia has the greater duration of toxic activity. 8. The dry mouth of atropia is not made the less by the co-incident or precedent use of morphia. Atropia does not constipate, and may even relax the bowels; morphia has a reverse tendency. 9. The nausea of morphia is not antagonised or prevented by atropia. 10. Both agents cause dysuria in certain cases, nor is the dysuria occasioned by the one agent relieved by the other. 11. Atropia has no ability to alter or lessen the energy with which morphia acts to diminish sensibility or relieve the pain of neuralgic disease. 12. As regards toxic effects upon the cerebral organs, the two agents are mutually antidotal, but this antagonism does not prevail throughout the whole range of their influence; so that, in some respects, they do not counteract one another, while, as concerns one organ, the bladder, both seem to affect it in a similar way. (*American Journal of Medical Science*, July 1865.)

ABSENCE OF THE GALL-BLADDER. At a meeting of the New York Pathological Society, Dr. Sands exhibited a liver without a gall-bladder, which had been removed from an emaciated male phthisical dissecting-room subject, aged about twenty years. The liver was very small, and weighed but a pound

and three-quarters. The lobus quadratus was also wanting; at least, the fissure for the gall-bladder being absent, there was no line of demarcation for it. The hepatic duct was present, and of considerable size; which fact has been noticed under other similar circumstances. Dr. Sands remarked, that the absence of a gall-bladder had been observed in the acephalous fetus. Dr. Clark remarked, that he had a specimen in which the communication between the gall-bladder and ductus communis was entirely occluded, and the gall-bladder shrivelled to very little more than a mass of connective tissue. In that instance, the liver had attained an enormous size, and was considerably blackened by a pigmented deposit, evidently the result of the existence of a previous hyperæmia. (*New York Medical Journal*, June 1865.)

British Medical Journal.

SATURDAY, SEPTEMBER 23RD, 1865.

AN OPERATION FOR FISTULA IN ANO TWO HUNDRED YEARS AGO.

In a previous number, we gave an interesting account of the management of royal accouchements two hundred years ago; and will now, from the same authentic source,* relate briefly a "grand operation performed on Louis XIV in 1686."

On the 18th of November, 1686, Versailles was astounded with the news that Louis XIV had undergone the "*grande opération*", as it was then called, for fistula *in ano*. An abscess at the margin of the anus of the king had been discovered in February 1686; and Félix de Tassy, his chief surgeon, at once proposed to open it. But, as Dionis remarks, "the deference to opinion necessary for a cure is not always found among the great." A thousand *infallible* remedies were immediately proposed; and of these, a plaster made by Madame de la Daubiére was selected as preferable to the lancet of the surgeon; and madame herself, as the chronicle tells us, assisted in its application. The plaster, however, was removed five days later, having only increased the king's sufferings; and it was at last resolved, on the 23rd, that the abscess should be opened. But, contrary to the wishes of Félix, caustic was used for the purpose, instead of the knife. The result was that, when the caustic slough fell off, "the pus ran out of a small hole." Soon afterwards it was discovered that the fistula communicated with the interior of the gut; and an operation for its cure was therefore necessary.

Hereupon the king was again overwhelmed with the promises of infallible curers of tumours. Louvois, the minister, however, being in some sense responsible for the life of the king, would not allow any of their remedies to be applied to the king with-

out having them previously tried on others. Thus, for example, the use of the waters at Barèges having been recommended, and having taken the fancy of the king himself, four persons with fistula were sent to Barèges, under the charge of Gervais, surgeon of La Charité, who had a great reputation in the cure of tumours. They were treated in a variety of ways, internally and externally, with the waters, for a long time; but the result was, says Dionis, that at the end they were no nearer a cure than when they started for Barèges. Next came a court lady, who reported that she had been cured of a fistula at the waters of Bourbon. Consequently, four other patients with fistula were sent there, under one of the king's surgeons; but they also returned uncured. Still Louvois was besieged with promises of a cure; and, not wishing to throw away a chance, had several rooms in his ministerial hotel at Versailles fitted up for the reception of all fistula *in ano* patients who were willing to have remedies tried upon them. Félix was to watch the action of the remedies, and to report upon them. The experiments were carried on for a length of time; but all the *infallible* waters, ointments, etc., turned out complete failures.

Of all these proceedings the king was informed by Louvois and Félix, who urged upon him that all attempts to cure the fistula without operation were in vain. Before finally deciding, the king sent for Bessières, who was then in great repute at Paris; and by him was told that "all the remedies in the world would do nothing without an operation." Thereupon the king determined to undergo the operation. But *what* operation? At that time there lived at Paris one Lemoyne, who had great repute as a curer of fistula. Of him Dionis writes:

"His method consists in the use of a caustic, spread over a little plug, and introduced into the opening; this plug is enlarged day by day, so as to destroy all callosities and sinuses. By this process, and with plenty of patience, he cured many fistulæ. He died old and rich; and he made the people pay well; and in this he was right, as the public only esteem those things which cost them dear. All patients who dreaded cutting fell into his hands; and, as the number of cowards (*poltrons*) is always great, he never wanted for practice."

The ligature was the plan most in use; but Félix preferred the knife. Félix, therefore, was called upon to describe to the king the entire history of these different remedies. Caustic, he told him, produced continual pain for five or six weeks. The ligature required a long time to cut its way through, and also needed frequent tightening, and so constantly produced pain. The pain of incision was, he admitted, sharper, but then it was only for a moment; and the cure by incision was certain and rapid, and this could not be said of either the caustic or the ligature. Félix's arguments, supported by those of d'Aquin, Fagon, and Bessières, decided the king for incision. Félix was a bold man; for at

* *Cariotés Historiques*. Par M. Le Roi. Paris: 1864.

that time the operation by the knife was looked upon as a great and terrible affair. But Félix was not an ordinary man. He was the son of the king's surgeon, Félix de Tassy; had been carefully educated by his father, in hopes that he would become his successor; and at an early age was celebrated as a skilful surgeon. In 1676 he, in fact, became first surgeon of the king. Félix at the time had never performed the operation which he proposed to the king. But, while the experiments of the "curers" were being tried, he read everything which had been written on the subject; and, what is more, operated on all the patients having fistula *in ano* who were received into the Paris hospitals and into La Charité at Versailles. When, therefore, the king had at length resolved upon the operation, Félix had become a master in its performance.

Félix used a modification of Galen's syringotome. It was a very narrow curved knife, terminated by a stylet several inches long. The cutting part of the blade was covered with a silver sheath. This instrument was introduced through the fistula into the rectum, and then brought out at the anus. The sheath was then gently withdrawn; and the knife, now laid bare, held by the hand and by its stylet end, was at once made to cut its way out. This knife received the name of the *Royal Bistoury*.

The operation was performed on November 18th, 1686. The king had kept his intention a secret. He came to Versailles on the 15th; and on the 17th he rode out publicly on horseback. On the 18th, at five o'clock in the morning, the apothecaries administered a lavement. A little before seven, Louvois brought Madame de Maintenon to the king, who was found engaged with Père de la Chaise, his confessor. In the Cabinet des Bassans were assembled Félix, d'Aquin, the king's chief physician, Fagon, Bessières, the four royal apothecaries, and Laraye, Félix's pupil. At seven o'clock they entered the king's room. Louis XIV made Félix show and explain to him the instruments, etc.; and then with perfect confidence, and most composedly (as we are assured), placed himself in Félix's hands. The operation was performed in the manner above indicated; and then, with eight cuts of scissors, Félix removed the callosities which were exposed when the incision was made. Louis bore the operation without a cry or a word. A large plug of charpie, covered with oil and yolk of egg, was then forced into the wound.

Consternation seized all the courtiers when they heard that the king had undergone this *dangerous* operation. For the first few days afterwards, things went on well; but, on December 7th, it was found necessary to destroy the new cicatrix, and to lay bare the fistula to its base. After this second proceeding, the operation succeeded.

Félix was well rewarded. His fee was 50,000 crowns, and the estate of Mouhineaux, estimated at

a like value. D'Aquin received 100,000 *livres*; *livres*; Fagon, 80,000 *livres*; the four apothecaries, each 12,000 *livres*; and the pupil Laraye (who was not forgotten), 400 *pistoles*—the sum paid amounting altogether to about £40,000! Félix's practice now naturally became very large; for, as Dionis says:

"Fistula *in ano* has become a fashionable disease since the operation was practised on the king. Those who had before, through shame, concealed the disease, now made it public; and many went to Versailles to undergo the operation, because they knew that the king made inquiries about all operations of the kind. Some even, who had simply hemorrhoids, or a slight discharge, were angry when they were told there was no necessity for an operation."

"Such," says M. Le Roi,

"Is the history of the operation performed on Louis XIV. Thanks to the happy initiative of Félix, the method of operating by incision was again brought into honour, and has since been generally adopted. A man, indeed, may now-a-days successfully practise the operation without being first surgeon of the king—so simple has the operation become."

M. MOREAU ON HYSTERICAL MANIA AND EPILEPSY.

M. MOREAU has been publishing some interesting papers on Hysterical Mania, Epilepsy, etc., in *L'Union Médicale*. Speaking of marriage as a remedy for epilepsy, he says:

"It is hard to understand how the idea of marriage (and under this term is included the act which is legitimised by marriage, and pregnancy, which in most cases is its usual consequence) as a remedy could have ever entered into people's minds, and become popular, as it is. It is certain that no single fact has ever yet been furnished as a pretext for the propagation of the prejudice. Of 287 patients under charge, we have 187—8 hysterical, 17 hysteric-epileptic, and 162 epileptic patients—who have had recourse to marriage (legal or illegal), and most of them for the express purpose of getting rid of their terrible disorder. Not one of these derived the least benefit therefrom; but most, if not all of them, suffered from an immediate intensification of their disease. This, above all other panaceas, ought to be rigorously proscribed by the conscientious physician, inasmuch as thereby the propagation by heredity of the most frightful of diseases is fostered."

As regards the effects of different drugs upon epilepsy, M. Moreau has little good to say. He has tried all the numerous remedies so often vaunted as efficacious, but has found them all useless. It is useless, he says, to repeat here the results which he has already from time to time published. The last remedy recommended—bromide of potassium—is as useless as the others which have preceded it. He can recommend none of these drugs as being of any service in the cure of the disease.

There is, however, a remedy of which Dr. Moreau speaks very highly; and that is one out of the arsenal of hydrotherapia. He has obtained excellent results from the use of simple douches applied exclusively along the spine. He first saw this prac-

tice adopted by Dr. Ideler, physician to the Lunatic Asylum at Berlin. Since 1854, the *vertebral douche* has been the method of treatment almost exclusively employed in the service of epileptics at Salpêtrière. The patient, after being roughly sponged with water, is placed in an empty bath, and a very powerful jet of cold water is directed along the spine for three to five minutes—time enough to produce an erysipelas-like redness of the skin. In many patients, whose menstruation is irregular, the douche is directed for one or two minutes on to the pubes, and thereby regularity is often restored. After the bath, gymnastic exercises are enjoined. Sixty-six patients have thus been treated; viz., thirty-two epileptics, nineteen hysterico-epileptics, and fifteen hysterical. Of the epileptics, fifteen have shown a slight amelioration, the attacks having become fewer and milder. The rest have been markedly improved by the treatment.

CHOLERA has increased in the South of France. At Marseilles there had been, on the 15th instant, 1067 deaths from the disease since its appearance there two months ago. On the 11th, there were 40 fatal cases. At Toulon, cholera has prevailed since August 26th. The daily number of deaths from the 6th to the 13th instant has shown, on the whole, an irregular increase; the figures being for the eight days, 10, 4, 9, 11, 3, 10, 27, and 14. In Upper and Middle Egypt, the disease has greatly diminished. It has considerably decreased, or entirely disappeared, at Constantinople, Smyrna, Latakia, Messina, Rhodes, and Ancona. At Beyrout, the cholera is increasing; and there is also a very fatal epidemic of pernicious fever.

PROFESSOR BOULEY has addressed a letter on the Cattle-Plague to the *Scottish Farmer* newspaper. He says:

"If there is a question in veterinary medicine of which the solution ought at the present day to be complete and definite, and one which leaves no longer any material for controversy amongst competent men, it is that of the origin, or, so to speak, the home of this redoubtable pest. For long, its apparition was explained by invoking the influence of heat and cold, dryness and humidity, privations of all kinds, sufferings, fatigue, overcrowding, accumulation of animals, etc.—all causes which are powerless to generate the contagious malady known as the Typhus of Horned Cattle, the Rinderpest, etc. This has but one home, and that is in the steppes of the Eastern Europe and Asia.....The typhus is not a new malady in Western Europe. It has visited us too often, notably in connection with the transit of large bodies of men, as necessitated by wars..... Those who do not wish to admit the exotic nature of typhus invoke, to explain its outbreak, the influence of habitations, faulty hygienic conditions, privations, sufferings, heat, etc.; but they do not reflect that these causes exist at all times and in all countries, whilst the typhus does not appear but on extraordinary occa-

sions, and afflicts only some unfortunate countries. If the typhus depended on the bad condition of the byres in which milk cows are kept, it ought to reign perpetually among the dairies in Paris and its suburbs, where the unfortunate beasts, destined to the production of milk, are maintained in low, humid, suffocating stables, without light and without air. Compared to the cow-houses of Paris, those of London are Louvres; and, nevertheless, the typhus does not break out in those. Since the inauspicious days of 1814 and 1815, we have not had it in France; and it is one hundred and ten years since it last visited England..... It is the same in France, in Spain, in Italy, and in Germany; there also reign these causes, general and common, which are supposed capable of generating the typhus, and, notwithstanding, it does not appear..... We have now ceased to believe that this malady is able to be indigenous..... If England adopt the fatalistic doctrine that the typhus is an indigenous malady, she will see her bovine population disappear as in Egypt. The real truth, that against which all the errors will not prevail is this, that the typhus which has fallen like a curse on the flesh of horned cattle has been imported into England by the convoy from the Baltic, and that it is spreading by virtue of its contagious properties, which are of the greatest possible potency. If England had not been disarmed by her laws, it had been possible to have arrested its march by energetic measures like those adopted on the continent, where the Austrian and Prussian sentinels, always vigilant, guard Western Europe, and protect it against the invasion of this Russian scourge. But in England, as it appears, the *bovine race must perish rather than a principle*. The maxim is sublime, no doubt; but it will be productive of very great disasters."

THE cattle-disease continues to increase, and to excite public attention every where. A deputation, consisting of the Lord Mayor and members of the Market Committee of the Corporation of London, with several medical officers of health, had an interview, on Monday last, with the Lords of the Privy Council. In the discussion, Earl Granville said that, in consequence of the opinion of Professor Simonds and others that sanitariums would tend to spread the disease, it would not be wise to establish them; but the Council would not object to one sanitarium, where a curative treatment might be tried. A Royal Commission for inquiring into the origin, the nature, and the remedies of the disease, was in course of formation.

DR. GALLARD of La Pitié, who has lately paid much attention to the ventilation of hospitals, has arrived at the conclusion that *natural* is far superior to *artificial* ventilation. At Hôpital Beaujon, he says, has been in operation since 1856 Van Hecke's system of ventilation in the female surgical pavilion of that hospital; and yet statistics show that the mortality has, if anything, increased. In 1851, there was one death to 17.16 patients treated; in 1852, one to 16.26; in 1853, one to 14.48; in 1854, one to 13.81; in 1855, one to 16.23; in 1856, one to 14.25; in 1857, one to 14.93; in 1858, one to 12.85; in 1859,

one to 17.14; in 1860, one to 12; in 1861, one to 11.60; in 1862, one to 12.30. At Hôpital Necker, where the same apparatus is in operation, the mortality has remained precisely as it previously was—viz., one in eight or nine patients. Then, again, we find still more striking results if we compare the mortality of La Pitié, where there is no artificial ventilation, with that of Lariboisière, where the most expensive system prevails. Lariboisière nominally contains 606 beds, but its average number is 634. La Pitié contains 620. Lariboisière is placed on a height, and stands in an open space. La Pitié is placed low; has muddy waters, tanneries, etc., around it; its superficial area is 21.7 *mètres*. Lariboisière has 51.8 *mètres*: its beds have each 52 to 63 cubic *mètres*, whilst those of La Pitié have from 25 to 49 only. These and other circumstances place La Pitié in a hygienic position greatly inferior to that of Lariboisière. And we should naturally be led to conclude that the mortality of La Pitié was greatest; but such was not the case. We find from statistical comparison of the mortality at the two hospitals since 1858, when Lariboisière was opened, that the mortality in both was much the same. During eleven years, Lariboisière has received 100,718 patients, of whom 12,616, or one in 7.9, died; whilst La Pitié received 103,707, of whom 13,189, or one in 7.8, died. Facts like these, M. Gallard contends, show that artificial systems of ventilation of hospitals are, to say the least of them, useless. Then, again, it appears that during these years, in which statistics were taken, the average duration of diseases in Lariboisière is about two days longer than in La Pitié. It is needless to add, that the expense attending artificial ventilation is great. M. Gallard has often noticed an inconveniently high temperature in wards artificially ventilated. In Lariboisière, where the ventilator of Farcot is employed, the temperature is generally about 17° to 18° cent., and sometimes even above 20°, when 15° or 16° should have been the maximum. The original expenditure on the ventilating apparatus at Lariboisière was upwards of £16,000; and every year the expense of heating the hospital is more than £3,000, whilst that of La Pitié costs only £1,000.

WE have been requested by many members of the profession to pursue a subject to which we have already alluded in this JOURNAL. We refer to the subject of medical advertising in non-professional journals. It has been thought that this is one of the questions, the propriety of which should especially come for discussion under the consideration of the British Medical Association. The fact is that, in matters of this kind, example is of such force, that one man is naturally led to follow another without reflecting much upon the real and general nature of the proceeding. We can very well imagine, that

many of our esteemed brethren, if they were to give the subject fair consideration, would at least be brought to doubt whether or not they were properly sustaining professional dignity by indulgence in the kind of advertising here alluded to. We are quite aware that there are difficulties inherent in the thing; but we are equally sure that there are few members of the profession who will not agree with us in this, that there should be some kind of limit to the proceeding; and that the proper limit is at this time generally exceeded. The truth is, if it may be spoken, that, in this species of advertising in non-professional journals, the ostensible is not the real cause of the advertising. We pretend (and of course, in saying this, we speak with a knowledge that the rule has exceptions) that we are bringing our books to the knowledge of the public; but the fact is, as we know very well through a still small voice, that we are all the while recommending ourselves, the doctor and the surgeon, to the notice of a discriminating public. Naturally, when once this kind of race has commenced, there is nothing for it but going ahead; and thus it happens that we are at last forced into competition with each other in advertising as well as in the legitimate walks of scientific practice; and the results of this competition are now before us in the daily prints. No one, we suppose, will venture to defend unlimited advertising of this nature; and, in truth, the very fact of its having no defender is a tolerably good proof that those who carry out the system are not over-proud of the proceeding. Perhaps an expression of opinion on this subject from our Association might tend, at all events, to prevent the further development of a certain kind of advertising of our books, which clearly can have only one sole, and that not very creditable, object.

A discussion on the subject of Compression of the Artery in Aneurisms lately took place at the Parisian Surgical Society, *à propos* of a successful case of M. Legouest. A man, in 1863, with popliteal aneurism, was subjected to digital pressure without success. A second time, at Lisle, he was subjected for sixty hours to the same treatment, and also unsuccessfully. The patient, wearied, remained two years without further treatment; but as the pain then increased, he, in July last, entered Val-de-Grâce under M. Legouest. He then had a popliteal aneurism of the size of an egg, with thick and regular walls. M. Legouest at once employed M. Broca's compressor from July 24th to August 11th, when it was removed on account of the intolerable pain and other mischief produced. The tumour seemed increased in size, hardness, and pulsation. M. Legouest then resorted to digital compression, continued, and as perfect as possible. From fifteen to twenty assistants relieved each other, commencing at 8 A.M. on the 11th, and continuing steadily at work up to 9 A.M. of

the 12th. The pulsation of the tumour ceased, and has not returned, and there now only remains a hard tumour. M. Legouest said, that compression had been abandoned by surgeons, because it was so simple and afforded no gratification to the vanity of the operator; a remark which was loudly protested against. M. Marjolin said, that he had never noticed any of the great pain attending digital compression alluded to by M. Legouest. M. Desormeaux said that he should like to see the other side of the medal, the unsuccessful cases. He had himself had a case of popliteal aneurism, in which digital pressure had produced gangrene and death. M. Velpeau thought that digital compression was neither difficult nor dangerous. It was not necessary to keep up the pressure continuously for twenty-four, thirty-six, or forty-eight hours; it might be left off for an hour or two every five hours. Nor was there any necessity for employing a company or battalion of assistants, as M. Legouest had done. He had cured several cases in this way, varying the mode of compression. He had no doubt that in due time we should employ pressure only in the cure of aneurism, and never resort to the ligature, which is always dangerous.

Guy Patin thus speaks of the relations of surgeons, apothecaries, and physicians, in Paris in 1661. "The avarice of the police is such that no physician is engaged to attend those of the poorer classes suffering from the plague. The police are always satisfied with the services of a number of ignorant barbers. We (the physicians) do not live in a good understanding with either surgeons or apothecaries; the former are too boastful, and the latter too avaricious and overfond of excessive gains. The former, however, are peaceable enough, *beneficio frequentioris phlebotomia, quam hic exercemus, que lucrum et laudem eis conciliat*. The latter are rabid against the charitable physician, who prepares his prescriptions at his own house for the sake of economy; they have, however, presented to our Dean articles of peace. I forgot to tell you that a learned physician of this city, M. Mahmidy, who was a notorious drinker, voluntarily and without recompence undertook the charge of a pest-house during the time of the great pest in 1582 and 1583; he, however, gained thereby a good deal, and died twenty years later of pure old age. The physician Semelles, who was in the Bastille for having drawn the horoscope of the King promising that he should die in September, has been condemned for life, and his goods confiscated."

QUACK ADVERTISEMENTS IN NEWSPAPERS. The *New York Medical Journal* records two instances of American papers—the *Philadelphia Ledger* and a new paper, the *Chicago Republican*—which "do not sell their souls and consciences with their types"; i.e., refuse insertion to scurrilous and immoral advertisements. The *Journal* hopes that the new movement will increase in America *pari passu* with the like movement among the press in great Britain.

CHILDREN'S DISEASES.

In a clinical lecture on the Diseases of Children, M. Roger, of the Hôpital des Enfants-Malades, speaks as follows.

Infantile pathology presents marked differences from the pathology of other periods of life.

1. The newly born child and the infant at the breast have their special diseases—erysipelas of the umbilicus, scleroma, hydrocephalus; and, a little later, thymic asthma, or spasm of the glottis.

2. Some affections, which are rare in adults, are so common in children as to be regarded as peculiar to the first period of existence: for example, convulsions and spasms, whooping-cough, croup, rickets, scrofula, and worms.

3. Then, again, certain diseases, which are common at all ages, have a special character in the young. Thus in them we meet with lobular instead of lobar pneumonia; with tubercles generally distributed, instead of localised in the lungs; and with bronchial phthisis, tubercular meningitis, etc.

4. The phenomenal expression of diseases, again, is distinct. The slightest affection in the child may be ushered in with apparently the most serious symptoms. In consequence of the child's highly impressionable nervous system, any inflammation may be attended with spasms, and thus simple laryngitis take a stridulous or croupy form. Fevers may be attended with convulsions, and any disease may begin with vomiting. The accidents attending dentition, follicular enteritis, or infantile cholera, frequently coexist with the cerebral type.

5. The diseases of children, on the other hand, are, like those of old age, often latent. In old age, we often find irreparable damage done by disease before its existence is manifested; so likewise do we see tubercular meningitis often begin with trifling ailment. Affections of the heart may increase from day to day, and yet scarcely disturb its function. How often have we had occasion to note the *bruit* characteristic of incurable endocarditis in children who present the appearance of most perfect health. Eruptive fevers and other diseases often appear without any marked prodromata. We have often found, at the autopsy, an extensive empyema, or hepatisation of a lung, in cases in which no symptoms of these affections appeared during life.

Hence, then, there are special difficulties to be met in the diagnosis of infantile diseases. But these difficulties have been exaggerated. We must not, as some would have us, look at infantile pathology as a mass of medical enigmas, of which specialists alone possess the key.

More than this, I maintain that there are some cases in which the diagnosis is easier in children than in adults. Thus, for example, suppose hemiplegia suddenly to appear in a child, what is the cause? Cerebral hemorrhage? Very probably not; for apoplexy, common in old age, is exceptional in childhood. Is it softening of the brain? No; for softening of the brain, also a disease of old age, is in the child almost symptomatic of cerebral tumour. Syphilitic exostosis, again? No; for tertiary syphilis is unknown in infancy. And cancerous tumours are most rare. But there is a morbid product which is very common in early life, and frequently developed in the nervous system of the young; and that is tubercle. Other examples might be given to show that in the child the elements of the pathological problem are often more simple and easy of solution than in the adult and in old age.

The progress of infantile diseases is often rapid.

In a few hours, fatal changes may be effected. The little patient, therefore, should be frequently visited. Dr. West recommends that, in the practice in large towns, three or four visits a day should be made, and even more. For the most serious cases, the advice is good; and, as for others, the position, critical or other, of the patient, must be considered, and also the purse of our clients. Too many visits are, however, better than too few, both for the patient's sake and your own. Your reserve or delicacy in this particular may be regarded as neglect, if the patient die; whilst, if he recover, the excess of your visits may be set down to devotion to your duties. This last piece of advice is, believe me, founded on practical experience.

Certain qualities are required in the child's doctor. He should be sagacious, quick of judgment, patient, and gentle. He should have the art of approaching and addressing children, of using their language, and entering their play. He should be fond of children; and, if he has any of his own, he will more quickly find his way to the hearts of mothers. He should, as was said of Guersant, and as might be said of M. Blache, have a maternal heart. The physician should always possess the sentiment of compassion for his little patients, so well expressed by Rousseau. "Is there a being in the world more feeble, more wretched, more at the mercy of others, which more demands our pity, than an infant?" The diseases of infancy should appeal to the heart as well as to the skill of the physician.

Association Intelligence.

SOUTH-EASTERN BRANCH: WEST KENT DISTRICT MEETINGS.

THE next meeting will be held at St. Bartholomew's Hospital, Rochester, on Friday, September 29th, at 3.30 P.M.

Dinner will be ordered at the Bull Hotel, at 5.30 P.M.

Tickets 5s., exclusive of wine.

Dr. Adam Martin has consented to occupy the Chair, and trusts that he may see many old faces.

A paper is promised by Dr. F. J. Brown, viz., "Unzer's question, Do True Insentient Animals exist?"

Gentlemen are requested to bring contributions with them.

FREDERICK J. BROWN, M.D., *Hon. Sec.*

Rochester, September 13th, 1865.

WEST SOMERSET BRANCH.

A MEETING of this Branch will be held at Clarke's Castle Hotel, Taunton, on Wednesday, October 4th. Dinner punctually at 5 o'clock; after which, papers or cases will be communicated.

Gentlemen intending to be present, or to read papers, are requested to give early notice to the Honorary Secretary.

W. M. KELLY, M.D., *Hon. Sec.*

Taunton, September 12th, 1865.

SHROPSHIRE ETHICAL BRANCH: ANNUAL MEETING.

THE annual general meeting of this Branch will be held at the Raven Hotel, Shrewsbury, on Monday, October 16th, at 2 P.M.

At 4 P.M., the members will dine together; J. R. Humphreys, Esq., President, in the Chair.

SOUTH MIDLAND BRANCH: AUTUMNAL MEETING.

THE next autumnal meeting of this Branch will be held at Market Harborough, on Thursday, October 18th, at 2 P.M.; GEORGE ASHDOWN, Esq., President, in the Chair.

Gentlemen intending to read papers or cases, are requested to give early notice, with the titles, to Dr. Bryan, Honorary Secretary, Northampton.

JOHN M. BRYAN, M.D., *Hon. Secs.*
G. P. GOLDSMITH.

Northampton, September 20th, 1865.

REPORT OF MEETING OF COMMITTEE OF COUNCIL:

Held at Birmingham, September 12th, 1865.

PRESENT—Sir Charles Hastings, M.D., D.C.L. (in the Chair); Mr. Bartleet; Dr. Bryan; Mr. Clayton; Dr. Falconer; Dr. Richardson; Mr. Southam; Dr. Stewart; Dr. A. T. H. Waters; Dr. Edward Waters; Dr. Westall; Dr. Wilkinson; and Mr. Watkin Williams (General Secretary).

The following resolutions were adopted.

1. That this Committee have heard with deep regret of the death of the late Mr. Peploe Cartwright, who was for many years one of the most active and valued of their members; and the Committee desire to offer to his widow and family their sincere condolence on the melancholy event as an expression of the affectionate regard of each individual member of the Committee.

2. That a grant of £10 be made to the Committee for the Registration and Observation of Disease.

3. That a grant of £10 be made to the Committee appointed to consider the Position of Medical Witnesses in Courts of Law.

4. That the subject for competition for the Hastings Medal in 1866, be "On Shocks after Surgical Operations and Injuries".

5. That the Charter Subcommittee be reappointed.

6. That Professor Hughes Bennett, M.D., F.R.S.Ed., be appointed to deliver the Address in Medicine at the next annual meeting.

7. That Dr. Edward Waters (President-elect), Dr. Richardson, Dr. Falconer, Dr. Stewart, Mr. Clayton, and the General Secretary, be appointed a Subcommittee to make arrangements for the annual meeting, in concert with the local Committee.

T. WATKIN WILLIAMS, *Gen. Sec.*

13, Newhall Street, Birmingham, Sept. 18th, 1865.

SIR B. BRODIE ON LECTURES. I do not suppose that I attended one-fourth of the number of lectures which the unfortunate students are now required to listen to under the direction of the constituted authorities. But I was acquiring knowledge in other ways, and much more substantial knowledge than can be acquired from such dull and hum-drum discourses as lectures usually are; and, which is better still, I had leisure to make my own observations, to think and reflect. Nor was this style of education peculiar to myself. I remember when Mr. Abernethy complained that Lawrence would not attend lectures. My friends and contemporaries, Jeffreys and Lawrence, took the same course. I can easily conceive that, if I had been compelled to sit on the benches of a theatre for four or five hours daily, or tempted to compete for prizes as students are, and to get crammed for various examinations, my position in life afterwards would have been very different from what it has been in reality.

Reports of Societies.

BRITISH ASSOCIATION FOR THE ADVANCEMENT OF SCIENCE.

ANNUAL MEETING.

[Held at Birmingham, September 1865.]

SUBSECTION D.—PHYSIOLOGY.

Introductory Address. By HENRY W. ACLAND, M.D., F.R.S., President. It had been remarked by a philosophic writer, that the time was come when it was a prime necessity for biology that it should be separated from medicine. The grounds alleged were—the imperfect education of physicians, their want of leisure, and the magnitude of biological science. There seemed to him a mixture of truth and error in the remark itself, and in the data on which it was founded. Biology was to be extricated from the hands of physicians only in a limited sense. No persons had so many grounds for advancing it as they. Abstractedly considered, it was the special duty of the physician at least to advocate, and, if possible, to promote, the advance of physiological knowledge unfettered and free—1, As a pure science; 2, As the basis of the medical art; 3, As of practical utility in helping to regulate the lives and habits of society at large.

The hindrances to a perfectly free study of physiological sciences arose from two causes: 1, The intrinsic difficulty of the subject; and 2, The prejudices of mankind.

Dr. Acland could not understand the force of the arguments by which biology (which term might be now used synonymously with physiology) was classed as a subordinate subject. Being, when properly considered, the most complicated of all the subjects debated at the Association, it could not be really subordinate to any; least of all, to zoology and botany, which it distinctly included.

For the purposes of the great scientific question of this age, the causes of the present order of life on the globe, it would seem that the minutest accepted data of biological conclusion might have to be revised under new methods. It was true in natural science, that the real signification of a known fact might be concealed for ages. Of this, pathology offered many examples. The older naturalists, notwithstanding the great learning of such men as Linnaeus and Haller, had comparatively either very simple or hypothetical and incorrect notions of the complexities of living beings and their constituent parts. Chemistry, the microscope, and the search for the origin of species, have, in this century, widened the horizon of biological study in a way not less surprising than does the dawn of day to a traveller, who, having by night ascended some lofty peak, seems gradually unfolding an extent and detail of prospect which he can generally survey, though he cannot hope to verify each detail and visit every nook in the brief time allotted to him to travel.

Yet we still speak of many hard points with an almost child-like simplicity. What do we understand, for instance, of the cause of that which Herbert Spencer calls "Organic Polarity"—that is to say, the power, force, or tendency, by which lost parts are repaired; by which a whole limb, or part of a limb, or even all but a whole body, is replaced by the outgrowth from what remains of the original unmutated whole—a process so common in Asteriæ and Crustacea, and other animals, as to seem a matter of

course in their history, while it is apparently a property which cannot exist in the higher animals? What do we know of the causes of hereditary transmission in general (a property wholly different from, and more unintelligible than, the hypothesis of natural selection), or of the transmission of disease in particular, as, for example, of carcinoma? What is it in its essence? How does it originate in an individual of untainted family? How is it transmitted? Is it an original property of the ovum *per se*, or of the nutrient plasma by which that ovum is nourished up to the time of its birth? Could food, or mode of life, or any specific agent eradicate the tendencies to transmission, just as in certain cases we empirically modify the transmission of tubercle? or is the transmission of the carcinoma as inevitable in certain cases as the development of the germ? There seems to be a tendency in some modern physiologists to pay insufficient attention to retrograde metamorphosis. The study of death is as much an object of biological science as the study of birth. The whole being originates, reaches maturity, declines, and dies. So does every part. He strives with vain endeavour to grasp the history of any organic thing, who does not regard it in relation to its origin, its growth, its dissolution, its relations to objects external to it, the changes which it undergoes in itself and of itself, and the modifications, accidental or necessary, which external agents can and may induce in it.

The prejudices of mankind in respect of biology resolve themselves into active prejudices and passive prejudices. The active lead men to object to it as harmful; the passive lead them to regard it with indifference. Among the active prejudices is the so-called theological dread of free inquiry into races and the origin of species generally. Among the passive prejudices is the want of appreciation of purely scientific inquiry that has no practical end in view; objections of various kinds brought against experiments made for physiological, toxicological, or therapeutical purposes; objections to the introduction of biological studies into courses of general education; and the tardy recognition of biological knowledge as the basis of practical medicine and of hygiene.

Experiment properly applied in medicine under trained physicists and chemists, will not only eliminate gradually all remaining error, but will make more definite the properties of therapeutical agents. Yet it may be doubted if the importance of this alliance between science and medicine to the community at large is yet fully understood by the legislature. Under the Medical Act, the whole expense of constructing a national pharmacopœia was thrown by Parliament on the existing practitioners of medicine, and the cost of its future maintenance was charged on the students of medicine. Experiment alone can decide conclusively on the mode of operation of various agents on the human body and on animals. These experiments are always difficult, often costly. The Government do not acknowledge the duty of providing funds. Perhaps the Medical Council might. It is indeed charged with the administration of the only public funds that are applicable to keeping on a level with modern science the national catalogue of remedial agents and the mode of preparing them. If it could be induced to expend £1000 a year, as under proper management it easily might, in experiments and reports bearing on the physiological action of preventive or remedial agents, sometimes perhaps suggested and aided by the British Association, what might not be the fruit to science and to the public and private health.

But the study of the laws of decay as well as of growth does not include the whole basis of medicine. Physiological experiment is necessary to obtain the

laws of action on healthy bodies; but alone it does not explain the laws of action on perverted organic structures or functions, as is seen in the different effects of opium on a man in health and on a man in disease. Clinical observation is of course beyond physiological research; and must, from its far more limited field, follow rather than precede. Much remains to be done in comparing the effects of agents, and the causes of those effects on man and on the inferior animals respectively. The knowledge which exists on these subjects has become extensive and precise. But new problems are constantly arising from the discovery of new toxic agents. Even new diseases occur, implying either new conditions of circumstances external to man, or new combinations of the internal conditions of man. Accordingly, fresh experiments are perpetually required to meet the new problems; and it has become the interest and almost the duty of states to specially train and to countenance skilled experts familiar with the most recent methods and researches in these directions, with a view not only to fresh scientific knowledge, but to the great practical results that may be obtained.

Physiology proper has become uncompromisingly precise, and nothing will stand which does not bear the crucial tests of observation and (where possible) of experiment. But the experiments cannot, in the present advanced state of physics and of chemistry, be devised by ordinary men, nor even executed by them. Consequently, every year, old statements concerning the effects of agents, so-called, physiological and therapeutical, are becoming of less value, and new ones of more. The day in which hundreds of organic compounds are synthetically produced, and the microscope offers a clearly defining magnifying power of 5000 linear, is not one when rough work of hand, or conjecture unsupported by proof as to the chemical changes which go on within organic structures, will stand. What life is, will long, perhaps always, evade our human ken; what is done during life, what can be done consistently with life, and what produces death among living things, every year makes more sure and more plain; every year makes the search more exciting, the reward more great, the reasons for admiration of the order of things, on the whole, more conclusive, and the admiration and awe more profound.

Physiology, to sum up, is become a science, precise, of enormous extent, bringing to its support mathematics, physics, chemistry, and anatomy. Part of the basis of the science or art, which averts or lessens suffering and disease, and postpones or makes easy death, depends in great measure upon its progress. But the applied and observational part can only be learned by the bedside of the sick. Therefore, pure biological science and pure clinical art must each have their votaries; but it must be the aim of each to learn from the other what is necessary for himself. May the state be wise enough to appreciate these principles and their application! There never was an age—it is not ungrateful to the giants of old to say this—there never was an age when there were so many students, in the best of sense, of biology and of medicine, actuated by a simple love of truth; and never a time when, as a class, they were so free from prejudice, so candid, and so patient.

The Effects of Scanty and Deficient Food. By JOHN DAVY, M.D., F.R.S. It seemed to be laid down as a principle that the health of man must suffer, if for any given time he had not a given quantity of food, sufficient to sustain his physical powers; but Dr. Davy entertained grave doubts as to the correctness of this theory. He had never found any instance where, in the adult man, a deficiency of food

had, though causing temporary weakness, produced any permanent ill effects. He had not found that any of the gallant men who went out with the Arctic expeditions were permanently injured through shortness of food, nor was there any instance that any of the African travellers suffered by their privations. There were some who even believed that a certain amount of fasting was beneficial; and a writer had said that there was no enormous display of abstinence in living for seven days on water and salt, and that he had lived for seven days upon water alone without any great loss of energy. He (Dr. Davy) believed that all sound men might be benefited by an occasional long fast. Deficiency of food, especially of fresh vegetables, was productive of scurvy; these symptoms yield to more generous diet. During the period of the distress in Lancashire, instead of there being found to be any serious effects arising from the shortness of food, the people were found to be in improved health, and he believed there was a diminished mortality. Though the Irish, owing to the failure of the potato crop, had been much more frequently subject to shortness of food than the English, yet it was found that the number of persons in that country who attained the age of 90 years was greater than in this country. Welsh cattle, where their pasture was limited in quantity, were not deficient in activity, strength, and powers of endurance. If, then, it were established that a somewhat scanty diet was not injurious, was it right that prison diet should be otherwise than sufficient to keep the criminal in a state of healthy activity somewhat below par? So far as he (Dr. Davy) was enabled to learn, disease among the criminal population in gaols was no less than in the general population of the country. The advocates for liberal diet for prisoners urged that under the depressing influences of such confinement, more food was required, in order to prevent an undue waste of the physical powers. But then, mental depression impaired the appetite, and without an appetite it was to be expected that little food would be digested and assimilated. Were the doctrine to be carried out fully, should not criminals be allowed stimulants, such as wine and beer? Those who connected disease, and especially pulmonary consumption, with spare diet, generally referred as instances to needlewomen and nuns; but there were causes which affected these classes besides diet. Dr. Davy argued that the excess of diet in gaols really fed the prison population, as vagrants and others were in the habit of looking upon it rather as a place of refuge and comfort to be sought out in the winter season and bad weather. In conclusion, he urged that an inquiry should be instituted to determine exactly the lowest scale of diet that could be used in prisons, so as not necessarily to engender permanent injury to the constitution.

The Prevalence of Tapeworm in Birmingham. By A. FLEMING, M.D. As compared with Edinburgh and London, the greater frequency of the disease in Birmingham was very marked. In the General Hospital the entire number of in-door and out-door patients in the year commencing July, 1863, and ending June 30th, 1864, was 22,649, and amongst those there were 51 cases of tapeworm; in the Queen's Hospital, the number of patients during the same period was 11,376, including 75 cases of tapeworm; in the General Dispensary, the number of patients was 4,516, there being 12 cases of tapeworm. In Edinburgh, the proportion of tapeworm cases in the hospitals was very small. The tapeworm was the development of the bladder flesh-worm, or mease of the pig. The eggs of the tapeworm, which infested the bowels of the dog, when voided by the dog were scattered by the wind, mixed with the food or drink of the pigs, and

so entered its body, and grew there into the form of the flesh-worm; which lay dormant in that state until swallowed by man, and developed into the tapeworm in his body. On the flesh of both slightly and badly measles pigs the worms were visible to the naked eye, the pork was insipid, when cooked, and in boiling loses more weight than healthy meat. In Cork the measles had prevailed very much among the pigs, chiefly from the want of attention to their meat and drink; whereas, it was stated that in the market of Cincinnati, the largest pork market in America, measles were unknown. The average number of pigs sold in Birmingham market weekly was 1,500, two-thirds of them coming from Ireland. In spite of the efficient inspection of the markets of that borough, there appeared little doubt that a considerable quantity of the pork sold was measly. When affected by the disease to such an extent as to render hazardous its exposure for public sale, it was disposed of privately, and much of it employed in the manufacture of sausages. With the aid of a microscope, he had found portions of the measles in a sausage. These sausages were largely eaten by the working classes, and were frequently imperfectly cooked. Pork, he believed, was also eaten when imperfectly cooked. With regard to the prevention of tapeworm, he recommended that the pigs should be supplied with thoroughly clean food and drink, and kept as far as possible from dogs. The official inspection of living and dead pigs should be made as searching as possible, though no amount of official inspection would suffice completely to protect the public from the risk of purchasing measly pork. That would be best obtained by diffusing as widely as possible information on the subject, and making, practically, each consumer his own inspector. After referring to the nature of the inspection made in Cork, Dr. Fleming went on to observe that all pork, however free it might appear from disease, should be either thoroughly well cooked or thoroughly well cured, both of which processes destroyed the parasite. The use of other than home-made sausages should be avoided. Though undoubtedly the chief, the eating measly flesh could not be regarded as the only source of tapeworm in man; the parasite occurred among the very poor, who scarcely eat flesh of any kind; and it plagued the Hindoo, who lived almost exclusively on rice. The existence of the disease, and its causes, afforded another very strong argument for the supply of towns with pure water, free especially from sewage contamination.

METEOROLOGY OF JAPAN. The acting-consul at Kanagawa, Japan, sends a weather table for 1864, compiled by Dr. Hepburn, a resident missionary physician. The mean temperature of the year was 58.2, the maximum 89, the minimum 20 deg. There was 205 days that were fair, 100 rainy or snowy, 61 cloudy. The rainfall was 71.44 inches. There were 14 earthquakes.

MEDICAL MISSIONARIES IN CHINA. The Wesleyan Committee have long felt the desirableness of employing a medical agency in connection with their Chinese mission; not merely on general philanthropical grounds, but as an auxiliary to proper evangelical work. Having received an offer of service from a competent practitioner in this country, who fully sympathises with their views, and desires to carry them out to the utmost, they have during the year engaged his services, and sent him forth; and they commend him and his work to the blessing of the Great Healer. Dr. J. Porter Smith has sailed for China, and has been instructed on his arrival to proceed to Hankow. (*Wesleyan Missionary Report.*)

Correspondence.

VACCINATION.

LETTER FROM THOMAS MARTIN, ESQ.

SIR,—The recent inauguration of the statue to Jenner at Boulogne, recalls to my mind many circumstances occurring in the early history of vaccination, as well as inspiring very serious thoughts on the causes of its occasional failure, and of the fatal results of small-pox in persons of an adult and middle age who supposed themselves to have been secured by early vaccination.

I first heard of Jenner's proceedings in 1797, at a meeting of the Physical Society at Guy's Hospital. The reports were scarcely understood or believed, excepting by one of our members, John Walker, who adopted and vindicated Jenner's statements, and became enthusiastically devoted to the practice of vaccination. He and Dr. Marshall were appointed by the Government to go out to the Mediterranean to vaccinate those of the navy and army under Sir Ralph Abercrombie, who employed them in Egypt.

Mr. James Moore observed that Walker, by his grotesque gesticulation and unintelligible arguments, made many converts of the uninoculated among the sailors and soldiers, and succeeded in the mission.

On their return, John Walker was appointed Director or Administrator of Vaccination at the Royal Jennerian Institution in Salisbury Square, Fleet Street; and from him I obtained true and fresh vaccine virus whenever my stock was exhausted, and I wished to resume courses of vaccination.

When I commenced practice at this place, sixty-five years ago, I did not hesitate to adopt vaccination, which, as is well known, was readily received by the vast majority of the profession, and by many of the clergy and gentry, although these latter were not properly qualified to practise it efficiently or authoritatively, hence many failures.

In my practice, I always inserted the virus in both arms, to have the duplicate chance of success. I observed the progress of the vaccination sufficiently to be assured that the individual was satisfactorily vaccinated; and never suffered patients to pass out of sight until I felt assured that they were safe from small-pox.

Irregularities would sometimes occur. For example, an erysipelatous blush would take place early, and an ichorous discharge would ensue. Many parents of children would be perfectly satisfied with what had been done. That, however, went for nothing with me. I knew what appearances to expect; and the conclusions of my own mind were my guide, and re-vaccinations took place.

I inserted the virus horizontally, as it were, and not perpendicularly. I never took the virus after the eighth day, or when the areola had begun to form. I liked to have the tamarind-stone scab and the dimple with the permanent honeycomb surface. I have the pleasure of reflecting that very few of my cases were failures; but some few there were, as there had been in Jenner's own practice. In the case of one of my own children, he took the infection of small-pox, to which I purposely exposed him, and had it slightly.

In the course of fifty years' observation and experience, I have seen a great many failures in the practice of others, from carelessness and the want of attention to the important points of the operation, after which the individuals were just as liable to varicellous infection as they were before.

I was vaccinating the children of an eminent statesman, the father looking on. I requested to see his arms. Not liking what I saw, or rather did not see, I suggested to him to allow me to vaccinate him from his own child, to which he assented. In the result, I assured him that he was perfectly secured from the small-pox, but that I was certain he previously was not; and this was the conviction of his own mind.

Of late, having retired from practice, I am not so well informed as to what is going on; I hope, however, that practitioners are careful of their vaccinations are satisfactory before they lose sight of their patients, and that we shall not see so often the painful announcements in the obituary of journals of fatal cases of small-pox among persons who had attained manhood or middle age, supposing themselves secured by early, and perhaps subsequent, vaccinations.

I am, etc.,

THOMAS MARTIN.

Reigate, Sept. 15th, 1865.

CONTEMPORARY BIOGRAPHY.

LETTER FROM A. P. STEWART, M.D.

SIR,—Though, from various circumstances which I need not specify, I have been long in taking up my pen in answer to Dr. Barker, I thank him very cordially for giving me the opportunity of continuing the discussion which was cut short at Leamington. The vote was certainly not unanimous; but, so far as I could count the hands (and I did attempt to count them), the majority was quite *two to one*. If the subject were as fully discussed now as it was in 1854, I cannot help thinking that very soon the minorities would dwindle into utter insignificance. I *know* that many feel, and in private speak, as you have done, and feel thankful that you have given forth an unambiguous note on this subject. Why don't they speak out like men?

In Dr. Barker's letter, I find as little argument as in his speech. In answer to my two objections, Who shall draw the line between eminence and obscurity? and What guarantee have we that an unworthy use will not be made of these biographies? Dr. Barker accepts the full responsibility of the first; but declines all responsibility for the possible abuse of his principle. He is "quite confident that no unworthy use will ever be made of any publication in this series." I cannot let Dr. Barker off so easily. He has chosen to stir anew a grievance which we all thought had been conclusively set at rest; and he must bear the undivided responsibility of all its developments, whatsoever these may be. Already, though he may utter a protest against his biographies being confounded with the scandalous productions of 1854, there are not wanting those who hail in his work a complete justification of all their misdeeds—a condonation of the past by the heads of the profession, and an encouragement to repeat the fault that formerly drew down so severe a chastisement on the offenders.

I, therefore, press home my question, Who is to draw the line? "I," says Dr. Barker; "I accept the responsibility, and will bear all blame if I make a mistake." But "who made you a judge and a divider over us?" and will the medical profession be content to accept even Dr. Barker's selection—by which phrase I mean not only what he excludes, but what he includes? Will they say "Amen" to the responses of the oracle? No doubt, if he were to exclude from his gallery all but the *dii majores*, whose names are of world-wide celebrity, he would escape the charge of making his favours common; but if he stoop, as he doubtless will, to the *dii minores*, he

enters a sphere where criticism will be very freely exercised by many whose judgment is entitled to as great weight as his own. Selection, in such a case, inevitably provokes odious comparisons; and where the shades of merit are as nearly as possible alike, there are many who will ask, and justly ask, the question, why such a one should occupy a prominent place in the gallery of celebrities, and such another be excluded? Then, to remedy what they may consider Dr. Barker's partiality and unfairness, others less scrupulous will continue, in a far different style and spirit, what he has begun, until we are overrun with such a plague of biographies as will make all men of good taste and feeling blush for their profession. In such a case, will not Dr. Barker and the eminent sitters for his collection of portraits be rightly held responsible for the scandal?

But Dr. Barker will probably answer, that he is not responsible for the exclusion of many of those whose names and effigies will not appear in his work. And this leads me to notice what I, in common with many others, consider one of the most objectionable features of Dr. Barker's undertaking. There are gentlemen whom he has thought worthy of a place in his catalogue of celebrities, to whom he has sent circulars requesting (literally) their countenance and aid, and from whom he has received either no reply, or a decided negative. In other words, there are men worthy of all praise who strongly disapprove of this and every other attempt to revive the system of contemporary biography. There is notoriously a division of opinion on the subject; and in the full knowledge of this, Dr. Barker commences and perseveres in his biographies. What opinion must we form of the accuracy and completeness of the gallery, if the recusants are not in it; and of Dr. Barker's fairness, if they are included without their consent or against their will? In either case, a grievous wrong is perpetrated. In the former, the public is misled; in the latter, violence is done to the feelings and convictions of the individual. Will Dr. Barker publish a list of those who have declined compliance with his request? If not, they may give the information, and enable you to show to the world what is the feeling of the profession on the subject.

There are some, it seems, who object to the accompaniment of a biographical sketch, but see no harm in an analysis of their writings. In short, an elegant and enlarged edition of *Who to Consult*, with portraits, to give piquancy to rather dry details of medical authorship, and to enable the public (for the fasciculi will doubtless find their way into the clubs and reading-rooms) not only to judge of the bodily and mental features of their future medical advisers, but to ascertain their *special line of practice*. It will be, as some one truly and tersely observed to me, "a great help to rising young men," by making known the particular complaints in the treatment of which each aspirant after fame and fortune desires to specialise himself; and so will give a mighty impulse, as if that were a desideratum in the present day, to the specialist quackery, which, as Dr. Spurgin has so well pointed out, is inflicting such damage and degradation on medicine and its votaries.

If any of my brethren agree with the sentiments I have expressed, I hope they will not any longer keep silence; if any think me mistaken, let them point out wherein I have erred, that I may either defend myself or bow to their correction. I need scarcely say that, while I have felt it my duty to criticise sharply the proceedings of the editor of the biographies, I yield to no one in my respect and esteem for Dr. Barker.

I am, etc.,

A. P. STEWART.

Sept. 16th, 1865.

THE MEDICAL PROVIDENT SOCIETY.

LETTER FROM A. B. STEELE, ESQ.

SIR.—To resume my criticism on the rules, I observe that the second section of Rule VI, page 14, illustrates the absurdity of a partial amalgamation of two distinct bodies. It provides that, "at the annual meeting of each *district* of the British Medical Association, there shall be elected one or more directors . . . who shall be . . . either honorary or contributing members of the Provident Society."

Passing over the substitution of "District" for "Branch", as evidence of a want of accuracy in drawing up the laws, but of no material consequence, we cannot fail to notice that the projectors of the new scheme have gone quite beyond their legitimate bounds in framing a law for the guidance of the Branches of the Association—a law which, although compulsory in tenor, they cannot possibly enforce, essential though it be to the constitution of their Society. One Branch, at least, has already declined to elect Directors of the Society; and it is absurd to suppose that every or any Branch is to be compelled to provide that one at least in every fifty members shall either become a contributing member of the Society, or qualify, by a payment of £10, as an honorary member; and yet this is the undeniable purport of the law in question.

The fourth section of the same rule is curious, as a specimen of the framers' notions of representative government. To evince their desire to exclude no section of the general body from representation on the Board, they provide that one out of every hundred members of the Association not being members of districts (or, more properly speaking, of Branches) shall have a seat on the Board; but they have nullified the true representative character of these delegates by ruling that they shall be elected, not by the members whom they are supposed to represent, but by the Committee of Council of the British Medical Association.

The twenty-fourth rule orders the Board of Directors to prepare a report, which is to be presented to the annual meeting of the British Medical Association; and, as no further reference is made to the subject, of course the said report will not come under the cognisance of any of those members of the Society who are not associates; and these may possibly constitute the largest and most interested section of the Society, who will, therefore, have no opportunity of discussing the acts of their Directors, however desirous they may be of so doing; while those to whom it is read may expect, if their criticisms are troublesome, to be told that they have no power to interfere with the proceedings of the Directors, or to amend the laws, however needful such a course may, in their judgment, appear.

The mode of admitting members appears to me open to serious objections. In the first place, the unqualified rejection of any person who has any organic disease (*Vide Law VI*) is vague and absurd. No attempt is made to interpret the term "organic disease", nor is its application in any way limited; and therefore many persons, who would be on general grounds perfectly eligible, must be excluded on this technicality. A harmless chronic tumour, many diseases of the skin, varix, and other organic diseases, may exist without any tendency to endanger the general health; and yet these would disqualify for admission.

Some of the questions put to candidates are either superfluous or suggest a want of apprehension as to the direction in which inquiries should be made. The schedule appears to have been framed on the

basis adopted by life-assurance societies, which differs in this important point, viz., that the probable duration of life is the main contingency with the latter, but is a secondary consideration in assurance against sickness. The Society loses nothing, but may even avoid a loss, by the early death of a member; and, therefore, the calculation points to different events altogether. One most important inquiry is altogether overlooked—viz., as to the habits and moral character of the applicant. The result of many years' experience in the working of sick-clubs, during which I have examined for admission some thousands of members whose subsequent careers have been under my notice, has convinced me that sobriety and regularity of living are the first considerations. I have often said that I would rather admit a somewhat delicate man, if I knew him to be sober, than the most robust and vigorous man who was given to excess, especially in drink. I believe the principle applies, though not perhaps in an equal degree, to all classes. *Fortuna non mutat genus*. It is a needful caution in the present instance, especially because the laws omit all provisions for dealing with cases in which disease or injury may have resulted from impropriety of conduct. If a man get drunk, and fall out of his gig and break his thigh, or if another drink brandy until he has delirium tremens or goes mad, or if a third will attend corporation-dinners, and revel in turtle and venison, cold punch, and Burgundy, with the certainty of being laid up for five or six weeks with the gout,—all these can demand their sick pay, to the manifest wrong of their steady, temperate, and careful fellow-members, who will justly grumble at having to help to maintain out of their own pockets their dissolute and reckless brethren. It may be said, that this is all very well with cobblers, tailors, and day labourers; but medical men never, or scarcely ever, are guilty of such improprieties. I rejoice to admit the rarity of such occurrences; but regret that my experience of human nature obliges me to add that, although rare, yet such things have happened, and may happen again, even amongst medical men; and it must be remembered, that it does not require many such members to endanger, if not utterly to ruin, a society of this kind. Once admit a confirmed drunkard, and he may worry the Society into confusion and bankruptcy before you can get rid of him.

The certificates of two medical practitioners as to the fitness of the candidates are, so far as the rules show, to be either altogether gratuitous, or, at all events, not at the cost of the Society; and it is exceedingly probable that, in some cases, they will be worth precisely what the Society gives for them. Do the Directors expect that every member is to pay two guineas for these certificates? or are they deliberately violating the principle so vehemently contended for in the case of life-insurance offices, that such services ought to be remunerated? If the former, then, in the vitally important question of admission or rejection, they may expect to find that the interests of the Society will not be fairly balanced against those of candidates; and, if the latter, they cannot hope that unpaid duties will be at all times performed with that sense of responsibility which can alone secure the full protection of their rights, to say nothing of the inconsistency (already alluded to) which such a proceeding involves.

For the foregoing, and for other reasons which might be adduced if space allowed, I conclude that the Society, in its present form, is not adapted to the wants of the profession, and is altogether unworthy the patronage of the British Medical Association, whose influence might well and worthily be exerted in assisting to provide for the really helpless

—namely, the widow and orphan; the hopelessly and permanently disabled; the paralytic; the maimed; the blind; the imbecile; or those who, by the vicissitudes of fortune, are rendered fit objects for the exercise of that divine quality, charity, which, like its sister, mercy,

"Droppeth, as the gentle rain from heaven,
Upon the place beneath: it is twice blessed;
It blesseth him that gives, and him that takes."

Until we, as the embodiment of the noblest and most self-denying of all professions, have done all that the funds and influence of our Association can effect towards this first duty, by affording proper support to the Benevolent Fund (an institution which seems to be well-nigh forgotten amidst the absorbing interest taken in its less worthy rival), we may safely leave the strong and vigorous, with a fair prospect of health, and masters of a calling which, unless from their own negligence, will always secure them a respectable maintenance, to take care of themselves. If these, the only class who are comprised within the scope of the new Society, desire to make provision against sickness, they can do so, as I shall hereafter endeavour to show, on a safer and more thoroughly independent basis than that of the Medical Provident Society, by a system which will avoid the necessity of laying a tax on their professional brethren.

I am, etc., A. B. STEELE.

Liverpool, September 1865.

P.S. I now hold myself in readiness for a reply.

THE INDIAN MEDICAL SERVICE.

SIR,—I enclose two late orders by the government of India. The contrast is so apparent, that one would suppose the government really desired openly to offend the medical service; and I am the more surprised at this, as the present Governor-General is said to be friendly to our service. You will see that both these orders emanate from Sir C. Wood. Here is a paltry allowance, not always required during a man's service, struck off at the will of this great man, as if he had not done enough in doing away with the medical fund for those now joining. He will find, when too late, that he is carrying his parsimony too far.

I am, etc.,

A RETIRED SURGEON-MAJOR.

September 1-67.

"THE MEDICAL SERVICE.

"No. 710 of 1865.—The following letter from the Right Hon. the Secretary of State for India, is published for general information:—

"To H. E. the Right Hon. the Governor-General of India in Council.

"SIR,—My despatch of May 16th, 1864, No. 152, which gave to the assistant-surgeons of the Indian forces of six years' service and above, the rank of captain, also granted them the pay and Indian allowances of that grade. 2. The exceptional circumstances under which, in my despatch No. 285 of July 6th, 1861, I authorised a continuance of the practice under which assistant-surgeons of the Indian service, coming home on account of their health, receive an allowance of 1,200 rupees on account of their passage, have now ceased. 3. This regulation will accordingly be abolished from June 15th, 1864—the date of the receipt in India of my despatch No. 152 of May 16th, 1864—and assistant-surgeons of the Indian forces of six years' service and above, will no longer be entitled to passage allowance on quitting India on sick certificate. 4. This decision will be communicated by your government to those of Madras and Bombay, by the former of whom the question has been raised,

whether the passage money issued to Assistant-Surgeon Eveyard of that establishment on his proceeding to Europe on medical certificate in October 1864, should be recovered from him. 5. In regard to this inquiry, I am of opinion that, in the few cases in which passage money has been granted, refund from the officers need not be required.

"I have, etc.,

C. Wood.

"London, June 8th, 1865."

"HORSE ALLOWANCE TO ACTING FIELD OFFICERS.

"No. 708 of 1865, July 20.—Under the authority of the Right Hon. the Secretary of State for India, his Excellency the Governor-General in Council is pleased to notify that horse allowance will be passed to officers of British infantry regiments below the rank of substantive field officers, when such officers may be acting for field officers of the same corps, absent on general leave or under circumstances that do not involve a double payment of the allowance. This order is to have effect from August 1st, 1865."

BEEF-TEA.

SIR,—I have for a long time prescribed beef-tea prepared according to the following method, and invariably with great advantage to my patients.

1. Let beef-tea be carefully made in the usual manner.

2. Take a piece of good raw beef, larger or smaller according to circumstances, and mince it as fine as possible; it cannot be minced too fine. The beef-tea is then poured boiling hot on the raw minced beef, mixed gradually and carefully. No other cooking is required. You have then both the fluid and solid nourishment of the beef; and in that form I find it very much relished by my patients, and very nourishing too.

I am, etc., J. C.

THE DAVENPORT TRICK. Robin, the conjuror, has been performing the feats of the Davenport brothers at Paris. He shut himself up in a wardrobe on the stage of his little theatre, bound hand and foot, and having with him various musical instruments, and, according to the evidence of eye-witnesses, accomplished all the prodigies the Davenports have been in the habit of doing. Then he repeated the performance with the doors of the wardrobe open, and the effect was most ludicrous.

CURE FOR INFANTICIDE. Dr. W. H. Clarke, recorder of Rangoon, who has spent nearly twenty-five years as a magistrate and judge, and has seen a vast deal of the crime, says that in Bengal, Ceylon, and Burmah he had seen children thrown to the pigs, and those pigs afterwards used for human food; but things more intolerable even than that had come to his knowledge since he had been in London. His first impression was that revolving boxes should be established as in France for the reception of infants; but, after fully considering the matter in all its bearings, he had been compelled very reluctantly to abandon his faith in that scheme, inasmuch as it would lead to an increase of immorality. He suggests that there should be a registration of pregnancy, and that every woman should be bound to register herself three or four months before the anticipated birth of her child. It would prove an effectual means towards getting at the fathers of illegitimate children. In the next place he would alter the law of affiliation, for it was a disgraceful thing that a man should only be liable to the payment of half-a-crown a week. Further, he suggests that there should be in London a hospital, to be open night and day, for young women whose peril was near upon them.

Medical News.

UNIVERSITY OF EDINBURGH. On August 1st, the annual ceremony of Graduation in Medicine took place in the Assembly Hall, under the presidency of Sir David Brewster. The following is the list of Graduates, with the titles of their theses. [Those whose names are printed in CAPITALS, passed the examinations with honours; *a*, those who have obtained prizes for their dissertations; *b*, those deemed worthy of competing for the dissertation prizes; and *c*, those commended for their dissertations.

Candidates who received the Degree of Doctor of Medicine.

- a*Anderson, James Keith, Scotland. On the Typhoid Symptoms of Typhus Fever, and their probable cause.
*a*Barnes, Geo. Robinson, England. On Pyæmia or Ichæmia.
 Beaud, Joseph James Alfred, Mauritius. On the Origin of Typhoid Fever.
*a*Brent, Thomas, England. On Acute Rheumatism.
*c*Breia, Peter Johannes Albertus Van, Cape of Good Hope. On the Pathology, Etiology, and Therapeutics of Hemorrhage.
 Bush, Richard Hake, India. On the different Varieties of Bunch's Disease.
 Campbell, Duncan, Scotland. On the Origin and Progress of Medical Science.
 Chappin, Antonio Lorez, Cape of Good Hope. On Natural Labour.
 Chisholm, William, Scotland. On Hemoptysis.
*c*Chiene, John, Scotland. On Diseases of the Breast.
 Compigné, Horatio D. Steele, England. On Diabetes Mellitus.
*c*Compton, John Charles, England. On the Nature and Treatment of Tetanus.
*c*Cook, John, London. On Rheumatic Fever.
 Corne, James, Scotland. On Pneumonia.
 Davson, Smith Houston, British Guiana. A Few Remarks on Embolism, bearing chiefly on its Origin from Detachment of Fibrinous Deposits from the Interior of the Heart.
 Denton, Thomas John, England. On Diphtheria.
*c*Duncan, Andrew James, India. On Ulcer of the Stomach.
*b*Evans, Thomas, Wales. On the Clinical History and Pathology of Typhus Fever.
*c*Fenton, Philip Sheldon, England. On Inversion of the Uterus.
 Forbes, Walter, Scotland. On Antimony.
 Fothergill, John Milner, England. On Fever, and the Fevers of Growth and Decay.
 Gentle, David, Scotland. On Exophthalmic Goitre.
 Glendinning, Douglas, Scotland. On Auscultation and Percussion.
 Gregory, William Henry, England. On Hydrophobia.
 Hoagau, Edward, India. On Dysentery.
 Inman, Robert, England. On Tedium Labor.
*c*Johnston, Wm. M.A., Aberdeen, Scotland. On Deaths attributed to Inhalation of Chloroform.
 Kennedy, John George, Scotland. On Cancer.
 Knight, Alexander Angus Halley, Scotland. On the Position of the Femur in Utero.
*a*Lightbody, William Henry, Wales. Observations on the Comparative Microscopic Anatomy of the Cornua of Vertebrates.
*c*McDonald, William, Scotland. On the Epidemic Fever at Ayr in 1841-42-43.
*b*McDonnell, John Aymers, Scotland. Observations on Acute Phosphorus Poisoning.
*c*Mackelvie, Robert, Scotland. On Enteric Fever, its Etiology and Prophylaxis.
 McLane, Roderick, Scotland. On Heart Disease.
 Macpherson, Peter, Scotland. On Natural Labour, with some Remarks on certain Complications.
 Morison, John, Scotland. On Diabetes Mellitus, its Symptoms, Pathology, and Treatment.
 Renton, George, England. On Variola.
 Richmond, Sylvester, England. On Acute Orchitis.
 Rockett, Joseph Hildreth, England. On Epilepsy.
 Sabben, James Thompson, England. On Parturition, its Exciting Causes, and the Gorged and Clotted Placenta.
 Sneur, Ryk Tulbagh le, Cape of Good Hope. On Cholera Morbus.
 Thin, Robert, Scotland. On the Mechanism of the Human Thorax in Respiration.
 Thorburn, Robert, England. On Uramic Poisoning.
*c*Werry, Augustus, Smyrna. On Hysteria.
 Wright, David, Scotland. On some Diseases of Joints.
*a*Wyllie, John, Scotland. Observations on the Physiology of the Larynx.

Candidates who received the Degree of Bachelor of Medicine.

- b*Dean, Edward Javoy, England. An Inquiry into the Certain Points connected with the Physiology and Pathology of the Scærum.
*c*Fothergill, Thomas Prince, England. On Abscess of the Liver.

Greenfield, Charles Bailey, England. On Obstacles to the Progress of Therapeutics.

Wolston, Walter Thomas Prideaux, England. On Erysipelas, its Symptoms, Causes, Nature, and Treatment, with Cases in point.

Candidates who received the Degree of Bachelor of Medicine and Master of Surgery.

- a*Aitken, Lauchlan, Scotland. On the Hepatine of the Liver, and its relation to the Pathology of Diabetes Mellitus.
*b*Armistead, William, England. Researches on the Histology of the Blood Corpuscles.
*a*Clark, John Barclay, Scotland. On the Reproduction of Limbs of the Crustacea.
 Hamilton, Thomas, Scotland. Remarks on the Operation of the Excision of Diseased Joints.
*a*Jamieson, Wm. Allan, Scotland. On Acute Rheumatism.
 Kirk, Robert, Scotland. On the Pathology and Treatment of Ovarian Dropsy.
 Kirkpatrick, William Hutton, Scotland. On Diseases of the Mamme.
*c*Mitchell, S., England. On the Early Stages of Inflammation.
*c*Moore, John Murray, England. On Certain Diseases of the Pharynx, Larynx, and Trachea, with an Appendix on Ovarian Dropsy.
 Oman, Nathaniel Daniel Isaac, Scotland. On Vesico-Vaginal Fistula.
 Ridpath, David, Scotland. On Symptoms.
 Russell, James Cunningham, Scotland. On the Connexion between Cardiac and Pulmonary and Renal Diseases.
 Torrop, James Speus, Scotland. Notes on Inflammation.
 Warburton, Wm. Pleace, Prince Edward Island. On Pleurisy.
 Wight, Geo., Scotland. On Melasosis and Spurious Melasosis.
 Wood, Julius John, Scotland. On the Etiology of Climate.
 Young, Walter Wilson, Scotland. On the Diseases of Joints.

APOTHECARIES' HALL. On September 14th, 1865, the following Licentiates were admitted:—

- Compton, John Charles, Edinburgh Royal Infirmary
 Lloyd, John, Birmingham
 Major, Napoleon Bisdée, Hungerford, Berks
 Stuart, Robert, Woolwich

At the same Court, the following passed the first examination:—

- Mackenzie, Frederic Morell, London Hospital

APPOINTMENTS.

ARMY.

- HAINES, Staff-Assistant-Surgeon C., to be Assistant-Surgeon 10th Foot, *vice* R. Dunlop.
 MOORE, Staff-Surgeon-Major J. G. P., retiring upon half-pay, to have the honorary rank of Deputy Inspector-General of Hospitals.
 REID, Staff-Assistant-Surgeon A., to be Staff-Surgeon, *vice* Staff-Surgeon-Major J. G. P. Moore.
 RENTON, Staff-Assistant-Surgeon D. M.D., to be Assistant-Surgeon 15th Hussars, *vice* C. H. Browne.

To be Staff-Assistant-Surgeons:—

- | | |
|--|------------------------|
| BROWNE, Assistant-Surg. C. H., 15th Hussars, <i>vice</i> D. Renton, M.D. | PICKERING, T. H. |
| ANDREW, G. M.B. | POWELL, F. |
| BATE, A. W., M.D. | PURFOY, J. W., M.D. |
| CAMPBELL, J. A. | RICHARDSON, J. F. H. |
| CAREW, R. H. | ROBERTSON, S. M.D. |
| CHURCHILL, G. F., M.B. | ROBERTSON, W. M.B. |
| CLAP, J. M.D. | RUTLEDGE, W. F. |
| COLLINS, R., M.B. | SANDERS, G. R. |
| CREED, J. | SANDERSON, A. W., M.D. |
| EVATT, G. J. H., M.D. | THORP, J. C., M.D. |
| FISHERNE, J. K. | TOLIN, R. |
| HARRAH, J. J., M.D. | TRAYNOR, G. |
| HINDS, W. R. G., M.D. | WAGHORN, H. |
| HOGAN, R. E. | WAKEFIELD, W., M.D. |
| JACKSON, R. | WEARNE, V. |
| KEITH, R. M.B. | WHITE, C. |
| KING, T. R. | WHITE, G. |
| O'FARRELL, T. M.D. | WHITE, W. O'Byrne |
| O'TOOLE, G. R. | |

ROYAL NAVY.

- CARBOLI, R. H., Esq., Surgeon (additional), to the *Princess Royal*.
 COLAHAN, Thomas N. W., Esq., Assistant-Surgeon (additional), to the *Cumberland*.
 CURTIS, Geo., Esq., Assistant-Surgeon (additional), to the *Victory*.
 ELLIOTT, G. F., Esq., Surgeon (additional), to the *Princess Royal*.
 HARRIS, Frederick A. P., M.D., Assistant-Surgeon (acting), to the *Princess Royal*.
 LOCKHART, William, Esq., Assistant-Surgeon, to the *Helicon*.
 MACSELL, George H., Esq., Assistant-Surgeon, to the *Salamis*.
 NEWTON, George B., Esq., Surgeon, to the *Acorn*.
 STABLES, William, Esq., Assistant-Surgeon, to the *Moranee*.
 STONE, John N., Esq., Assistant-Surgeon (acting), to the *Princess Royal*.

VOLUNTEERS. (A.V. = Artillery Volunteers; R.V. = Rifle Volunteers):—

ALLISON, J. Esq., to be Assistant-Surgeon 5th Administrative Battalion Lancashire R.V.
 BAKER, C. G. Esq., to be Assistant-Surgeon 2nd Monmouthshire R.V.
 CHENKE, J. Esq., Assistant-Surgeon 4th Administrative Battalion Lancashire R.V.

DEATHS.

ALDRIDGE, Charles J. Esq., Surgeon, at Myddelton Square, aged 37, on September 13.
 DANIELL. On September 14th, at Farnford, Frances Maude, infant daughter of George W. Daniell, Esq., surgeon.
 EDWARDS, Edwin, Esq., Surgeon, at Crewe, aged 49, on Sept. 10.
 GRABHAM, John, M.D., at Rochford, aged 70, on September 12.
 MYERS. On September 5th, at Melton Street, Euston Square, aged 6 months, Henry Beaufoy, son of Henry R. Myers, Esq., Surgeon.
 RAYES. On August 1st, at Sangor, India, aged 125, Emma Fauny, widow of William W. Rayes, Esq., Surgeon, 4th Madras Cavalry.
 REYNOLDS, Thomas F., M.D., late of Carlsholm, at Cheltenham, aged 66, on August 30.
 TATUM. On September 10th, on board H.M.S. *Warrior*, aged 11, Arthur, youngest son of Thomas Tatum, Esq., Surgeon, of George Street, Hanover Square.

TREATMENT OF CHOLERA IN NAPLES. With the laudable view of assisting those who might possibly be attacked by cholera, many societies have been formed in Naples. In one, five medical men are reported as being on the staff, and two bleeders.

DOONASTER INFIRMARY. The Count de Lagrange having placed £50 at the disposal of the Mayor of Doncaster for the welfare of the poor classes of the community, the sum has been presented to the infirmary of that town.

THE SURREY COUNTY HOSPITAL. Her Majesty has most graciously issued her command for a bust of his Royal Highness the late Prince Consort, to be executed by Mr. Theed, and to be presented by her Majesty to the above institution.

DISEASE IN POULTRY. A malady has broken out, the Paris papers state, among French poultry, and seems to prevail to a serious extent. In the Paris markets, every precaution is taken to prevent the sale of diseased fowls, and detected vendors are subject to immediate arrest and punishment.

APOTHECARIES' HALL. The next registration will be commenced on Monday, October 2nd, and continued until Saturday, the 14th (Friday, the 6th, and Sunday excepted). The next examination for the prizes given annually by the society for proficiency in the knowledge of the materia medica and of pharmaceutical chemistry, will be held on the third Wednesday in October and the following Friday.

THE HERBERT MEMORIAL HOME FOR CONVALESCENTS. On Saturday last the ceremony of laying the first stone of the Herbert Convalescent Hospital took place at Bournemouth. Immediately after the decease of the late Lord Herbert of Lea, his friends and neighbours in his native county of Wilts met to decide on the most appropriate mode of commemorating his good services in ameliorating the condition of the British soldier, when it was decided that a statue of the noble lord should be erected in the Market-place, Salisbury, and that a home for convalescents should be founded. On June 29th, 1863, the statue, executed by Baron Marochetti, was uncovered at Salisbury. Since that time circumstances have delayed the establishment of the Convalescent Home. A few months ago, however, it was decided that the Home should be built at Bournemouth. Accordingly on Saturday, which was the anniversary of the birth of the late Lord Herbert, the first stone of the building was laid by his son, the Earl of Pembroke, in the presence of Lady Herbert and many hundreds of the *élite* of the counties of Wilts, Hants, and Dorset.

DEATH FROM STRYCHNINE. The daughter of Mr. Blake, a surgeon at Salisbury, died a few days ago with symptoms of poisoning by strychnine, which has been found by Dr. Taylor in the intestines and in some pills which were in her possession. A former assistant of her father, named Storer, is in custody on suspicion of having introduced the poison into the pills.

STREET ACCIDENTS. Five or six people, if not more, are run over, knocked down, or thrown off, and killed in the streets of London every week of our lives. In this return of casualties, the killed only are specified; of the wounded, no account is taken. Now, in war, the wounded are to the killed as four to one, or thereabouts; in railway accidents, they are more than ten to one. If we suppose, then, that where one person is mortally injured by street carriages, six receive less dangerous hurts, we shall find the total number of cases to exceed two thousand annually. And if we compare these accidents with accidents on railways, we shall find that nearly five times as many people are killed and wounded by carts, cabs, and omnibuses in London, as are killed or injured on all the railways of England, Scotland, and Ireland, taken together.

INSPECTOR-GENERAL OF HOSPITALS, JOHN FORREST, M.D., C.B., died at Bath, on the 10th inst., aged 61 years. Dr. Forrest, who was an honorary physician to the Queen, entered the army November 10th, 1825, and served in the expedition against the Rajah of Kolapore in 1827; he was also employed during the expedition against the insurgent Boers, beyond the Orange River, in 1845; and in the Kafir War of 1846, for which he received a medal. He was in medical charge of the 3rd division of the Eastern army at Gallipoli and Bulgaria, and accompanied the expedition to the Crimea in September, 1854; and was present at the affair of Bulganac, capture of Balaklava, battles of the Alma and Inkerman, and siege of Sebastopol; and was noticed in Lord Raglan's dispatch after Inkerman, "for his able exertions, as deserving to be most honourably mentioned." He was rewarded with the medal with three clasps, made a C.B., and received the fourth-class order of the Medjidie. He became inspector-general December 31st, 1858, and was stationed at Malta until December 1861.

SUICIDE FROM EXCESSIVE PAIN. On Tuesday Mr. Payne held an inquest at Guy's Hospital on the body of William Wallace, aged 36, a gasfitter. He had been a patient in the above hospital for about two months, suffering severely from dropsy. On Saturday last it was intimated to him that the medical attendants could give him no further relief. On Sunday evening he inflicted a frightful gash with a razor in his abdomen. Mr. Oliver T. Duke, house-surgeon of Guy's Hospital, stated that, about seven o'clock on Sunday evening, he found the deceased suffering from a severe wound on the left side of his abdomen, through which the intestines were protruding. Witness administered restoratives, the intestines were returned, and the wound sewn up by the dresser. The deceased stated that he committed the act owing to the severity of his sufferings. He died in about three-quarters of an hour. The jury returned a verdict, that deceased had destroyed himself while in a state of temporary mental derangement.

THE LATE SAMUEL GLOVER BAKEWELL, M.D. Dr. S. G. Bakewell was born in 1810, at Spring Vale, near Stone, in Staffordshire, where his father, Mr. Thomas Bakewell, had a large lunatic asylum. Mr. Bakewell was one of the earliest reformers of the treatment of lunatics in England, and at a time when the severest

coercive measures were in constant use, distinguished himself by the mildness of his treatment. Dr. S. G. Bakewell studied in Edinburgh, where in 1839 he received the diploma of Doctor of Medicine. He devoted his whole time and attention to the cure of the insane. He practised first at Spring Vale, but in consequence of the Duke of Sutherland objecting to the presence of a lunatic asylum so near his house at Trentham, the establishment was removed to Oulton, near Stone. It was there continued for many years under Dr. Bakewell's medical superintendence. Ultimately, he removed to Church Stretton, in Shropshire, where he had two houses. Dr. Bakewell followed out the principles which had been found so successful by his father; and which, at the time when they were first propounded (from 1808 to 1815), were looked upon as bold novelties. Dr. Bakewell was a diligent student of the literature of psychological medicine, but did not, we believe, contribute anything to it himself, except his diploma thesis on Insanity. Dr. Bakewell had been long the subject of a painful and distressing malady, but no apprehensions of an immediately fatal issue were entertained until about a fortnight before his death. He died on August 30th, aged 55. He was greatly beloved in his own circle of friends, and was a man of a most kindly and hospitable disposition. He has left a widow, but no children.

LITERARY MEN AND DOCTORS. It is pleasant to record the fact that nearly every literary man or woman with whom I have been acquainted, or whose lives I have looked into, has found a generous and disinterested friend in a doctor. I could, of my own knowledge, tell many anecdotes of the sacrifices made to mercy by members of the profession; of continuous labours without a thought of recompense; of anxious days and nights by sick and dying beds, without the remotest idea of "fees." I may tell one of a doctor, now himself gone home; it was related to me by Sir James Eyre, M.D. Unfortunately I have forgotten the name of the good physician, but there are, no doubt, many to whom the story will apply. Sir James called upon him one morning, when his career was but commencing, and saw his waiting-room thronged with patients. "Why," said he, "you must be getting on famously." "Well, I suppose I am," was the answer; "but let me tell this fact to you. This morning I have seen eight patients; six of them gave me nothing, the seventh gave me a guinea, which I have just given to the eighth." Such a physician providence sent to Thomas Hood. (S. C. Hall's *Biography of T. Hood*.)

THE NORTHERN SEAPORTS. The Registrar-general, in his last quarterly report, observes incidentally that "in the cholera epidemics of past years, the seaports of Northumberland and Durham have suffered early and severely." Such being the case, the ravages of that fatal disease in the Mediterranean have caused a good deal of alarm in the towns upon the Tyne. Since the last visit of cholera to England, a great deal has been done to improve the sanitary condition of the Tyneside towns. North and South Shields have been both well drained, and each of these seaport towns has public baths and washhouses. They have also an excellent supply of fresh water. But none of the seamen's lodging-houses are under inspection, and overcrowding and other very bad unsanitary conditions prevail to a fearful extent. Some of them are in a loathsome and filthy state. It is proposed by the corporation of Tynemouth to erect a temporary hospital for sick seamen. A very great danger exists in Jarrow through the overcrowding of lodging-houses, especially in the Irish quarter. The beds in many of them never cool, for as soon as the day-shift men employed at the ironworks vacate

them, the night-shift men, who have returned from work, turn in. Many small cottages which, according to all ordinary rules of health should not be allowed to have more than six inhabitants, have to furnish sleeping accommodation to from 13 to 18 persons; and such is one of the crying evils and great dangers of nearly all the manufacturing villages on Tyneside. The lower parts of Gateshead and Newcastle, which have been swept by cholera on former visitations, are not in a very satisfactory state. In fact, speaking of the Tyneside towns and villages generally, though a great deal has been done of late years to improve the public health, much more will have to be done before the authorities can say, with any degree of confidence, that they have got them into anything like a decent and wholesome condition.

THE USES AND ABUSES OF MEDICAL PUBLICATIONS. It is an old saying that "use is the parent of abuse," and the present system of medical publication teaches that the saw applies with unusual force to that branch of literature. How many papers are written and how many works published for the real purpose of making the reader a wiser man or adding a useful fact to the store-house of medical science? How many books or essays are published, the intention of which is not primarily to advertise the author's name and qualifications, with a view to future profits. Let us ask whether the system which, is so prevalent in the columns of London weeklies, of appending the private address of the author, with street, number, and postal letter in full, to his communication, is susceptible of any other interpretation than that which we have put upon it? Another practice which is to be deprecated is that of publishing interminable details of cases differing from one another in no appreciable or important feature. These interminable case-rolls are generally unworthy of confidence, inasmuch as the failures are suspiciously few, and the successes innumerable. The most usual abuse of medical publication is the tendency of authors to write about nothing at all, either to seize some one else's facts and dilute them down with their own intellectual menstrum, making a mixture neither palatable nor efficient, or to add one more to the endless lubrications on some every-day disease. The *Lancet* published the other day from the pen of a celebrated metropolitan surgeon what was facetiously designated a lecture on the "Progress of Surgery." There was much advice about the attitude and demeanour of a surgeon, and more about the behaviour of a student, but not one word about surgery or its progress. To illustrate this *soi disant* lecture a woodcut is introduced, a caricature (save the mark) of a surgeon in a ridiculous posture surrounded by a number of idiotic-looking students, and intended, we assume, to convey to the reader the antithesis of Professor Fergusson at his operating table. It is high time to object when such buffoonery is substituted for honest instruction in the surgeon's art, and we cannot but think that such a prostitution of the objects of a journal is as distasteful to the readers as to ourselves. These are a few of the abuses of journalism; but they are of little importance compared to those which have crept into the system of book-making. Books are the great engines of publicity, and no one can be publicly known who does not resort to them. If a young man yearns for success in life, he publishes a few cases in the medical journals, spreading them over as great a space as he can, and when his pen fails him, turns them into a pamphlet at sixpence or a shilling. Does the profession ever read it? Not at all. But the author advertises it in the papers, and becomes straightway an "authority." (*Med. Press.*)

THE MEDICAL AID SOCIETY has sent supplies of medicine to the Hudson's Bay Territory, to South Africa, and to Polynesia, which have been most acceptable and valuable to the missionaries who are labouring among aboriginal natives far removed from ordinary medical assistance. (*Wesleyan Missionary Reporter*.)

A CHALLENGE TO THE DAVENPORT BROTHERS. M. Robin, the wizard and conjuror of the Boulevard du Temple, has published a letter giving an account of an evening with the Davenports, now performing near Paris. He explains in a natural way all the spiritual manifestations that took place. The letter of M. Robin closes with a challenge to the American mediums, in which he offers to repeat their exercises at a public representation to be given by him and them for the benefit of the Charenton Hospital. He makes three conditions. He must tie the Americans himself with a cord of his own; he must be tied with them in the closet; and the five persons who usually attend on them must not be allowed to take any part in the proceedings.

THE UNITED STATES ARMY MEDICAL MUSEUM. The museum is located at Washington, in a handsome brown-stone building, two stories in height. It was established in August 1862. The building is divided into two compartments. On the first floor are models of the old and more recent forms of ambulances; also medical wagons, etc. In the centre there is a case containing plaster casts; of which there are about three hundred representations of stumps, plastic operations, incisions, and the general operations of surgery. Among the rest it contains a cast of a case in which the jaw-bone, side of the nose, etc., were lost. On this case was founded the order of the late Surgeon-General Hammond against the use of calomel. On the upper floor there are four cabinets. The two central ones contain dry preparations, exhibiting recent fractures, and attempts at repair; these follow a natural division of cranium and upper extremities, and the trunk, pelvis and lower extremities. The number in the collection is 4,200; of these 500 are medical, 350 missiles, 400 photographic illustrations of diseases and injuries of bones and fractures. Many of these are microscopic in their character, and are executed with great fidelity and beauty. Most of the fractures are the result of projectiles, but now and then are cases of fracture caused by accidents on railways and army wagons. There is a very interesting collection of projectiles for small arms and field guns; also the various patterns of bayonets used in the army and foreign service. In specimens of gunshot fractures on long and flat bones, it is shown that the conical bullet produces the most disastrous results and comminuted fractures, while the round bullet is almost always flattened against the bone, without producing fracture. So great is the force of the conical bullet, that at the battle of Gettysburg it passed through an armour-plate on the chest of a rebel soldier, making a clean incision, and killing him instantly. The medical series of the museum is remarkably rich in illustrations of malarious diseases—typhoid fever, and chronic diarrhoea. These are chiefly of diseases of the ileum, caecum, and transverse colon, including many beautiful illustrations of diseased conditions of the glands of Peyer; also tubercular ulcers of the small intestines, diseases of the heart, lungs, liver, spleen, and kidneys. There is a very unique specimen in plaster of a carcinoma of the liver, which weighed nine pounds and a half, and is beautifully coloured. The Curator of this museum is Dr. George A. Otis, of Massachusetts. The Anatomist is Dr. Shafhirt. (*Dr. L. Turnbull in Phil. Med. Reporter*.)

OPERATION DAYS AT THE HOSPITALS.

MONDAY.....Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.
TUESDAY....Guy's, 1½ P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.
WEDNESDAY...St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.
THURSDAY....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopaedic, 2 P.M.—Royal London Ophthalmic, 11 A.M.
FRIDAY.....Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.
SATURDAY....St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.—Royal Free, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

TO CORRESPONDENTS.

* * All letters and communications for the JOURNAL, to be addressed to the EDITOR, 37, Great Queen St., Lincoln's Inn Fields, W.C.

COMMUNICATIONS.—To prevent a not uncommon misapprehension, we beg to inform our correspondents that, as a rule, all communications which are not returned to their authors, are retained for publication.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

PROFESSOR SPENCE.—We must decline to insert Professor Spence's remarks on Mr. Syme's Address in Surgery.

A GUY'S STUDENT.—We are unable to give you the information you require.

THE GRIEFIN TESTIMONIAL FUND.—SIR: At the last meeting of the Committee, it was resolved that the above Fund should be definitely closed. Intending subscribers will oblige by forwarding their contributions, on or before October 31st, to

ROBERT FOWLER, M.D., Treasurer and Hon. Sec.

145, Bishopsgate Street Without, September 6th, 1865.

COMMUNICATIONS have been received from:—Dr. JAMES RUSSELL, Mr. F. W. STRANGE, Mr. J. METCALFE, Mr. ROBERTS, Dr. G. H. PHILLIPS, Mr. A. B. STEELE, Dr. BORCE, Dr. ROBERT FOWLER, Mr. C. J. BRACEY, Mr. J. BIRCHENALL, Mr. T. PRIDGIN TEALE, JUN., Dr. A. P. STEWART, Mr. R. THURFIELD, Mr. H. HAILEY, Mr. CRAIG, and Dr. R. FIKES.

BOOKS RECEIVED.

1. The Dental Licentiate's Directory and Local List. By Alfred Hill, L.D.S. London: 1865.
2. London Vestries and their Sanitary Work. By W. Rendle. London: 1865.
3. A Practical Treatise on Rupture: its Causes, Management, and Cure. By T. F. Salt. London: 1865.
4. A Dictionary of Practical Medicine. By James Copland, M.D., F.R.S. Abridged by the Author, assisted by James C. Copland, M.D., F.R.S. London: 1865.
5. Correspondence, Public and Private: with Additional Remarks upon the Pritchard Memorial and the Supply of Water in Broseley, etc. By F. H. Hartshorne. Birmingham: 1865.
6. Cases Illustrative of the Pathology of Dysentery; with Remarks. By S. G. Chuckerbutty, M.D. Calcutta: 1865.
7. A Radical Operation for Prolapsus. By T. A. Emmet, M.D. New York: 1865.
8. The Vaccination Acts. By Danby P. Fry, Esq. Second edition. London: 1865.
9. A Glance at the Progress of Medical Science and at some Phases of Medical Faith. By E. Ellis, M.D. London: 1865.
10. Peculiarities of the Deaf and Dumb, as regards Medical Treatment, and their Idiosyncrasies, which have been observed at the Ulster Institution. By H. S. Purdon, M.D. Belfast: 1865.
11. Baiding: How to do it, Where to do it, and Where to teach. By Fearar Sheppard, M.D. London: 1865.
12. An Inquiry into the Possibility of Restoring the Life of Warm-Blooded Animals. From the Proceedings of the Royal Society. By B. W. Richardson, M.A., M.D. London: 1865.
13. Report on the Physiological Action of Nitrite of Amyl. From the Report of the British Association for the Advancement of Science, 1864. By B. W. Richardson, M.A., M.D. London: 1865.

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Commencing Students. — A

(married) M.D. and F.R.C.S., lately House-Surgeon to Univ. Coll. Hospital, residing near the Regent's Park, and within easy distance of St. Mary's, Univ. College, Middlesex and Charing Cross Hospitals, wishes for two quiet, gentlemanly Pupils or Students to reside with him—Address W.H. No. 1, Dorset Square, London, N.W.

Liverpool Royal Infirmary

SCHOOL OF MEDICINE. The ANNUAL DINNER will be held at the Adelphi Hotel, on Monday, October 2nd, at 7 p.m.

EDWARD BATTY, Esq., in the Chair.

Dinner Tickets may be obtained on application to the Treasurer, F. W. STRANGE, Esq., Liverpool Royal Infirmary School of Medicine.

The St. George's Hospital Me-

DICAL SCHOOL DINNER will be held at Willis's Rooms, King Street, St. James's, on Monday, October 2nd, 1865. JAMES ARTHUR WILSON, Esq., M.D., Chairman (late Senior Physician to the Hospital). Dinner on table at half-past Six o'clock punctually. Tickets, One Guinea each, to be had of J. H. HAMMERTON, Esq., Hon. Sec., at the Hospital, before September 29th.

St. Bartholomew's Hospital

MEDICAL COLLEGE. — The ANNUAL DINNER is arranged for Monday, October 2nd, 1865 at 6.30 p.m., at the Albion Tavern, Aldersgate Street, under the Presidency of Mr. WORKMANN. Gentlemen desiring to be present are requested to inform Mr. CALLENGER of their intention not later than Saturday, September 30th.

St. Bartholomew's Hospital and

MEDICAL COLLEGE. — The WINTER SESSION will COMMENCE October 2nd, with an Introductory Address by Dr. Andrew, at 5 o'clock p.m.

LECTURES.

Medicine—Dr. Black.
Clinical Medicine—Dr. Farre, Dr. Black, Dr. Martin.
Surgery—Mr. Paget, Mr. Coote.
Clinical Surgery—Mr. Skey, Mr. Paget, Mr. Coote.
Descriptive Anatomy—Mr. Holden, Mr. Callender.
Physiology and General Anatomy—Mr. Savory.
Chemistry—Dr. Odling.
Demonstrator of Morbid Anatomy—Dr. Andrew.
Demonstrators of Anatomy—Mr. Smith, Mr. Baker.
Assistant Demonstrators—Mr. Vernon, Mr. Langton.
Tutors—Dr. Duckworth, Mr. Baker, Mr. Shepard.

SUMMER SESSION, Commencing May 1866.

Materna Medica—Dr. Farre.
Botany—Dr. Harris.
Forensic Medicine—Dr. Edwards.
Midwifery—Dr. Greenhalgh.
Comparative Anatomy—Mr. Callender.
Practical Chemistry—Dr. Odling.
Microscopic Demonstrations—Mr. Savory.

The Clinical Practice of the Hospital comprises a Service of 650 beds; of these 227 are allotted to the medical cases, 20 to the diseases of women, 322 to the surgical and ophthalmic cases, and 81 to the syphilis.

In the year 1864, relief was afforded to 6000 in-patients, including more than 550 children under 10 years of age.

Collegiate Establishment.—Warden, Mr. Willett. Students can reside within the Hospital walls, subject to the collegiate regulations. Some of the teachers connected with the Hospital also receive students to reside with them.

Seven Scholarships, varying in value from £20 to £50, are awarded annually. Further information respecting these and other details may be obtained from Mr. Savory, Mr. Callender, or any of the medical or surgical officers or lecturers; or at the Anatomical Museum or Library.

Aerated Lithia Water. —

Messrs. BLAKE, SANDFORD, and BLAKE are prepared to supply the LITHIA WATERS (of which they were the original Manufacturers under Dr. GARROD's instruction) of any strength prescribed by the Profession for special cases. Those in constant use contain two grains and five grains in each bottle, either by itself or combined with BICARBONATE of POTASH or PHOSPHATE or AMMONIA.—Also, Potash, Citrate of Potash, Soda, Seltzer, Vichy, and Mineral Acid Waters, as usual.

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Addresses and Papers

READ AT

THE THIRTY-THIRD ANNUAL MEETING OF THE BRITISH MEDICAL ASSOCIATION.

[Held in LEAMINGTON, AUGUST 1st, 2nd, 3rd, and 4th, 1865.]

THE FIRST ATTEMPT IN ENGLAND TO REMOVE A GROWTH FROM THE LARYNX, THROUGH DIVISION OF THE POMUM ADAMI.

By GEORGE DUNCAN GIBB, M.D., LL.D., Mem-
ber of the Royal College of Physicians, London;
Assistant-Physician to Westminster Hospital.

THE subject of division of the thyroid cartilage through the pomum has been occasionally discussed by medical writers with varying opinion. Some have advocated the measure for the removal of a foreign body or of polypi, whilst others have condemned it as an useless and unsatisfactory proceeding; this was before the employment of the laryngeal mirror. In many of our modern standard works of authority, this mode of obtaining access to the larynx is completely unnoticed, as a measure not deserving any consideration. An honourable exception to this occurs in the second volume of *Holmes's System of Surgery* (p. 308), in the section devoted to injuries of the neck, by my friend the late Mr. Henry Gray, whose acquaintance with everything appertaining to the neck was most extensive. In dwelling upon laryngotomy for the removal of foreign bodies, he advocates the enlargement of the wound, if necessary, by carrying the incision upwards through the thyroid cartilage, or downwards through the cricoid, when the foreign substance may be pushed up by a bougie, or the finger, through the glottis into the mouth. And Mr. Fergusson, in considering laryngotomy in his *Practical Surgery*, remarks that: "Possibly the division of the membrane between the cricoid and thyroid cartilages may not leave an opening sufficiently large, and it will, therefore, be requisite to carry the knife upwards or downwards. If the thyroid cartilage be cut, there is a probability of one or other of the vocal cords being divided, unless the incision is exactly in the mesial line" (p. 630). This measure was lately put into practice at Salisbury, by Mr. Martin Coates, Senior Surgeon to the Infirmary, upon a young man who was admitted with a bronze half-penny lodged in his larynx for some days. The pomum Adami was divided, the *alæ* separated, and the coin extracted. A recovery ensued without the slightest inconvenience, as I was informed by Mr. Fredk. F. Lee, the house-surgeon, who kindly showed me over the Infirmary in March 1864.

Desault was the first who suggested the division of the thyroid cartilage in the median line for the removal of polypi and foreign bodies. He considered that it offered a more direct and easy access to the cavity of the larynx than any other method. He was opposed, for reasons presently to be considered; but this did not prevent the operation from being done both in this country and in America. Blandin practised it

in attempting to remove a needle from the larynx. Velpeau approved of it as the only means, in some sort, of laying bare foreign bodies, which in most cases become imbedded or arrested between the lips of the glottis; or of polypi or other vegetations, which are rarely seen, except in the vicinity of this part. Sir Charles Bell thought it unnecessary in the case of a foreign body, and hurtful in the instance of disease; he could not foresee its necessity, and remarked that it must greatly disturb the chordæ vocales. (*Institutes of Surgery*, vol. i, p. 253.)

In certain cases, where foreign bodies become immovably impacted, or are so large as not to admit of removal by the ordinary operations of tracheotomy and laryngotomy, division of the pomum becomes a matter of necessity, more especially if the laryngoscope has shown the position of the foreign body, and that it cannot be removed by any instrument passed into the mouth. Mr. Hulke's recent case of sixpence lodged transversely across the larynx, brought before the Royal Medical and Chirurgical Society, would have been a favourable one for this operation. So would a case of my own, wherein a pin traversed the larynx from before backwards, transfixing the left arytenoid cartilage, had not the laryngoscope acted as a guide to the introduction of forceps, and its consequent extraction through the mouth. (*Diseases of the Throat*, second edition, p. 409.) It is more especially in connection with the presence of growths in the larynx, that this operation must be considered.

In 1834, Brauers, of Louvain, laid open the larynx by means of an incision through the entire length of the thyroid cartilage of a man aged 40, and touched some warty excrescences, filling the cavity of the larynx with acid nitrate of mercury, and subsequently with the actual cautery. The final result was death from scirrhus of the larynx. (*Ehrmann on Polypi of the Larynx*.)

Ten years later, namely, in 1844, Professor C. H. Ehrmann, of Strasburg, diagnosed the presence of growths in the larynx of a healthy woman aged 33, who had lost her voice for three years. An almost fatal fit of suffocation necessitated tracheotomy; the next day the wound was extended upwards and the pomum Adami divided, which permitted of the removal of a cauliflower excrescence from the left vocal cord. The patient recovered well, but without a voice, and died seven months afterwards of typhoid fever. (*Histoire des Polypes du Larynx*, 1850, folio, p. 23.) This was the second occasion in which the thyroid cartilage had been opened for the complete removal of a polypus of the larynx, whose presence had been made out by the general symptoms some years before the laryngoscope had come into general use, and therefore is highly creditable to the sagacity and genius of Ehrmann, who has left a noble monument of his labours in the publication of his excellent and beautifully illustrated monograph upon Polypi of the Larynx. To him and Brauers is unquestionably due all the honour and credit of having inaugurated a mode of operative treatment which promises ere long to become more or less general in cases of growths of the larynx that cannot be removed, from the absence of the necessary dexterity, or such other causes as will either not permit of the introduction of instruments through the mouth, or that present actual obstacles to removal in any other way than through the neck. Desault, who suggested the operation, never practised it unless in the removal of foreign bodies.

It would appear also, that Dr. Gurdon Buck performed laryngo-tracheotomy, dividing the thyroid cartilage, upon a female aged 51, in May 1851, for epithelial cancer of the larynx, and extirpating the tumour. The operation was done a second time in September. She died from suffocation, August 1852.

(Trans. American Medical Association,* vol. vi, 1853, p. 510.)

These cases had occurred before the general use of the laryngoscope, together with another (I imagine) referred to by Lewin of Berlin, and said by Pirogoff to have been performed some time back at Heidelberg.

When this operation was contemplated by myself, and its performance suggested to my patient on March 29th, 1864, I was not aware that it had been attempted by any one since the revival of the laryngoscope. My proposed plan was to insert a tube into the trachea; then to divide the pomum, and remove the growth. After examining her at my residence on April 9th, it was arranged that the operation should be done on the 13th. Most urgent dyspnoea set in, however, on the 12th, demanding tracheotomy to save life; and, on the 20th, the thyroid cartilage was opened, and the growth removed. The immediate results were good; for she was sitting up on the 25th; the voice returned on May 4th; and on the 19th she was able to walk into her garden.

I am thus particular in mentioning these dates, for I read in the BRITISH MEDICAL JOURNAL of April 30th, 1864 (p. 479), for the first time, the announcement that Professor Boeckel of Strasbourg had lately performed thyroidean laryngotomy on a young girl, and removed a number of polypoid vegetations from the posterior part of the larynx. The recovery was good, but slow; the voice never returned; and she afterwards died, but of what disease is not stated. Although following in the footsteps of his predecessor of the same city, Boeckel was not the first person in Europe to remove a growth from the larynx which had been diagnosed with the laryngoscope, by means of the operation under consideration. He was preceded by Rauffuss of St. Petersburg, in 1862, who opened the larynx of a female in the median line, and removed some warty excrescences with the knife, that filled the larynx. The disease returned, and a tube was never dispensed with. Death occurred two years after, from gangrene of the lung. It was done also by Busch, in June 1863; the larynx of a man of forty-three being opened by a section through the thyroid cartilage; and the growth, which filled half the larynx, was torn away piecemeal by forceps. In November 1863, Debrun followed; and, by means of a vertical incision through the thyroid cartilage, and a transverse one through the thyro-hyoid membrane, a large fibrous tumour was taken away from a man aged 52, who lived seven days.

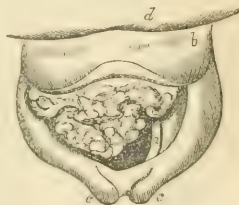
To our American brethren is due the honour of having inaugurated this practice since the revival of the laryngoscope; for I find that Dr. Gurdon Buck removed a growth from the larynx on April 13th, 1862, by opening it through the pomum, from a man aged 25, and who has recovered. And Dr. H. B. Sands performed a similar operation in February 1863, upon a female aged 30, and removed a cancerous tumour with success. The patient survived twenty-two months, and died from internal disease. An excellent paper on Cancer of the Larynx, by the latter gentleman, appears in the *New York Medical Journal* for May 1865. I have only had access to it since the present paper was brought before the Association.

The case about to be detailed is the first, and, as far as I am aware, the only one, in which the operation has been attempted in this country. It has been since done in October 1864, at Berlin, by Ulrich and Lewin; and, in the early part of the present year, at Cracow, by Gilewski; and in the United States, by Gouley.

The first of these was a girl of sixteen, with hoarseness for four years, due to the presence of several growths, chiefly involving the left vocal cord. A cannula was inserted, on October 8th, in the crico-thyroid space; and on the 31st the pomum was divided, and two growths removed by means of curved scissors. The cannula was removed on the third day; and a good recovery ensued, with restoration of voice. (*Wiener Med. Wochenschr.*, Feb. 1, 1865; and *BRITISH MEDICAL JOURNAL*, March 11, 1865, p. 253.) The second case was that of a young woman from whose larynx a mucous polypus was removed by Professor Gilewski, on division of the pomum, with very little bleeding. (*BRITISH MEDICAL JOURNAL*, May 13, 1865, p. 488.) The third was a female child of six years, from whom Dr. Gouley, in February 1865, removed a cauliflower growth filling the larynx, tracheotomy being firstly done two months before. Recovery has followed, but with aphonia. (Dr. Sands's paper in *New York Medical Journal* for May 1865.)

I shall premise the particulars of the following case, that occurred to myself, by stating that, having regard to its pathological bearings, it was briefly brought before the notice of the Pathological Society of London in May 1864. Since that time, it has gone on to its termination, and is here given in a more complete form.

A young maiden lady, aged 29, was brought to me by her mother on March 16th, 1864. Her voice had been affected for two years with varying aphonia and hoarseness; and the breathing had been obstructed for two months. She had a mild attack of variola in May 1863. Efforts at speaking caused pain; every cold flew to the throat; and at night she had cough, with a sensation as if she wanted to expectorate phlegm. The right wing of the thyroid cartilage had been swollen and decidedly prominent, and somewhat indurated and painful, for five months. Since July 1863, a feeling had been present at the pomum as if something was being drawn up. Her complaint had been set down as nervous, and her feelings had been much wounded in consequence; for she declared there was nothing nervous about it, as she was not naturally so, nor in any manner hysterical. The laryngoscope revealed the presence of a large furrowed and lobular growth, with irregular outline, of an ashy grey colour, springing from the root of the epiglottis, extending to the right side of the larynx, involving the false cord, and covering the whole of the true vocal cord, as well as the anterior part of the left true cord. This left a comparatively small space for the passage of air posteriorly, as



As represented in the laryngeal mirror, the position of the parts is necessarily reversed. a. The left true vocal cord. b. The lingual surface of the epiglottis, beneath which is seen the large lobulated growth. c. The arytenoid cartilages. d. The back of the tongue.

shown in the woodcut which represents the laryngoscopic appearances. The under-surfaces of the true vocal cords, together with their free borders, were

* I exclude a case here of Malignant's, of removal of tumour attached to the side of the epiglottis, by subhyoidan laryngotomy. (*Gazette des Hôpitaux*, 1859, p. 409.) The pomum was not divided.

probably normal, as phonation was tolerably fair, although hoarse. No sound could be uttered with the laryngeal mirror in the mouth to estimate their amount of approximation. On March 29th, the growth was pinker in colour, and seemed to evince a disposition to increase in size. On this occasion, I was fortunate enough to succeed in catching in the loop of wire of my laryngeal *écraseur* about one-third of the soft projecting portion of the tumour, and quickly cut it through. It was not withdrawn with the wire, as is usually the case with me; but was ejected in slight coughing a few minutes afterwards, followed by some bleeding. The relief to the breathing was most decided; so much so as to induce me to try and get away some more of it on April 3rd, but without success, as now the portions left were not sufficiently projecting to catch in the loop of the wire. On these occasions I was ably assisted by my friends Mr. Holthouse and Dr. J. B. Blanchet. On April 9th, an appointment was made with the family to open the pomum Adami on the 13th, and remove the remainder of the growth—a proceeding which I had previously discussed with the young lady on March 29th. On the 12th, however, she was seized with sudden and most urgent dyspnoea, for which tracheotomy was performed on the same evening by my colleague Mr. Holthouse. This afforded immediate relief and general comfort, and was done fourteen days after the removal of the first portion of the growth.

Eight days later—namely, on April 20th—her general health having much improved, chloroform was carefully given by Dr. Holman; and the original incision made in the operation for tracheotomy was extended upwards by Mr. Holthouse, who divided the thyroid cartilage through the pomum Adami with a scalpel and a pair of scissors, and the lateral halves were held apart by retractors. Being well acquainted with the seat and position of the growth in the larynx, I myself now introduced my index finger of the left hand upwards, and removed the remainder of it, partly with my finger-nail, and partly with curved scissors; the tumour being soft, friable, and vascular in some parts, and firm in others. The last condition extended into the right side of the subglottis, and encroached upon the calibre of the larynx in that situation. The general operation was attended with some amount of free bleeding; but the blood was prevented from reaching the trachea, through the able assistance of Dr. Blanchet, and it was greatly facilitated by the presence of a tube in the trachea. The wound was now closed with a couple of points of metallic suture.

No untoward results followed. On April 25th (five days after the operation), she was sitting up in a chair. On the fourteenth day, she was comparatively well, eating heartily, and getting stouter. On May 10th, the laryngoscope showed the larynx to be free from the presence of any growth. The surface of the mucous membrane was, however, rough; and the right vocal cord was seen to be congested and irregular at its anterior third. She was walking in her garden on May 19th, and was quite convalescent.

Various portions of the tumour were kindly examined by Dr. Andrew Clark, who furnished me with the following note.

“Curiously enough, the portions of tumour are of three kinds; one consisting of thickened mucous membrane, with sessile cauliflower growths; another, of dense fibrous tissue, with minute extravasations of blood; the third, of soft friable matter. Structurally, the first represents compound warts; the second, nucleated fibre (fibro-plastic or muscular) tumours; and the third, the transition stage of a simple epithelial into a cancerous epithelial growth.

“Certain parts of the first portions must be held

to be epithelial cancer; but, seeing that the constituent cells are not very various in form, have not departed far from that which is natural to the part, exhibit few vacuolations, and few modifications of active endogenous development, I would say that the complete removal of the growth of which these portions form a part—if the removal is possible without injury to important parts—is quite justifiable in the light of present pathological knowledge. At the same time, it does occasionally happen that the removal of such growths is followed by their rapid reproduction.”

The nature of the disease was thus made quite apparent; and for this I was not unprepared, as a microscopic examination of the first portion of growth removed through the mouth had shown the presence of the elements of epithelial cancer. Yet, hoping that I might be deceived, with some anxiety did I await the report of such an experienced and careful observer as Dr. Andrew Clark, in his examination of that part of the disease removed through the neck. It was, unfortunately, too conclusive in its verdict.

The subsequent progress of the case was in accordance with our anticipations. In June, the swelling over the right wing of the thyroid cartilage inflamed and suppurated, and afterwards somewhat subsided. At the end of August, some dysphagia was present; she could not swallow bread nor wine without water; there was pain at either side of the neck, running up to the ears. The tumefaction of the right wing of the thyroid extended upwards to the root of the tongue, with considerable induration above the middle of the hyoid bone. In the laryngeal mirror, the epiglottis appeared like an elevated marble pushed up from below, of a crimson red on its lingual surface; and the throat was very irritable to examination. The voice, heretofore distinct, was now a loud rough whisper. She improved on sucking ice and eating ice-cream, and called upon me on September 5th, when the swelling and redness of the epiglottis were seen to have subsided. On October 1st, she paid me another visit, and looked pretty well. She stated that, as long as there was much discharge from the swelling in the neck, now much circumscribed, she was easy. The sense of smell was lost. About the middle of November, she suffered much from pain in the head and ears, running up from the throat; and could not swallow any solid food. There was no difficulty with fluids. On the 17th, the laryngoscope reflected contraction of the upper aperture of the larynx, with swelling of the arytenoid cartilages; the epiglottis being drawn backwards upon the latter. She had not lost flesh; the pain had subsided; and she swallowed with greater ease. On December 10th, I noted in my case-book: “For the last ten days, she has lost her whispering voice, and she has to write her wishes. The passage upwards from the tracheal tube has become so contracted that little or no air passes through it. Induration and swelling are extending down the right side of the neck towards the sternum; the swelling partakes of the character of brawny oedematous infiltration, as met with in malignant disease. This was at one time on the point of suppurating. With all this, she swallows some things tolerably well. Inspection of the larynx showed the epiglottis not so thick nor inflamed, and the larynx was apparently gradually contracting.”

On December 17th, she was much better again; the induration and swelling of the lower neck had disappeared; and she could eat and swallow better. Ten days later, she could articulate in a low but indistinct tone.

It will suffice to state that the dysphagia gradually increased, so that she could swallow nothing but

a little fluid. Bronchitis occurred at the end of January, which greatly prostrated her; and this was followed by a constant catarrhal cough, with much mucous expectoration, difficult to get rid of. Towards the last, it became apparent that not only was the larynx quite blocked up by the recurrence of the original disease, but that it had extended to the pharynx at its lower part, and had almost completely obliterated any channel downwards, as a few drops of water even would hardly pass, and then only by throwing the head backwards, to allow the fluid to pass by simple gravitation. She died quietly on April 7th, 1865, having survived the operation just upon twelve months. No *post mortem* examination was obtained.

It will be observed from the foregoing details, that the operation which was attempted (after the failure of my efforts to remove through the mouth no more than a portion of the growth) was so far successful in its results as to improve the condition of the breathing and restore the natural voice. Nevertheless, as the nature of the disease turned out to be malignant, its return sooner or later was to be expected, more especially as the external surface of the right wing of the thyroid cartilage was swollen and prominent—a feature which experience has convinced me is one of a most unfavourable character in the great majority, if not of all the instances, wherein it is observed. For this reason, the tracheal cannula was not removed, and also because the calibre of the circle of the cricoid cartilage was partially invaded by the pressure or extension of the disease inwards on the right side. The voice continued good for some months, and then gradually became impaired, and finally quite lost. The laryngeal mischief returned some months later; deglutition became seriously impaired; bronchitis supervened in a weak and poorly nourished constitution; and, finally, nothing would scarcely pass down the oesophagus, through gradual closure by extension of the morbid element; and death closed the scene a year after the operation, and about three from the commencement of the symptoms. Had the disease been one simply of benign polypi, without a too extensive base, there is good ground for assuming that a permanent recovery might have been brought about in a patient of her age, in whom there was no hereditary tendency to malignancy.

In Brauer's patient, the result was ultimately fatal from scirrhus. In Ehrmann's case, the patient lived seven months, was quite cured, but with no voice, and died of the accidental occurrence of typhoid fever. In Gurdon Buck's first case, the patient lived thirteen months, and the voice was never restored. In his second case, the subject of it is alive, and although not stated, I infer there is speech. Rauchfuss' patient died of gangrene of the lung two years after. Dr. Sands's female patient lived twenty-two months, and died of cancer of the suprarenal capsules; she had regained her voice, and the larynx was found free and unobstructed. Busch's patient is living, with no voice; whilst Debrou's lived but seven days. In Boeckel's, the patient lived a few weeks; the voice was not restored; the cause of death is not stated, but I infer it to have been from pulmonary phthisis. In Ulrich and Lewin's case, the voice returned of a deep bass in a girl, and the patient is alive and well. In Gilewski's case, the voice returned after the operation, and the patient was lately alive and well. And lastly, Dr. Gouley's patient is well, but has aphonia.

These cases form the *avant courier* of what may be expected hereafter, for with the laryngoscope to guide us in diagnosis, and to show whether the growths can be removed or not through the mouth, the division

of the thyroid cartilage can be determined upon according to circumstances. Indeed, Dr. Türck of Vienna is convinced that this is the best operation for the removal of laryngeal polypi in many cases.

With regard to the operation, I am satisfied that the insertion of a tube in the trachea acts as a safeguard; for at times there is much spasm during the removal of a growth. Previous to accomplishing this last in my patient, I distinctly felt the tumour situated in the position observed in the laryngeal mirror, with an extension of the swelling downwards on the right side of the subglottic space, where no doubt it was in communication with what was observed in the external part of the neck. Although anaesthesia was pretty complete, yet the contact of the finger with the parts described caused much spasm. I attempted to remove some of the subglottic swelling, but it was so firm and unyielding, that it was deemed prudent, for the safety of the patient, not to interfere further. The apparent connection between the external swelling and laryngeal disease, struck me at the time as an unfavourable circumstance.

Chloroform was inhaled through the tracheal tube; it caused a little nausea and retching a few times, but no actual vomiting. A part of the time she was conscious, but felt no pain. She complained occasionally of smarting when the chloroform was inhaled through the trachea; but, as it was admirably and carefully given by Dr. Holman in a small and beautiful inhaler of his own contrivance, none of the fluid came into contact with the wound. The control of the anæsthetic was well managed throughout, under what may be considered unusual circumstances.

Having said thus much relating to the case which has formed the subject of this paper, it will be desirable to consider the objections to thyroidean section.

What are the Objections to this Mode of Relief? That Nestor of French surgery, Velpeau, considers that this operation should not have the preference over others, unless in cases of impacted foreign bodies and polypi; and the patient should not have reached that time of life when the thyroid cartilage has become charged to too great a degree with phosphate of lime. Those who opposed Desault much dreaded lesion of the vocal cords; this, Velpeau says, may be easily avoided, and is, moreover, a matter of little consequence, for the voice in patients thus treated may not suffer more injury than by any other method. Sir Charles Bell observed it must greatly disturb the chordæ vocales. Division is far from easy when the thyroid cartilage is ossified, says Mr. Samuel Cooper, and if its mucous membrane be much swollen, as it may so protrude as to close the opening. In the article Bronchotomy, in Costello's *Cyclopædia of Practical Surgery* (vol. i, p. 507)—a valuable work, not so much appreciated as it ought to be—Mr. Spencer Wells states that the frequent ossification of the thyroid cartilage, the danger of wounding the chordæ vocales, and the danger of increasing or producing laryngitis, are sufficient to condemn section of this cartilage. Besides the objections from the ossification of the cartilage, and the danger of wounding, or otherwise injuring, the chordæ vocales, Mr. Lawrence considers that there is the inconvenience in the cases of angina laryngea arising from the swollen and thickened state of the membrane, which may actually impede the passage of air. Mr. Fergusson speaks of the probability of division of one or other of the vocal cords, unless the division is in the median line.

Indeed, I might go on quoting; but the foregoing represent the chief objections brought forward

against section of the thyroid cartilage. In the first place, it may be taken for granted, that no one would at the present day attempt it for disease alone, when either tracheotomy or laryngotomy will afford all the relief desired. That objection may be, therefore, at once discarded as untenable. The tangible objections, however, which remain, are wounds of the vocal cords, and ossification of the cartilage.

Wounds of the Vocal Cords. To be sure, the point of the pomum Adami is not invariably sharp and prominent in all persons, and hence sometimes a possible difficulty of section fairly in the middle. If, however, the cartilage is divided carefully in the median line, there is very little risk of wounding either vocal cord. I have largely experimented upon the dead with a view to test the fact, and whether, in the old or the young, there is comparatively little risk of wounding the cords; but, of necessity, some care and attention are requisite, otherwise a little nick may be given to either cord at its point of origin, especially, as sometimes happens, when both cords are in close contact at that situation. I do not imagine for a moment that the wound of the edge of a cord would be an injury of much consequence to phonation; far otherwise would it be, if the cord were divided transversely across—an injury that is actually impossible in central section of the cartilage. The objection to the operation, therefore, on this score, is of the smallest weight; yet an effort should be always made to avoid any unnecessary infliction of injury to such a beautiful and important piece of mechanism as a vocal cord.

Ossification of the Cartilage. In this we have a genuine obstacle, varying in degree according as the state of calcification or true ossification is advanced or retarded. A calcified larynx will be more easily divided than one ossified, and this can be determined by the age of the patient. Calcification will occur in comparatively early adult life if circumstances are present to induce it, which may not now be dwelt upon. So will ossification in the gouty. Hoarseness and obstruction by polypi, if extending over a period of years, are prone to induce deposit of calcareous material in the cartilage. In children, or the comparatively young, an ordinary scalpel or blunt-pointed straight scissors, will be found sufficient to effect division. In the calcified condition, a pair of stronger scissors will answer, with good steel blades. But, in the elderly and aged, where the ossification sometimes is actually as compact, I was going to say almost as steel, a fine and delicate, slightly convex saw will be found to answer the purpose. The operation then becomes comparatively simple; there is little or no bleeding, as there are no arteries or veins of any consequence to wound, and the divided halves of the cartilage can be held asunder by bent spatula or retractors, whilst growths or polypi are being removed by curved scissors. Although perhaps the operation, at first sight, seems to be formidable, it ought to be one of the simplest of those attempted upon the neck. It should never be attempted, however, until the patient has been first subjected to the operation of tracheotomy, which allows of the subsidence of any irritation, congestion, or inflammation, that may follow the removal of the growths. Tracheotomy, moreover, much simplifies the proceeding which this paper is intended to illustrate.

In division of a calcified or ossified larynx, forceps should be avoided, on account of the irregular and spiculated edge which they produce, occasionally with detachment of small fragments which are inimical to subsequent union. This is obviated by employing the saw.

The chronology of the operation considered in the

foregoing remarks, to the present time, so far as I am aware, will stand thus.

Prior to the Use of the Laryngoscope.

1. Brauers of Louvain, 1834.
2. Ehrmann of Strasbourg, 1844.
3. Buck of New York, 1851.
4. Case at Heidelberg mentioned by Pirogoff.

Aided by the Laryngoscope.

1. Buck of New York, 13th April, 1862.
2. Rauchfuss of St. Petersburg, 1862.
3. Sands of New York, 28th February, 1863.
4. Busch of Bonn, 24th June, 1863.
5. Debrun of Paris, 7th November, 1863.
6. Boeckel of Strasbourg, beginning of 1864.
7. Gibb of London, 20th April, 1864.
8. Ulrich and Lewin of Berlin, 31st October, 1864.
9. Gilewski of Cracow, December 1864.
10. Gouley of New York, 26th February, 1865.

In conclusion, it may be said, that the operation performed in my case not only relieved the general symptoms, but prolonged life, which tracheotomy would have done but for a few weeks only, as the growth in the larynx would have produced, in a comparatively short time, the dangerous symptoms that occurred in the latter part of the patient's history. It, therefore, may be looked upon as having fairly accomplished its end.

Original Communications.

DISEASE OF THE SUPRARENAL BODIES.

By HENRY HARE, M.D., Great Baddow.

NEARLY two years ago, a man named W. Broughtwood, aged between forty and fifty years, came to my house. My brother, Mr. Lancelot Hare, who was staying with me, first saw him, and then asked me under what disease I considered that the man was labouring. We both arrived at the same conclusion; viz., that Addison's disease was the complaint.

The appearance which he presented was that of a man extremely tanned in the face. The conjunctiva, however, was quite white, pearly—different from that of a man suffering from jaundice. His hands presented the same tanned appearance as the skin of the face; the colouring terminated abruptly at the wrists, contrasting strongly with the white appearance of the skin of the arms. The colour of the skin of the chest and abdomen, and also of the back, was natural. The poor man did not complain of any pain. A feeling of lassitude was a prominent feature.

The treatment adopted simply consisted in supporting him, and in giving tonics. A generous diet—meat and beer—was ordered.

Some kind people were anxious that he should try if he could derive any benefit by becoming an in-patient at a London hospital. He accordingly entered Guy's Hospital. Under whose care he was, I do not know. He was seen, I believe, by Dr. Barlow. After remaining there some time, and receiving great kindness, he returned home, much the same as when he entered the hospital. It may be worth remarking that, when he was at the hospital, a blister was applied to the chest; and that, on his return to the country, the situation where the blister had been applied was clearly indicated by the tanned appearance of the skin. The appearance of the evacuations was natural. The urine was not albuminous.

On August 27th of this year, he was reported as

suffering from vomiting, and as having had one fit of convulsions. During the night, he had a second; and on the following morning, a third; soon after which he became semi-comatose, and died, apparently without pain, on the 28th.

POST MORTEM APPEARANCES. To my friend Dr. Mackintosh I am much indebted for conducting the *post mortem* examination.

The body was much emaciated, especially in the face; but the abdominal integuments contained a very large quantity of fat.

The lungs were emphysematous; and there were adhesions (pleuritic) to the thoracic parietes.

There was most marked fatty degeneration of the heart, which was small.

The liver appeared healthy.

The spleen was soft and friable; and, after making incisions, a large quantity of fluid escaped, in colour resembling frothy mulberry-juice, and imparting an oleaginous feeling when rubbed upon the hand.

The kidneys were enlarged.

The right suprarenal capsule was greatly thickened, and nearly half the size of a normal kidney. There was an abscess at the lower part, attached to the liver and the posterior wall of the abdomen. On making a section of the upper part, a large quantity of tubercular, cheesy-looking matter, presented itself, which could be removed like the yolk of a hard boiled egg from the white portion; and the walls of the bed in which this was contained were in thickness of about the same relative proportion as the white of a hard boiled egg would bear to the yolk—firm in texture, and of a whitish blue colour. A gritty feeling was imparted on first coming to the yellow tubercular matter.

The left suprarenal capsule was not so large, and contained no abscess; but, in other respects, presented the same appearance as the right. There was more gritty matter in the left suprarenal body than in the right one.

CASE OF INTERNAL HÆMORRHAGE.

By G. MALLETT, F.R.C.S., Bolton.

At an early part of this year, I was requested to meet in consultation Mr. Clark of Farnworth, on the case of the housekeeper of a gentleman in the neighbourhood.

Arriving at the house a few minutes before my friend, I awaited his arrival in the drawing-room. I had not been there more than one or two minutes before one of the servants rushed into the room, and begged me to go up directly as the patient was dying. I went at once, and found the patient moribund. She gasped three or four times, and then all was over.

The patient was about 50 years of age, very stout, and ghastly pale. I was informed that for three or four days she had complained of pains in the abdomen, accompanied with weakness and a feeling of faintness. The urine was high coloured, but in other respects normal. The bowels had been regularly moved; and there was nothing unhealthy in the appearance of the evacuations. There was no indication of any particular functional derangement or disease. From the absence of any symptom sufficiently severe to account for death, and from the presence of excessive paleness, we at once diagnosed internal hæmorrhage; but in what part there was no indication. There was no cough nor pulmonary hæmorrhage, no bleeding from the stomach, bladder, rectum, or uterus.

An examination of the body was made; and upon opening the abdomen, all appeared natural. The omentum completely covered the small intestines;

but the stomach and transverse arch of the colon were exposed, and to all appearance in a healthy condition. Upon raising the omentum, the whole of the small intestines was found to be perfectly black—not merely dark coloured, but black as ink. The peritoneal covering was smooth, glistening, and free from any trace of inflammatory action or other abnormal appearance. A portion of the intestine was removed and slit open. Under the muscular coat—that is, betwixt it and the mucous membrane—was found a layer of blood about one-fifth or one-sixth of an inch in thickness; extending from the pyloric orifice to the colon, and then ending suddenly, as if divided with a knife from the adjacent parts; the stomach and colon being perfectly free from any unnatural appearance. Every portion of the intermediate intestine was encircled with the layer of blood, which, by its pressing upon the mucous membrane, caused the intestinal canal to be very much contracted. The interior of the bowel was not only very much contracted, but also nearly empty, and contained not a trace of blood. There was no large accumulation of blood in any part; but the layer appeared through its whole course to be of equal thickness. Neither could we discover the slightest indication to lead us to the primary lesion. We, therefore, came to the conclusion, that the true pathological condition was such a weakening of the tone of the vascular system of the small intestines as to allow a general exudation; but, if this be the true solution of the case, why should that weakened condition cease so suddenly at the commencement of the duodenum and termination of the ileum?

ANIMAL VACCINATION. In a paper lately read by Dr. Lanoix, the author described the results he had obtained during a period of six months with lymph supplied by heifers, and remarked that he had succeeded in 80 out of 380 revaccinations. He recorded the equally favourable returns forwarded to him by MM. Michel, physician of the Institution of Fontenay, a branch establishment of the College of Sainte-Barbe in Paris; Dheré, physician of a seminary for young ladies; Millet, physician of the Agricultural Penitentiary of Mettray; Chipot, of Châteauneuf-sur-Loire; and Dr. Verrier, member of the Committee of Vaccination at Ronen. At Fontenay, characteristic pustules were produced in 76 out of a total of 400 revaccinated children. In 71 subjects between the ages of 14 and 20, revaccination succeeded in 31. In 200 adults aged from 20 to 40 years, the operation was successful in 97. The proportion of successes between the ages of 40 and 50 was 36 per cent., and of five revaccinated after the age of 50, characteristic pustules were developed in 2. M. Lanoix remarked, in conclusion, that his personal experience and his meditations on the subject strongly confirmed his belief that the propagation of vaccine from heifer to heifer is always attainable, and in quantities sufficient for every purpose; that the lymph does not deteriorate, but preserves its activity for a longer time and with greater certainty, in its passage through the system of animals than through that of man; that first vaccinations are almost invariably followed by positive results, and that revaccinations supply an average of success more considerable than that obtainable with lymph gathered from the human subject; that vaccination with the matter derived from heifers is an easy operation, which, during epidemics of small-pox, affords a most valuable resource to check the progress of that formidable disorder on account of the large amount of lymph which can at will be supplied wherever it may be required. (*Journal of Practical Medicine and Surgery.*)

Progress of Medical Science.

SURGERY.

POLYPI OF THE LARYNX: REMOVAL BY DIVISION OF THE THYROID CARTILAGE. The following interesting case is related by Dr. Gilewski of Cracow. A girl aged 16 came under his care, who had suffered during several months from hoarseness and noisy breathing (especially at night). At the anterior angle of the glottis were three polypous excrescences, partly of fleshy, partly of mucous aspect; one was larger than a pin's head, and the others were nearly of the size of peas. At each forced expiration they were carried somewhat backwards, but the epiglottis prevented them from being well seen with the laryngoscope. It was still more difficult, or rather impossible, to apply a ligature, on account of the violent reflex movements that were excited, and of the narrowness of the opening. It was therefore considered necessary to make an artificial opening for the removal of the tumours; and the operation was accordingly performed in December of last year.

The patient having been narcotised, an incision was made in the middle line of the neck, so as to expose a part of the thyro-hyoid membrane, the larynx, and the trachea as far as the second ring. No hæmorrhage attended this part of the proceeding; and the patient had regained some consciousness. A sharp bistoury was now inserted at the upper edge of the cricoid cartilage, and the crico-thyroid membrane was divided as far as the lower border of the thyroid cartilage. Air escaped audibly through the opening. A probe-pointed bistoury was now introduced; and, the parts being held tense by a hook inserted above the second tracheal ring, the incision was continued to the upper border of the larynx. The patient began to cough and was very restless; but the hæmorrhage was slight. Dr. Gilewski then held aside the divided parts by a hook inserted in the middle of each side of the wound, so as to be able to view the whole interior of the larynx. On making an inspection, Dr. Gilewski was astonished to find the mucous polypus, which had appeared as large as a pea, reduced to two small pale remnants of areolar tissue lying in the edges of the wound at the anterior angle of the glottis; near it was a nipple-shaped hard excrescence as large as a pin's head; it had a pale colour, as had also the neighbouring mucous membrane, which was in a slightly catarrhal state. No other tumour could be discovered; and the small one above described was removed by means of scissors. The disappearance of the larger tumour was attributed to its having been emptied of its contents, partly by the incision, and partly by the paroxysm of cough which attended the operation. A little watery fluid had been observed to escape when the incision was made into the thyroid cartilage. The operation was scarcely ended, when the patient fell into a syncope state; this Dr. Gilewski attributed, not to the operation, but to the length of time during which anaesthesia had been kept up, and the quantity of chloroform which it had been necessary to use. She soon recovered under the use of ordinary means. The wound was united by strips of plaster, and a small dose of morphia was given. On the fourth day suppuration set in; and in the third week the external wound was closed. The patient remained free from fever; the breathing was perfectly easy; but there was some difficulty in deglutition. From time to time fragments of food entered the larynx, and were discharged by coughing through the external incision. As the closing of the wound advanced, the speech became more distinct;

but there still remained some hoarseness, attributable without doubt to the fact that union took place much later in the thyroid cartilage than externally, and that the mucous membrane was in a congested state during the progress of the suppuration. On making a laryngoscopic examination four weeks after the operation, nothing could be learnt as to the condition of the parts, as the epiglottis was even still more inclined backwards than it had been. The cicatrix in the neck rendered the larynx fixed, so as to slightly impede deglutition. At the beginning of March the voice rapidly improved, and became clear and somewhat deep in proportion to the age of the patient. At the time of reporting the case, several months after the operation, there had been one transient return of hoarseness, attributable to acute catarrh.

In commenting on this case, Dr. Gilewski refers to the observations of Raehfuss and Ehrmann, and expresses his opinion that in persons of advanced age there are not only great technical difficulties in the way of dividing the thyroid cartilage, but there is fear of the ready occurrence of perichondritis, and even of suppuration of the entire cartilage. The operation is contraindicated if there be reason to suspect hardening or ossification of the part. The division of the cartilage is best performed by means of a sharply cutting probe-pointed bistoury, the larynx being fixed by a hook. A director seems especially useless, as the operator's attention must be directed to two instruments, and the larynx must be steadied by an assistant. Moreover, the vocal chords escape by lying on each side of the bistoury, whereas, if the knife slipped from the director, it would not be possible to avoid wounding them. The larynx is best held open by simple fine sharp hooks, one fixed in each side of the incision. The wound is best united by plasters; but, if it be very long, there would be no objection to a suture. Anaesthesia is advisable only in the first stage, until the larynx is perfectly exposed. Consciousness on the part of the patient is of important service, should there be any hæmorrhage during the principal part of the operation. In Dr. Gilewski's case, there was scarcely any hæmorrhage; and he believes that none of any importance can occur while the two halves of the larynx are held apart. (*Wiener Med. Wochenschr.*, June 28 and July 1, 1865.)

AMPUTATION AT THE ANKLE BY AN ANTERIOR FLAP. At a meeting of the Medico-Chirurgical Society of Edinburgh, Dr. P. W. Watson shewed a specimen of comminuted fracture of the tuberosities of the os calcis, produced by direct violence. It was attended with extensive laceration of the soft parts, and required amputation to be performed at the ankle-joint. This, as the soft parts forming the ordinary heel-flap were destroyed, he effected by dissecting up the soft parts from the dorsum of the foot as far forward as the instep, and having completed the disarticulation, and sawn off the ends of the tibia and fibula, this flap was folded down, forming a long anterior flap, exactly as in the amputation in the lower third of the leg, according to Mr. Teale's method. The operation was undertaken as affording a more satisfactory site for division of the bone than the amputation in the lower third of the leg, although the resulting stump in such a case could not be expected to be capable of sustaining the weight of the body as in the method by the heel-flap.

INTERMITTENT OPHTHALMIA. At the annual meeting of the American Ophthalmological Society, June 13, 1865, Dr. H. Derby, of Boston, read the following history. Mrs. S. H., aged 59, of full habit and excellent health, consulted him in March 1864, with a smarting

and sensation of foreign matter in her right eye. Upon examination it was found that a belt or elevated vascular band of tissue, involving the conjunctiva and subconjunctival tissue, extended back from the inner edge of the cornea below the caruncle, becoming wider across towards the cornea, which was not in the slightest degree affected. It resembled a pterygium, of which the corneal portion had been carefully dissected away. Attention was at first attracted to it seven years before, by a pricking and smarting of the eye, and a sensation as of a foreign matter between the lids. The patient went to bed perfectly well, having had no premonitory symptoms, and either noticed a sensation of fulness in the eye if she woke up in the night, or observed the red patch on going to her mirror in the morning. No treatment affected its duration or recurrence, insufflation of calomel, atropine, etc., having been tried in vain. On inspection, the same reddish band was visible—faint at first, rapidly increasing in prominence and deepening in colour, and passing off in three or four days. The attacks occurred every four or five days, so that one would barely be recovered from before another would occur. Six weeks later they began to diminish in frequency, occurring every eighth day, now and then waiting till the ninth. During the first year the interval never exceeded ten days, and during the second, eleven. The interval between the attacks gradually increased, averaging from thirty to thirty-three days, and on one occasion reaching the thirty-eighth. The duration of the attack came to average about three days, and it was observed that the colour of the band was less red, and the uncomfortable sensation in the eye less marked. The eyes were used without restriction or fatigue, and in the interval were throughout perfectly normal, presenting no trace whatever of the affection. (*Philadelphia Medical Reporter.*)

British Medical Journal.

SATURDAY, SEPTEMBER 30th, 1865.

THE CATTLE-FEVER.

MISS BURDETT COUTTS has, in a very sensible letter, given the public the benefit of her unfortunate experience of the nature of the existing cattle-epidemic. Miss Burdett Coutts does full justice to Dr. Budd's Report. She has no doubt whatever that the disease is "the Russian murrain brought in by imported cattle". She does not give in to the false reasoning with which the *Times* has attempted to gull the people that the cattle-fever is merely a dirt-developed fever of cowkeepers. Speaking of Dr. Budd's paper, she says:

"His account of the *Rinderpest* is the more significant and valuable from the circumstance that it was written without reference to the existence in England of the disease now prevalent among our cattle, and that the similarity between the two diseases has not ever been, to my knowledge, denied. I therefore assume this to be the case; and I cannot but think Dr. Budd's observations offer a clue to much that perplexes us in the manifestation of this complaint. It seems to me that his observations would account for the phenomena we have observed: 1. The sudden breaking out of the disease in various

parts of the country, and under very different conditions; 2. The immunity of the animals of one shed, and the virulence with which it attacks those of an adjoining shed; 3. The severity with which it has usually attacked English bred cattle. We could thus account for the circumstances observed in Hull. Of the three hundred beasts landed, there is no reason to suppose that all were sick; and the healthy may have remained at Hull or in that neighbourhood, or all may have been sent away, the sick to carry pestilence, while of the healthy no trace would be found. My own conviction that we have the *Rinderpest* among us is so decided, that I venture earnestly to press upon your attention the urgent necessity for a systematic attempt to discover an effectual mode of treatment."

Miss Burdett Coutts then goes on to suggest a governmental inquiry into the treatment of the disease, and also as to several other particulars of great public interest in connexion with this disease.

"There are several very grave subjects on which information is greatly needed. Is the meat of diseased animals fit food for man or for animals in any stage of the disorder? I have heard of sickness lately in kennels. Can this be attributed to the meat given to the dogs? The milk also—is it fit for use either during the attack or immediately after it? Some of my cows gave milk after doses of bisulphate of soda. I did not allow it to be used; but it could scarcely be expected that others should do this, whose livelihood depended upon their supply of milk; and, if unnecessary to be done, the waste would be equally to be deplored. On the recovery of the only cow saved out of my herd of twenty, the milk was given to some pigs. They rejected it at first, and, after taking it, sickened slightly. I forbade its use for a week. Surely it is a point of great importance to the public health, and should be ascertained; and inspectors should have the power of certifying that an animal is or is not in a fit state to be milked. At present, no one knows where to turn for any advice; and it seems to me, and I believe I may add that I represent the opinions of many, that, upon such an occasion as the present, our Government should take the lead in guiding us how to act, and in assisting us to meet an emergency which is full of difficulty and danger to all classes."

ANOTHER apparent illustration of the propensity which exists among certain of the public to charge all kinds of villany to the doctors, has just occurred at Leeds. It appears that Dr. R. G. Mayne of that town some time ago discovered in a young woman, a servant of his, evidence of musical ability; and that accordingly he undertook the charge of the education necessary for the cultivation of her talent. As a measure of precaution, he insured her life for £200; giving her the power of disposing of the policy. This sum, he says—and the statement is a very credible one—was much less than that which he had laid out on her education. A few days since, while on a visit to some relatives at Barnsley, she was seized with diarrhoea and vomiting. Dr. Mayne was sent for, and, on his arrival, gave her medicine which relieved the symptoms. At her urgent request, he removed her to Leeds, where she died in two days.

An inquest has been held at the instance of the relatives: but the evidence of Mr. Nunneley and Mr. Samuel Smith, with that of Dr. Mayne himself, has most satisfactorily proved that death was the result of natural causes, and that there was not the least ground for the suspicions which had been unjustly raised against Dr. Mayne. A letter from Dr. Mayne will be found at another page, in which, with good reason, he complains of the utter want of fairness shown by those who promoted the holding of the inquest. It is said that the insinuations against Dr. Mayne will be made the subject of further judicial inquiry on his part. In the meantime, we will merely say that we think there cannot be the least doubt that Dr. Mayne has received most harsh and unfair treatment. His case, however, is only another manifestation of that malice and uncharitableness which of late have shewn themselves so ready to accuse the medical man, when anything has gone wrong with those with whom he has had to do.

DR. BEDDOE of Bristol, writing on hospital dietaries in the *Dublin Quarterly Journal of Medical Science*, notices the question whether beer should form a regular part of the diet of a hospital, and says:

"I am very decided in the opinion that it ought not to do so, but that it should be ordered as an extra where required. This opinion I base partly on moral grounds, as I am satisfied that a considerable obstacle has been opposed, of late years, to the progress of temperance among the working classes, owing to the spread among them of erroneous or exaggerated ideas as to the favour with which strong drinks are regarded by medical men. And what could be more likely to strengthen these ideas than the fact of beer being allowed, as a matter of course, to every patient not on the lowest diet, as is the case at Worcester and at Bath? At Bartholomew's, every patient on the usual diet receives two pints of beer daily; and, in several other metropolitan hospitals, beer is allowed as a rule, though in University and King's such is not the case. The absence of beer from the formularies of Scotch and Irish hospitals and lunatic asylums has less weight, as a fact, on the anti-alcoholic side of the question, than it otherwise would have, when taken in connexion with its limited use by the working population of the sister countries; and the same may be said of another fact, which I will nevertheless adduce, viz., that the dietary framed for the Scottish prisons, by Drs. Christison and MacLagan, under the use of which the standard of health among the convicts has been remarkably high, and the mortality exceedingly low, contains no form of alcohol. . . . In both the hospitals of Bristol, beer is considered as an extra; and that it is not thought generally necessary or desirable by the officers of the Royal Infirmary, is proved by the fact that on a certain day I found only twenty-one per cent. of the patients in receipt of any form of alcoholic liquor. With respect to economy, alcohol, if it be a food at all, which I myself do not disbelieve, though some have lately denied it, is a very dear form of food, though in some cases it may be a cheap and efficient medicine."

THE following memorial has been presented by the

Council of the Irish Medical Association to Sir Charles Wood, Secretary of State for India.

"To the Right Hon. Sir Charles Wood.

"The memorial of the Council of the Medical Association of Ireland respectfully calls attention to the warrant regulating the pay of assistant-surgeons of the royal army serving in India. It appears that by it a great injustice is done to the assistant-surgeons placed in charge of wings of regiments, as they are not allowed the extra pay given to assistant-surgeons in charge of regiments or brigades of artillery.

"Your memorialists submit that an assistant-surgeon in charge of a wing of a regiment, equal to over 500 souls, women and children included, is *bonâ fide* performing surgeon's duty, and should receive remuneration accordingly.

"Your memorialists, therefore, pray that you will direct such an alteration in the warrant as will secure the same extra pay to assistant-surgeons in charge of wings of regiments as they would be entitled to in case of being in charge of head-quarters; and your memorialists, as in duty bound, will ever pray, etc.

(Signed)

"R. MACNAMARA, *Chairman*.

"E. J. QUINAN, *Hon. Sec.*"

To this the following reply has been received.

"India Office, S.W., 14th September, 1865.

"SIR,—I am directed by the Secretary of State for India, in Council, to acknowledge the receipt of your memorial, without date; and, in reply, to acquaint you that, when the rates of pay awarded by the Royal Warrant of 1858, together with the Indian allowances of the corresponding military rank, were extended to the medical officers serving in India, it was determined that all extra allowances should be abolished, with the exception of a special allowance of 150 rupees *per mensem* to be made to assistant-surgeons when in charge of British regiments or brigades of artillery; and that Sir C. Wood must decline to comply with the prayer of your memorial that extra pay may be issued to assistant-surgeons in charge of wings of regiments.

"I am, sir, your obedient servant,

"J. W. REEVES, Major-General, *Military Secretary*.

"The Chairman of the Council of the Medical Association of Ireland.

Another unsuccessful case of ovariectomy has been performed at Paris by M. Richet of La Pitié. The case was in every way one most favourable for the operation. M. Richet remarks on it, that it seems to take away all hopes of success in this operation in the hospitals of Paris. He might have added, that it also demonstrates the very unfavourable conditions to which all patients are subjected who undergo any operation in hospitals of the kind.

ANÆSTHESIA BY NITROUS OXYDE. Nitrous oxide was lately employed by Dr. Carnochan, of New York, in the amputation of a cancerous breast. By alternating the gas with atmospheric air, the lady was kept in a gentle sleep, and entirely insensible to pain. The time occupied by the operation was sixteen minutes, and forty gallons of gas were used. Not a muscle moved during the anæsthetic sleep—the breathing appeared easy and natural—and the pulse remained full and strong. There was no nausea or sickness; and on waking, the patient appeared as fresh as when waking from a natural sleep. (*Phil. Med. Rep.*)

THE CATTLE-PLAGUE.

IN compliance with the request of the magistrates of Edinburgh, Dr. Andrew Smart has investigated the pathological appearance and conditions of the cattle affected with *Rinderpest* and other forms of epizootic diseases at present prevailing among cows, and has made the following report.

1. *Windpipe and Lungs.* The entire mucous membrane lining the respiratory passages is reddened and highly vascular, presenting the appearance seen in the early stage of acute bronchial catarrh. It is sometimes nearly dry; but more frequently, especially in the smaller tubes, there is an abundance of frothy mucus, often of a slightly red or sanguineous tinge. The membrane is entirely free of the aphthous eruption which appears in the mouth; and very rarely are there any indications of an effusive or depositive inflammatory condition. The air-cells of the lung, in uncomplicated cases, are healthy; and, when an emphysematous condition of the organ exists, it is evidently chronic, and not one of the morbid states superinduced by the disease.

ii. *Mouth, Pharynx, and Gullet.* The appearance presented by the mouth is characteristic. The gums, lips, hard and soft palates, under surface, and root of upper surface of the tongue, the superior surface of the epiglottis and epiglottic folds of membrane, and the pharynx, are marked to a greater or less extent by an aphthous eruption. This condition has been termed ulcerous; but the subjacent membrane is entire. The roughened and granular aspect presented to the eye readily scrapes off, and consists of accumulated epithelium. It collects on the surface of the membrane around the orifices of the follicles. This gives it a punctated or honeycomb appearance, resembling minute ulcers. It enters the pharynx, but is not at all found on the gullet or air-passages. It occurs in only one other situation—namely, on the vulva, at the junction of the mucous membrane with the integument. The gullet itself exhibits no trace of disease.

iii. *Stomachs.* The first and second stomachs are generally loaded and distended with undigested food. No observable change of structure is apparent in either organ; and their lining membranes, as in other portions of the alimentary tract, are not reddened and congested. It is in the third stomach or *omasum* that the first marked changes of structure occur. These consist of irregular circular patches, varying from the size of a pin-head to a crown-piece. They are characterised by bright red or scarlet margins, which in the larger patches enclose a central portion of the dirty yellow and somewhat gangrenous colour. These are not invariably present, and have been met with in only one-half of the animals dissected. They are found on the gastric folds or manvplies, and occur at varying intervals. The central portion of the patch is slightly depressed, friable, quite bloodless, and the papillæ on its surface shrunken, especially towards the middle; but there is not any breach of substance. The spots are found in every stage of advancement, and pass through the following changes. A single papilla is first attacked, and its vessels become extremely congested. The congestion quickly extends to the neighbouring papillæ; and, as the circle widens, those first affected entirely lose their vascularity. The bright colour of the outer ring, as determined by the microscope, is due to the confluence of the congested papillary vessels. The superficial membrane of this stomach, which so readily peels off in sheets, and is found ad-

hering to the plastic surface of the food, is not, as often represented, a diagnostic mark of the disease. Neither is it the mucous membrane, as supposed, that shows so much facility of being removed. It is epithelial layer which is cast, and the subjacent mucous membrane is left perfectly intact. This change is constantly going on in health.

It is in a very special manner the mucous lining of the fourth stomach, or *abomasum*, that suffers. The morbid condition appears earlier in some portions of the membrane, but eventually every part is involved. In the earlier stage, the membrane is reddened only a little deeper than in health, but deepens as it advances, and towards the termination is dusky red, with interspersed claret-coloured patches.

The membrane, on more careful inspection, presents the following deviations. 1. Its vital attachment to the muscular coat is generally loosened, and at many parts destroyed. 2. It is soft and friable, easily breaks down under pressure, and, where the change is furthest advanced, peels off. Cracks and abrasions are thus readily formed, which have been mistaken for ulcers. 3. The epithelium of the entire membrane is deficient, and at many parts quite absent. 4. The high colour of the tissue is due, not to submucous or intramucous extravasation, but to vascular congestion in its most extreme form. 5. In some instances, generally in stomachs of animals examined a few hours after death, some small ulcer-like depressed abrasions have been found. These are not true ulcers, and do not penetrate beyond the epithelium. In other instances, black spots, without breach of surface, and evidently due to pigmentation, were met with.

iv. *Intestines.* The lining membrane of the whole of the intestine is in a state of nearly uniform congestive vascularity, resembling the condition existing in the muco-enteritis of cattle. It is the minuter vessels in the smaller intestine that are mostly injected. These are well seen by the naked eye. In the large intestine, on the contrary, it is the considerable vessels that are mainly affected. This imparts to the gut a peculiarly striped aspect. This vascular engorgement increases towards the terminal portion of the canal; and the mucous folds of the rectum exhibit the tumid and deeply purple appearance of internal hemorrhoids. The whole mucous lining of the bowels is unduly soft, and its epithelium imperfect. There are no true ulcerations; and, in this respect, its condition differs broadly from the ulcerative typhoid of man. Not unfrequently a viscid fœtid mucus covers the membranous surface. The bowel is usually empty, or its contents are fluid and slimy, but not sanguineous; sometimes there is a discharge resembling the "rice-water" stools of cholera. The ileo-cæcal valve is, as regards function, healthy; but its lining membrane, as also that of the cæcal appendage, is involved in the general hyper-vascularity. There is no sloughing or invagination of the bowel, nor any desquamation of its mucous surface in the form of casts.

v. *Glands.* The intestinal glands are less prominent, and their outline is obscured by the discoloration of the superjacent membrane. They are never ulcerated; but a chronic tuberculous condition of the solitary glands is of frequent occurrence. This is commonly met with in healthy animals, and is not significant of any particular form of disease. The mesenteric glands show no lesion of structure; they are bloodless and shrunken, and their lacteal vessels are generally empty.

vi. *Kidneys, Bladder, Uterus, etc.* The pyramids of the kidneys are usually congested, while the cortex is pale; but the structure is entire. The condition of the lining membrane of the bladder and urethra is

variable, but in no instance seriously involved. The uterus exhibits no peculiar feature; but the state of the vagina is characteristic. The vulva is swollen, its membrane tense, and has a very red and irritable aspect. An aphthous eruption appears where the mucous surface joins the integument. A glairy ropy mucus flows from the orifice, and hangs in strings from the vulva.

VII. *Heart, Liver, Spleen, Blood, etc.* The muscular substance of the heart, like the muscular system generally, is flabby and pale. There is no valvular lesion or structural change. The large vessels and their lining membranes are healthy. The liver is of natural size, pale in colour, but sound in structure. The gall-bladder is usually filled with bile, which is thin, and of a light green colour. The spleen is pulpy, and breaks down under slight pressure. The pulp is composed of broken-down tissue and blood-cells of very dark colour. It is the splenic condition of exhausting fever. The blood is usually dark in colour, and coagulates quickly and firmly out of the body. The serous membranes, when the disease is uncomplicated, are healthy, and without effusion. The cellular connective tissue of the loins in some animals is perfectly emphysematous.

CHOLERA.

MEMORIAL TO THE PRIVY COUNCIL.

THE following memorial was on Monday last laid before the Lord President of the Privy Council by a deputation of the Council of the Epidemiological Society, consisting of Dr. Milroy (President); Dr. Babington, F.R.S.; Dr. Waller Lewis; Dr. Camps; F. J. Burge, Esq.; and J. N. Radcliffe, Esq.

The Epidemiological Society, ever since its foundation immediately upon the cessation of the epidemic of cholera in 1849, has had its attention in a special degree directed to the investigation of the disease as it has appeared both in this country and abroad. Many of the original members had been engaged in carrying out the inquiries instituted by the General Board of Health during that visitation, and were again employed on like duties in the epidemic of 1853-54. Other members have had extensive experience of the pestilence in the East Indies and other tropical countries; and, in almost every session, communications illustrative of its characters have been read and discussed at the meetings of the Society.

From the earliest intelligence of the present epidemic, when it appeared last June in Egypt, its history has been sedulously watched by a committee, for the purpose of comparing its course with that of the former European epidemics which, after ravaging various countries on the Continent, at length reached our own shores; and with the view of forming such practical conclusions as might guide the mind of the profession, and of the public generally, in regard of the precautionary measures best calculated to protect the country against an invasion, and—if that should fail—to mitigate to the utmost its destructive effects among the people.

With respect to any endeavour to exclude epidemic cholera by the system of quarantine such as was formerly practised in this country, and as it is still adopted and being carried out at the present time in all the Mediterranean seaports, the experience of the visitations in 1832, 1848, and 1853 appears to show conclusively that no reliance whatever can safely be placed upon it to keep off or avert the pestilence.

Moreover, while the adoption of quarantine serves to give delusive hopes to the public mind, it generally leads to the unwise postponement of those internal measures of local improvement which afford the surest defence against the dangers of the assault. Sanitary precautions *within* a place are far more important than sanitary cordons *without*.

While discountenancing the practice of an enforced detention and segregation, for a specified number of days, of all arrivals from an infected country—irrespective of the condition of the vessels themselves and of the persons on board, whether the former be thoroughly clean and airy, or foul, close, and crowded, and whether the passengers and crew be sick or quite healthy—the Council of the Epidemiological Society are, at the same time, strongly of opinion that the interests of the public health require that an efficient sanitary supervision should be exercised in all our chief sea- and river-port towns, and that the most beneficial results not only to these places themselves but to the country generally may be expected, on the threatened advent of an epidemic, from the timely adoption of such a precaution.

It is to be observed that, in the successive visitations of the cholera in this country, the disease always manifested itself first on or near the sea-coast, and in some large busy port.

In 1831, the earliest cases occurred in Sunderland during September, and Newcastle was attacked about three weeks later.

In 1848, the disease seems to have appeared about the end of September in several places on the east coast—viz.: Hull, Sunderland, Edinburgh, and the metropolis—at nearly the same time.

The visitation of 1853 may be said to have commenced with the outbreak at Newcastle in the month of September, which proved so destructive to life, and so hurtful to the commercial interests of the town.

Besides the marked tendency in epidemic cholera to appear first on, or near to, the coast, it is also to be observed that many of our seaport towns have suffered with unusual severity in more than one of the visitations—witness, Newcastle, Sunderland, and Hull—Glasgow, Liverpool, and Bristol—Plymouth, Portsmouth, and Southampton—Sheerness and London. The damp low sites of the worst parts of these towns, always in the vicinity of their harbours and docks (which are in themselves often prolific of malarious effluvia), together with the filthy and crowded dwellings to which seamen generally resort, and their reckless and intemperate habits, cannot fail to aggravate other sanitary evils, and greatly to increase the predisposition of a maritime population to epidemic influences. The unfavourable state of the health, too, among the crews of many merchant ships upon their arrival, in consequence of the neglect of hygienic precautions during the voyage, renders them peculiarly susceptible of a poisonous atmosphere in the port; and there is good reason to believe that on several occasions where the earliest cases of an epidemic disease have occurred among persons recently arrived, this has been due rather to the cause just mentioned than to those persons having imported the disease from abroad. In the case of river-ports becoming infected, the disease, from its tendency to follow the line of water communication, has often been observed to make its way thence upward into the interior of a country.

In view of these considerations, the Council of the Society beg respectfully to state that in their opinion it is highly desirable, for the welfare of the kingdom generally, that a sanitary inspection be made of the principal seaport towns to ascertain their actual condition, more especially of their harbours, docks, ship-

ping, dwellings for seamen, etc., and with the view of discovering what provisions or arrangements exist for the reception and treatment of cases of sickness in ships upon their arrival from abroad, in the event of the cholera making its appearance in the port.

With regard to the health-condition of the general population, the Council take leave, with great respect, to express their entire concurrence in the fitness of the timely precautionary instructions which have been already promulgated by the Privy Council;—and, while they are well aware of the insufficiency in many respects of the existing laws for the prompt and effectual correction of numerous sanitary evils which seriously endanger the health of the humbler classes at all times, and especially in an epidemic season, they leave with confidence to the wisdom of the government to determine the time when it may be necessary, by the issuing of a special order, to confer upon local authorities larger and more summary powers for the prevention of disease and the protection of the public health.

GAVIN MILROY, M.D., F.R.C.P., *President*.
J. N. RADCLIFFE, *Secretary*.

SIR ASTLEY COOPER AND SIR BENJAMIN BRODIE.

EVERY student who entered the hospitals would be sure to see in himself, with more or less distinctness, a future Brodie. And it was well for the profession that it had a man of Brodie's stamp at its head. He was in many respects far fitter to hold that position than his immediate predecessor, Sir Astley Cooper, whose acknowledged eminence, being beyond defence, need not fear criticism. No two men could be more unlike than were these distinguished surgeons. The only point in which they touched was the love they bore to science. Brodie looked upon anatomy chiefly as the basis of physiology; and in physiology he saw a means of intellectual culture, a stronghold of the healing art, and a great help towards solving the riddle of human nature. His own physiological labours were connected with important questions, the answers to which turned both the thoughts and practices of men. Sir Astley Cooper loved anatomy partly for its own sake, just as he loved dissecting, partly on account of its direct utility in mechanical surgery, and partly because it was a path along which he might tread towards fame. And his own labours were prompted by one or other of these feelings. The one was in his proper sphere when in the midst of quiet discussion; the other, when, with the help of students, he was dissecting an elephant under adverse circumstances.

In his professional capacity, Cooper was brilliant, somewhat off-hand, and hasty perhaps; delighting in difficult and extraordinary operations; restless under the necessity of minutely and laboriously investigating an obscure case; in his glory when an unforeseen accident in the operating-theatre dismayed his fellows and called for prompt decision and immediate action. Brodie, never failing in emergencies, disliked the glamour of operations; looked upon the knife as a reproach, rather than as a credit; was cautious and wisely slow in judgment, though quick in ratiocination; to the last modest and retiring;

and shone most when thought and wisdom were most required. Both loved their profession; but Cooper loved fame more than the accomplishment of duties, and, it may perhaps be said, loved praise more than fame. If Brodie loved anything more than his profession, it was that general pursuit of truth and performance of duty of which the surgical art was only one example; and, if he had ambition, it was ambition of the purest quality, mixed with nothing that was not proper to a noble mind. In Cooper's eyes, the healing art was a sphere in which natural ability, a quick hand and eye, a tact in dealing with men and things, were sure to meet with success. Brodie saw in it a continued attempt, oftentimes unsuccessful and disappointing, to solve baffling problems—a path of duty which could only be happily trod with the help of a watchful study of Nature, a faithful, childlike, humble obedience to all she taught, and a wise appreciation of all the hints she gave. The influence of Cooper's example was to make young surgeons inclined to overrate their own importance; to think much of the externals of their art, of personal address, and skill in the use of the knife; and to be calculating how they should deal with patients, rather than treat diseases. Brodie taught them to look upon themselves, not as single individuals about to secure admiration and fees of a large *clientèle*, but as members of a body which, by its history, its education, and its connexions with science, was called to great exertions, in order to overcome or to soothe the sufferings of mankind. [From a review of Mr. Charles Hawkins's edition of Sir B. Brodie's works in the *North British Review* for September. We strongly urge our professional brethren to read the whole of this review, in which we think we can trace the thought and ability of one of the most accomplished writers among our northern brethren. EDITOR B. M. J.]

REGISTRATION OF STUDENTS.

THE following circular has been issued by the Secretary of the Royal College of Surgeons.

"Royal College of Surgeons of England, London, W.C.,
20th day of September, 1865.

"SIR,—A report having been circulated through the medium of one or more of the medical journals, that, in consequence of the registration of students about to be commenced by the Branch Registrars of the General Council of Medical Education and Registration, students would not in future be required to register at the several licensing bodies included in Schedule A of the Medical Act, I have to acquaint you that, as far as this College is concerned, there is no foundation whatever for such report; but that candidates for the diploma of Member of this College, studying in the medical schools and hospitals in London, will have to attend personally and register at this College both at the beginning and end of the ensuing winter session, 1865-1866.

"The first registration will commence on Monday, the 2nd of October, and will terminate on Monday, the 16th of that month; and the second registration will commence on Thursday, the 22nd of March, and terminate on Saturday, the 31st of March.

"The usual printed notice accompanies this communication, which please to suspend in some conspicuous place, where it may be seen by the students of your hospital.

"I am, sir, your obedient servant,

"EDWARD TRIMMER, *Secretary*.

"To the Secretary to———."

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 Fice, Stamford, L.R.C.P.E. Launceston.
 Gavel, Arthur, Esq. St. Mary.
 Kerswill, George, Esq. Looe.
 Kerswill, Robert W. P. Esq. St. Germain's.
 King, D. H. Esq. Stratton.
 Leverton, Henry S. L.R.C.P.E. Truro.
 Littleton, Thomas, M.B. Saltash.
 Michell, George, Esq. Redruth.
 Montgomery, James, M.D. Physician to the
 Dispensary, Penzance.
 Pearce, William, Esq. St. Tudy.
 Rosewall, G. B. Esq. St. Ives.
 Somer, James, Esq. Hoscote.
 Thompson, David, Esq. Launceston.
 Ward, John, Esq. Surgeon to the East Corn-
 wall Hospital, Bodmin.
 Williams, Joseph, Esq. Helston.
 Worth, Edward J. Esq. Melbourn.

CUMBERLAND.

Number of Members, 6.

Branch, None.

Arnison, Charles, L.R.C.P. Alston.
 Barnes, T. M.D. F.R.S.E. Physician to the
 Fever Hospital, Carlisle.
 Irving, William, Esq. Penrith.
 Pickop, Eli, Esq. Great Salkeld.

DERBYSHIRE.

Number of Members, 42.

Branch, Midland.

Baker, John W. Esq. Surgeon to the Infir-
 mary, Derby.
 Bennett, E. M.D. Chapel-en-le-Frith.
 Bennet, George, M.D. Physician to the Dis-
 pensary, Chesterfield.
 Brown, Francis, M.D. Buxton, Chesterfield.
 Cresswell, Wm. Esq. House-Surgeon to
 the Infirmary, Derby.
 Dutton, Arthur H. Esq. Derby.
 Evans, George, Esq. L. Esq. Frith, Belper.
 Evans, Samuel H. Esq. Derby.
 Evans, S. W. Esq. L. Esq. Surgeon to the
 General Infirmary, Derby.
 Farnham, J. T. Esq. Golden Valley,
 Alton.
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Gishorne, Henry Francis, Esq. Surgeon to the General Infirmary, Derby
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 Hall, Thomas W. Esq. Creich
 Hart, Graham, J. B. Esq. Chesterfield
 Hewell, Arthur, M.D. Burton
 Hewell, John, M.D. F.R.S. Consulting Physician to the General Infirmary, Derby
 Hildesheim, J. H. M.D. Superintending Physician of the Derby County Asylum, Mickleover
 Howard, R. C. B. M.D. Matlock
 Hultes, William, Esq. Alvacon, Derby
 Howard, W. Whitlow, Esq. Glossop
 Johnson, John, Weatherill, Esq. Consulting Surgeon to the General Infirmary, Derby
 Jones, John T. Esq. Buxton
 Jones, John, Esq. Ashbourne
 Jones, J. D. Esq. Derby
 Jones, Thomas B. Esq. Ribblesdale
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 Laidlaw, John, Esq. Tideswell
 Leades, James, Esq. Glossop
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 Leeson, John, Esq. Walswell
 Leeson, W. P. Esq. Surgeon to the Bath Charity, Buxton
 Leighton, J. H. Esq. Ashbourne
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 Wade, Henry, Esq. Derby
 Lister, Charles, Esq. Wharfedale
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 Watson, Henry W. M.D. Derby
 Webb, William, M.D. Wirksworth

DEVONSHIRE.

Number of Members, 65.
 Branch, South-Western.

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 Beale, J. B. Esq. Teignmouth (dead)
 Bell, James, Esq. Broadclyst
 Black, Glass, M.D. Torquay
 Bryden, Richard, Esq. Uffculme
 Rudd, Richard, M.D. Physician to the North Devon Infirmary, Budehope
 Budd, Samuel, M.D. Physician to the Devon and Exeter Hospital, Exeter
 Burrows, Richard Farr Esq. Dartmouth
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 Cocks, Joseph, Esq. Newton
 Cookworthy, Joseph Collier, M.D. Consulting Physician to the Dispensary, Plymouth
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 De la Garde, P. C. Esq. Senior Surgeon to the Devon and Exeter Hospital, and to the Western England Eye Infirmary, Exeter
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 Dill, John, Esq. Kingsbridge
 Eliot, William Henry, M.D. Physician to the Devon and Exeter Hospital, Exeter
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 Whittle, John, Esq. Surgeon to the Eye Infirmary, Weymouth

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 Curme, G. Esq. Surgeon to the Dorset County Hospital, Dorchester
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 Fox, John, Esq. Surgeon to the Eye Infirmary, Weymouth
 Griffin, Richard, Esq. Weymouth
 Hingston, William, Esq. Lyme Regis
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Johnson, John, Esq. Bishop Auckland
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 Watson, Henry W. Esq. Barnsfield, Burnside, James Huchison, M.D. Surgeon to the Dispensary, Stockton-on-Tees (dead)

ESSEX.

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 Walsby, J. Esq. South Woodford
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Number of Members, 167.
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 Board, Edmund C. Esq. Infirmary, Bristol
 Boughton, J. H. Esq. Tewkesbury
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 Budd, William, M.D. Consulting Physician to the Bristol Royal Infirmary, Clifton, Bristol
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 Carter, Robert B. Esq. Stroud
 Clark, Thomas L. Esq. Lecturer on Anatomy in the Bristol Medical School, Clifton
 Clarke, William M. Esq. Surgeon to the Bristol General Hospital, Clifton, Bristol
 Coe, R. W. Esq. Surgeon to the General Hospital, and Lecturer on Surgery in the Medical School, Bristol

College, T. R. M.D. Consulting Physician to the Ophthalmic Infirmary, Cheltenham
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Cooper, William, Esq. Stokes Croft, Bristol
Corbould, George Giles, Esq. Bristol
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Crossman, Edward, Esq. Hambrook
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Dadman, William, Esq. Cheltenham
Denny, James G. M.D. R. Northwoods, Bristol
Davies, David, Esq. Bristol
Deane, William E. L.R.C.P.E.d. Barton Hill, Bristol
Ellis, Robert, Esq. Bristol
Evans, Thomas, M.D. Senior Physician to the Infirmary, Gloucester
Fagan, William B. Esq. Surgeon H.M.S. *Dedalus*, Bristol
Fox, Edward L. M.D. Physician to the Bristol Royal Infirmary, Clifton, Bristol
Fryer, Henry E. M.D. Lecturer on Physiology in the Bristol Medical School, and Physician to the General Hospital, Clifton
Fryer, Thomas W. Esq. Kingwood, Bristol
Goodeve, Edward, M.B. Dringah, Sneyd Park, Bristol
Goodeve, Henry H. M.D. Bristol
Grace, Alfred, Esq. Sodbury
Grace, Henry, Esq. Kingwood Hill, Bristol
Gussard, J. M. Esq. Surgeon-Accoucheur to the Dispensary, Bristol
Graves, Ryves William, Esq. Surgeon to the Infirmary, Gloucester
Green, Thomas, M.D. Surgeon to the Royal Infirmary, Bristol
Greig, Charles, Esq. Clifton, Bristol
Harris, Walter, M.D. General Hospital, Bristol
Hawkins, Clement J. Esq. Surgeon to the General Hospital, Cheltenham
Herapath, W. Bird, M.D. F.R.S. Bristol
Hore, Henry Augustus, Esq. Surgeon to the Royal Infirmary, Bristol
James, Joshua, Esq. Bristol
Keeble, George, Esq. Bristol
Kilgour, John S. M.D. Physician to the Dispensary, Cheltenham
Lester, Joseph, M.D. Physician to the Clifton Dispensary, Clifton, Bristol
Ling, William, Esq. Consulting Surgeon to the General Hospital, Bristol
Landsown, F. P. Esq. Surgeon to the General Hospital, and Lecturer on Anatomy in the Medical School, Bristol
Leach, J. C. Esq. General Hospital, Bristol
Leonard, Crosby, Esq. Lecturer on Surgery in the Medical School, and Surgeon to the Royal Infirmary, Bristol
Lloyd, E. S. Esq. Pill, near Bristol
Ludlow, Ebenezer, Esq. Infirmary, Bristol
Manning, David, M.D. Mount Vernon, Bristol
Marshall, Henry, M.D. Surgeon to the Bristol General Hospital, and Lecturer on Comparative Medicine in the Medical School, Clifton
Martin, R. S. L.R.C.P.E.d. Kemerton
Marty, Samuel, M.D. Physician to the General Hospital, and Lecturer on Physiology in the Medical School, Clifton, Bristol
Maurice, B. Esq. Redlands, Bristol
Mayor, E. S. Esq. Bristol
Methuen, Joseph F. Esq. Surgeon to the Clifton Dispensary, Clifton, Bristol
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Niven, D. Graham, Esq. Clifton
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Pritchard, Augustin, Esq. Surgeon to the Bristol Royal Infirmary, Clifton, Bristol
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Tanner, W. H. Esq. St. James, M.D. Sandywell Park, Cheltenham

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Taylor, James, Esq. Stoke's Croft, Bristol
Thomas, Reynold C. M.D. Cheltenham
Thomas, R. W. Esq. Bristol
Thorp, Disney L. M.D. Suffolk Lawn, Cheltenham
Tilton, Rowland, Esq. Stonehouse
Ware, John, Esq. Clifton, Bristol
Willes, George J. M.D. H.M.S. *Dedalus*, Bristol
Willett, Matthew, Esq. Easton Road, Bristol
Williams, Enbulus, M.D. Clifton
Wilson, Edward T. M.B. Physician to the Dispensary, Cheltenham
Wilson, J. G. M.D. Clifton
Wilson, H. O. Esq. Medical Officer to the Dispensary, Bristol
Wilson, J. W. Esq. Gloucester
Woolmer, Thomas, Esq. Bristol

HAMPSHIRE.

Number of Members, 39.

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Ball, Richard D. Esq. Heckfield, Winchfield
Barnesdale, J. E. Esq. Newport, Isle of Wight
Bentham, Samuel, Esq. Southsea
Bullar, Joseph, M.D. Physician to the Royal South Hants Infirmary, Southampton
Burnett, C. Mountford, M.D. Alton
Butler, Frederick J. M.D. Surgeon to the Hants County Hospital, Winchester
Case, William, L.R.C.P.E.d. Fareham
Covey, John, Esq. Alresford
Crawford, Andrew, M.D. Winchester
Cross, R. Shackelford, Esq. Petersfield
Curtis, William, Esq. Alton
Davies, Henry, Esq. Milbrook, Southampton
Dever, S. S. M.D. Ringwood
Falls, W. S. M.D. Physician to the Sanatorium, Bournemouth
Giles, W. F. Esq. Hythe
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Hemsted, L. R. Esq. Watchurch
Longmore, Thomas, Esq. Professor of Military Surgery in the Army Medical School, Netley
McIntyre, John, M.D. Odiham
Manley, John, M.D. Superintendent of the County Asylum, Fareham
Mayo, Charles, Esq. Surgeon to the Hants County Hospital, Winchester
Mayo, Thomas, M.D. F.R.S. Yarmouth
Miller, John W. M.D. Medical Officer to the Royal Portsmouth Hospital, Southsea
Norton, W. E. M.D. Headmaster of Wight
Norman, H. Burford, Esq. Surgeon to the Royal Portsmouth Hospital, Southsea
Oke, W. S. M.D. Physician to the Royal South Hants Infirmary, Southampton
Page, Frederick, M.D. Medical Officer to the Royal Portsmouth Hospital, Landport
Parkes, Edmund A. M.D. Professor of Hygiene in the Army Medical School, Bitterne, Southampton
Pound, George, Esq. Odiham
Scott, William, M.D. Odiham (dead)
Smith, Robert, Esq. Sandown, Isle of Wight
Smith, William A. Esq. Surgeon to the Sanatorium, Bournemouth
Sweating, Robert B. Esq. Basingstoke
Turner, W. F. J. Esq. Ryde, Isle of Wight
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Webb, Charles, Esq. Basingstoke
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Number of Members, 8.

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Lingen, Charles, M.D. Senior Surgeon to the Infirmary, Hereford
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Wood, Miles Astman, Esq. Surgeon to the Dispensary, Ledbury

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Lipscomb, Richard N. Esq. Luton
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Whately, Thomas, Esq. Surgeon to the West Herts Infirmary, Berkhamstead

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Foster, Michael, jun. M.D. Medical Officer to the County Hospital, Huntingdon
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Allwork, Charles L. Esq. Maidstone
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Armstrong, John C. Esq. Surgeon to the Infirmary, Gravesend
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Crawford, William, M.D., Surgeon to the Royal
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Wells.
Cook, William, Esq., Tunbridge.
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Fry, Frederick, Esq., Senior Surgeon to the
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Branches { Shropshire Ethical. Shropshire Scientific.

Andrew, Edwin, M.D. Shrewsbury
 Arrowsmith, J. Yarrow, Esq. Consulting Surgeon to the Salop Infirmary, Shrewsbury
 Baddeley, William Edw. L.R.C.P. Ed. Newport
 Bakewell, Samuel G. M.D. Church Stretton (dead)
 Bayley, J. Esq. Bicton
 Bedford, William M. M.D. Physician to the Salop Infirmary, Shrewsbury
 Benuion, Edward David, Esq. Oswestry
 Bidwell, Henry, M.D. Albrighton
 Blake, Robert, Esq. Oswestry
 Bratton, James, Esq. Shrewsbury
 Bromfield, John, Esq. Whitchurch
 Brook, Henry, Esq. Bishop's Castle
 Brookes, And. G. Esq. Belmont, Shrewsbury
 Brookes, W. P. Esq. Much Wenlock
 Broughton, R. Esq. Ruyton-of-the-Eleven-Towns
 Brown, John, Esq. Whitchurch
 Burd, Edward, M.D. Physician to the Salop Infirmary, Shrewsbury
 Cartwright, Peplow, Esq. Oswestry (dead)
 Chene, Henry C. Esq. Much Wenlock
 Clement, William James, Esq. M.P. Shrewsbury
 Davis, Edward, Esq. Ditton Priors
 Davis, William, Esq. Surgeon to the Wellington Dispensary, Pain's Lane, Wellington
 Downes, Thomas R. C. Esq. Munslow
 Eddowes, William, Esq. Pontesbury
 Eddowes, William, jun. Esq. House-Surgeon to the Infirmary, Shrewsbury
 Evans, Maurice B. Esq. Ellesmere
 Feyley, Joseph F. Esq. Llanymynech
 Fenton, Henry, Esq. Surgeon to the Dispensary, Shrewsbury
 Fuller, William M.B. Oswestry
 Glover, J. Esq. Dorington, near Shrewsbury
 Godby, Augustus H. M.D. Newport
 Godfrey, J. Esq. Cleobury Mortimer
 Griffiths, Griffith H. M.D. Church Stretton
 Groom, Thomas, Esq. Whitchurch
 Gwynn, Samuel B. Esq. Wem
 Gwynn, Samuel T. M.D. Whitchurch

Harries, John D. Esq. Surgeon to the Salop Infirmary, Shrewsbury
 Hartshorne, F. H. L.R.C.P.Ed. Surgeon to the Ironbridge Dispensary, Broseley
 Haslehurst, Thomas, Esq. Consulting Surgeon to the South Salop Infirmary, Claverley, Bridgnorth
 Hayes, Henry, Esq. Wellington
 Hickman, Joseph, Esq. Brocton, Worthen
 Howlet, William, Esq. Surgeon to the Dispensary, Wellington
 Humphreys, J. R. Esq. Surgeon to the Salop Infirmary, Shrewsbury
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 Johnson, Henry, M.D. Consulting Physician to the Salop Infirmary, Shrewsbury
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 Jones, W. Weaver, Esq. Cleobury Mortimer
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 Morgan, John, Esq. Waters Upton, near Wellington
 Morgan, Thomas, Esq. Madeley
 Morris, James M. Esq. Market Drayton
 Morris, William W. Esq. Clun
 Piddick, Chas. L.R.C.P.Ed. Shrewsbury
 Piddick, Thomas, Esq. Shrewsbury
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 Sutton, John H. Esq. Longdon, Pontesbury
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 Willing, Richard, Esq. Church Stretton
 Willing, Geo. F. B. L.R.C.P.Ed. Cressage
 Wilson, Joseph G. L.R.C.P.Ed. Wem
 Wood, Samuel, Esq. Senior Surgeon to the Salop Infirmary, Shrewsbury

SOMERSET.

Number of Members . 101.

Branches { Bath and Bristol.
 { West Somerset.

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 Alford, Henry J. Esq. Surgeon to the Taunton and Somerset Hospital, Taunton
 Alford, Richard, Esq. Consulting Surgeon to the Dispensary, Weston-super-Mare
 Barter, C. S. Esq. Surgeon to the Western Dispensary, Bath
 Bartrum, John S. Esq. Surgeon to the General Hospital, Bath
 Bennett, William F. Esq. Yeovil
 Boodie, Robt. J. Esq. Chilcompton
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 Bush, William, Esq. Senior Surgeon to the Colts and Ear Infirmary, and to the Eastern Dispensary, Bath
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 Collins, Chas. Howell, Esq. Chew Magna
 Collyns, John B. Esq. Dulverton
 Colvett, Richard, M.D. Weston-super-Mare
 Cooke, John, M.B. Resident Medical Officer, Mineral Water Hospital, Bath

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 Davis, Theodore, Esq. Clevedon
 Day, William W. Esq. Long Ashton
 Falconer, R. Wilbraham, M.D. Physician to the United Hospital and General Hospital, Bath
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 Fowler, Richard Sumner, Esq. Bath
 Fox, Charles H. M.D. Brislington
 Fox, Charles Joseph, M.D. Brislington
 Fox, Edward F. Esq. Brislington
 Fox, Francis K. M.D. Brislington
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 Freeman, Henry W. Esq. United Hospital, Bath
 Gaine, C. Esq. Bath
 George, Richard Francis, Esq. Bath
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 Harries, Charles Alexander, Esq. Bath
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 Hitchens, Charles V. Esq. Surgeon to the Dispensary, Weston-super-Mare
 Howes, H. M.D. Eastern Dispensary, Bath
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 Leighton, W. Esq. Surgeon to the Dispensary, Wellington
 Liddon, Wm. M.B. Surgeon to the Taunton and Somerset Hospital, Taunton
 Lodge, John, Esq. Keynsham
 Lucas, Rudd, Esq. Long Ashton, Bristol (dead)
 McDermott, Edw. Deane, A.M. M.D. Bath
 Macy, Henry Joseph, Esq. Westown, Bristol (dead)
 Marchant, R. Esq. North Curry, Taunton
 Martyn, Richard W. Esq. Martock
 Mason, Frederick, L.R.C.P.Ed. Surgeon to the Eye Infirmary, Bath
 Metcalfe, Fenwick, Esq. Bishop's Lydiard
 Mortimer, R. L.R.C.P.Ed. Bishop's Lydiard
 Norris, Hugh, L.R.C.P.Ed. South Pether-ton
 Olivey, Hugh P. Esq. North Curry
 Parsons, Frederick J. Esq. Yeovil
 Parsons, Joshua, Esq. Frome
 Plowman, Thomas, Esq. North Curry
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 Silke, Edwin, Esq. Bath
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 Surte, Edward H. Esq. Wrington
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 Walker, William C. Esq. Shepton Mallett
 Wallis, Charles C. Esq. Castle Carey
 Walter, W. W. Esq. Stoke-under-Ham
 Watson, Thomas Sandon, M.D. Senior Physician to the General Hospital, Bath
 Waugh, A. Esq. Chilcompton

Weatherley, Frederick, Esq. Portishead
 Winterbotham, Washington J. M.B. Surgeon to the Infirmary, Bridgewater
 Woodforde, Francis Henry, M.D. Taunton

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Number of Members . 87.
 Branch . Birmingham and Midland Counties.

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 Belcher, Paul, Esq. Burton-on-Trent
 Belcher, Robert Shirley, Esq. Surgeon to the Dispensary, Burton-on-Trent
 Browne, William, Esq. Surgeon to the Dispensary, Lichfield
 Butler, James, Esq. Great Bridge
 Coleman, E. Hayling, Esq. Consulting Surgeon to the South Staffordshire Hospital, Wolverhampton
 Cooke, William H. M.D. Aldridge
 Cooper, Richard, Esq. Leek
 Davies, J. Redfern, Esq. Walsall
 Davis, R. A. M.D. Stafford County Asylum, Burntwood, Lichfield
 Day, Henry, M.D. Physician to the County Infirmary, Stafford
 Dehane, R. F. Esq. Wolverhampton
 Downes, W. Esq. Handsworth
 Duncalle, Henry, Esq. West Bromwich
 Girdlestone, William T. Esq. Penkridge
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 Hichens, J. L. Esq. Lichfield
 Holyoake, Thomas, Esq. Kinver, Stourbridge
 Hopkins, William, L.R.C.P.Ed. Handsworth
 Howitt, George P. Esq. Wednesbury
 Jackson, Thos. V. Esq. Surgeon to the South Staffordshire Hospital, Wolverhampton
 Kite, W. J. Esq. West Bromwich
 Lowe, George, Esq. Burton-on-Trent
 Mauley, John, Esq. West Bromwich
 Monckton, D. Henry, M.D. Rugeley
 Morgan, M. Butler, Esq. Senior Surgeon to the Dispensary, Lichfield
 Nesbitt, F. A. Esq. Surgeon to the South Staffordshire Hospital, Wolverhampton
 Newnham, Christ. A. Esq. Wolverhampton
 Partridge, S. Esq. Darlaston, nr. Wednesbury
 Proctor, Herbert E. L.R.C.P.Ed. Wednesbury
 Thomson, Spencer, M.D. Burton-on-Trent
 Thornhill, J. H. Esq. Willenhall
 Underhill, Thomas, Esq. Great Bridge, Tipton
 Underhill, William L. Esq. Tipton
 Wades, John W. B. M.D. Hanley
 Welchman, C. E. Esq. Lichfield

SUFFOLK.

Number of Members . 52.

Branch . East Anglian.

Adams, Edward B. Esq. Surgeon to the Dispensary, Bungay
 Barkway, F. T. Esq. Lavenham
 Bartlett, A. H. M.D. Surgeon to the East Suffolk Hospital, Ipswich
 Beck, Henry, Esq. Needham Market
 Blackett, Edward R. M.D. Physician and Surgeon to the Dispensary, Southwold
 Bullen, George, Esq. Senior Surgeon to the East Suffolk Hospital, Ipswich
 Bullen, George, jun. Esq. Ipswich
 Chevallier, Barrington, M.D. Physician to the East Suffolk Hospital, The Grove, Ipswich
 Cooper, William, M.D. Bury St. Edmund's
 Crowfoot, William Edward, Esq. Surgeon to the Dispensary, Beccles
 Day, William H. M.D. Newmarket
 Durrant, Christopher Mercer, M.D. Physician to the East Suffolk Hospital, Ipswich
 Edden, W. H. Esq. Haughley
 Edwards, George C. Esq. Ipswich
 Elliston, William A. M.D. Ipswich
 Faircloth, Richard, Esq. Newmarket
 Freeman, Spencer, Esq. Stowmarket
 Fuller, Harry, Esq. House-Surgeon to the Suffolk General Hospital, Bury St. Edmund's
 Fyson, Robert, Esq. Newmarket
 Gardner, James, L.R.C.P.Ed. Bungay
 Gissing, John Stearn, Esq. Woodbridge
 Goodwin, John W. M.D. Physician to the Suffolk General Hospital, Bury St. Edmund's
 Gorbham, Richard V. Esq. Yoxford
 Gramshaw, H. Esq. Laxfield, Framlingham
 Growse, Robert, Esq. J. Lichstone
 Hammon, C. G. Esq. Surgeon to the East Suffolk Hospital, Ipswich

Harris, F. H. Esq. Mildenhall
 Haward, Frederick, Esq. Halesworth
 Hele, Nicholas F. Esq. Aldeburgh
 Hinsel, G. J. Esq. Bury St. Edmund's
 Innes, W. Edmund, Esq. Surgeon to the Suffolk General Hospital, Bury St. Edmund's
 Jones, Robert Edwards, Esq. Long Melford, Sudbury
 Kibner, John, Esq. Surgeon to the Suffolk General Hospital, Bury St. Edmund's
 Kirkman, John, M.D. Resident Physician to the Suffolk Lunatic Asylum, Melton
 Leach, Henry P. Esq. Woolpit
 Mann, Charles P. Esq. Boxford
 Marshall, Charles G. Esq. Woodbridge
 Martin, Robert, Esq. Ipswich
 Matthews, Benjamin F. Esq. Norton
 Mead, George B. M.D. Newmarket
 Miller, Walter W. M.D. Eye
 Muriel, John Thomas, Esq. Hadleigh
 Peat, George Wilson, Esq. Fressingfield
 Read, Charles G. Esq. Sudbrok
 Rendie, Charles B. Esq. Saxmundham
 Sampson, George G. Esq. Surgeon to the East Suffolk Hospital, Ipswich
 Simpson, E. Esq. Long Melford, Sudbury
 Smith, Charles C. Consulting Surgeon to the Suffolk General Hospital, Bury St. Edmund's
 Taylor, Henry, Esq. Iwerth
 Tench, E. B. Esq. Wickham Market
 Thompson, Robert, Esq. Brandon
 Williams, John, M.D. Bury St. Edmund's

SURREY.

Number of Members..70.

Branches (South-Eastern.

(Metropolitan Counties.

Allen, James, Esq. Dorking
 Armstrong, Henry, M.D. Peckham
 Bacon, Charles Edward, M.D. Guildford
 Balchin, Richard, Esq. Godalming
 Barlow, George H. M.D. Physician to Guy's Hospital, Union Street, Southwark
 Barne, Edward, Esq. Croydon
 Bonney, Francis, L.R.C.P. Horselydown Lane
 Bottomley, George, Esq. Croydon
 Bush, John, Esq. The Retreat, Clapham
 Carpenter, Alfred, M.D. Croydon
 Chaldecott, Charles William, Esq. Dorking
 Chaldecott, Thomas A. M.D. Chertsey
 Chapman, George, Esq. Litchfield
 Clapton, Edward, M.D. Assistant-Physician to and Lecturer on Materia Medica at St. Thomas's Hospital, St. Thomas's Street
 Clark, Frederick Le Gros, Esq. Surgeon to and Lecturer on Surgery at St. Thomas's Hospital, St. Thomas's Street
 Clark, Willington, Esq. Sutton
 Cleaver, Henry A. Esq. Croydon
 Coles, William E. M.D. Croydon
 Cooke, William B. Esq. Lower Norwood
 Davies, W. Esq. York Town, near Bagshot
 Edwards, Morgan J. M.D. Alfred Place, Newington Causeway
 Forster, J. Cooper, Esq. Assistant-Surgeon to and Lecturer on Anatomy at Guy's Hospital, St. Thomas's Street
 Hallowes, Frederick R. Esq. Rehill
 Hales, Henry, Esq. Reigate
 Hetley, F. M.D. Norwood
 Holman, Constantine, M.D. Reigate
 Johnson, Jeffery S. Esq. Croydon
 Jones, Sydney, Esq. Assistant-Surgeon to and Lecturer on Anatomy at St. Thomas's Hospital, St. Thomas's Street
 Kelsey, Arthur, Esq. Reigate
 Lashmar, Charles, M.D. Croydon
 Love, Gilbert, Esq. Croydon
 Lund, George M.D. Richmond
 Martin, Thomas, Esq. Reigate
 Matthews, Arthur, Esq. Melbourne Place, Old Kent Road
 Napper, Albert, Esq. Cranley, near Guildford
 Owen, Francis, Esq. Leatherhead
 Palmer, F. W. Esq. Old Kent Road
 Patrick, James, Esq. Norwood
 Paton, J. H. M.D. Camberwell
 Pollock, Robert J. Esq. Wimbledon Park
 Ray, Edward, M.D. Dulwich
 Reece, Richard, Esq. Walton-on-Thames
 Rendie, James D. M.D. Medical Officer to the Government Convict Prison, Brixton Hill
 Rogers Harrison, C. H. Esq. Lansdowne Road, Clapham Road
 Roote, W. Sudlow, Esq. Kingston-on-Thames

Roper, Alfred G. Esq. Croydon
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 Seaton, Edward C. M.D. Surbiton
 Shaw, George, Esq. Hattersley
 Shorthouse, J. H. M.D. Carshalton
 Shurlock, Mainwaring, Esq. Chertsey
 Sisson, Andrew, Esq. Reigate
 Sloman, Samuel G. Esq. Farnham
 Soper, William, Esq. Surgeon to the Jews' Hospital, St. George's Villas, Stockwell Road
 Spina, Robert, M.D. Medical Officer to the Clapham Dispensary, Clapham Common
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 Tiley, S. Esq. Paradise Row, Rotherhithe
 Walker, John, M.D. Reigate
 Ward, Joseph, Esq. Epsom
 Webster, George, M.D. Dulwich
 Wilks, Samuel, M.D. Assistant-Physician to and Lecturer on Medicine at Guy's Hospital, St. Thomas's Street
 Willis, Robert, M.D. Barnes
 Wisden, William, Esq. Oxford
 Yate, Frederick, Esq. Godalming

SUSSEX.

Number of Members..58.

Branch (South-Eastern.

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 Addison, W. F.R.C.P. F.R.S. Brighton
 Adey, Charles A. M.D. Physician to the East Sussex Infirmary, St. Leonard's-on-Sea
 Aldersey, Wm. H. Esq. Cliftonville, Brighton
 Allison, W. J. Esq. Brighton
 Boxall, H. Esq. Wisborough Green, Horsham
 Bull, John Henry, Esq. Llandudno
 Burrows, J. Cordy, Esq. Brighton
 Byass, Thomas, Esq. M. P. Cockfield
 Canfield, Adolphus W. W. Esq. Henfield
 Collet, Henry, M.D. Surgeon to the Dispensary, Worthing
 Cunningham, J. M. M.D. Hailsham
 Davies, Robert C. N. Esq. Rye
 Dill, Richard, M.D. Brighton
 Elliott, Robert, Esq. Senior Surgeon to the Infirmary, Chichester
 Foreman, Robert C. M.D. Brighton (dead)
 Furner, Edmund J. Esq. Surgeon to the Sussex County Hospital, Brighton
 Gravelly, Richard, Esq. Newick, Uckfield
 Gravelly, Thomas, Esq. Cowfold
 Hall, Alfred, M.D. Physician to the Dispensary, Brighton
 Harris, W. J. Esq. Worthing
 Heister, James Torry, Esq. Hastings
 Hodgson, George P. Esq. Brighton
 Holman, George, Esq. Uckfield
 Holman, Henry, Esq. East Heath
 Humphry, Frederick A. Esq. Assistant-Surgeon to the Sussex County Hospital, Brighton
 Ingram, William, Esq. Michurst
 Johnson, Athol A. Esq. Brighton
 Kent, Octavius J. Esq. Eastbourne
 King, William M.D. Consulting Physician to the Sussex County Hospital, Brighton
 Leslie, Percy, M.D. Eastbourne
 Lowdell, George, Esq. Surgeon to the Sussex County Hospital, Brighton
 McCargher, Joseph, M.D. Senior Physician to the Infirmary, Chichester
 Moore, W. Withers, M.D. Physician to the Dispensary, Brighton
 Ormerod, Edward Latham, M.D. Physician to the Sussex County Hospital, Brighton
 Philbrick, Thomas, M.D. Brighton
 Prince, C. Leeson, Esq. Uckfield
 Pursell, John, M.D. Brighton
 Richards, David, Esq. Brighton
 Rogers, Robert J. Esq. Brighton
 Ross, Andrew, M.D. Chichester
 Scott, Samuel K. Esq. Brighton (dead)
 Smith, Hezekiah, Esq. Hove, Brighton
 Smith, John P. M. Esq. Surgeon to the Dispensary, Brighton
 Smythe, Lewis, M.D. Lewes
 Stephens, Joseph, M.D. Brighton
 Taaffe, Richard, B. P. M.B. Surgeon to the Eye Infirmary, Brighton
 Tatham, George, Esq. Brighton
 Taylor, William E. M.D. Pulborough

Tuke, J. K. Esq. Brighton
 Tyacke, Nicholas, M.D. Physician to the Infirmary, Chichester
 Underwood, John, M.D. Surgeon to the Dispensary, Hastings
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 Winter, Thomas B. Esq. Brighton
 Woodridge, William, Esq. Fressing, Dighton

WARWICKSHIRE.

Number of Members..141.

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 Baker, Alfred, Esq. Surgeon to the General Hospital, Birmingham
 Baker, Robert L. Esq. Bordesley, Birmingham
 Barker, John, Esq. Colehill
 Barratt, Alfred, L.R.C.P. Ed. Birmingham
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 Bassett, John, Esq. Lecturer on Midwifery in Sydenham College, Birmingham
 Beavan, James, Esq. Edgbaston
 Bellot, William H. M.D. Yutton, Leamington
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 Bodington, Geo. L.R.C.P. Ed. Sutton Coldfield
 Bodington, William, Esq. Kenilworth
 Bourne, Thomas S. Esq. Kenilworth
 Bowen, H. Esq. Kineton
 Bruce, Charles, Esq. Birmingham
 Brown, C. F. Esq. Leamington
 Bucknall, H. W. Esq. Rugby
 Bucknall, S. Birch, M.D. Rugby
 Bullock, Thomas W. Esq. Warwick
 Busby, Ralph A. Esq. Leamington
 Carter, Thomas A. M.D. Physician to the Hospital, Leamington
 Chavasse, P. Henry, Esq. Birmingham
 Chavasse, Samuel, Esq. Birmingham
 Chesshire, Edwin, Esq. Surgeon to the Birmingham and Midland Eye Hospital, Newhall Street, Birmingham
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 Clay, John, Esq. Professor of Midwifery in Queen's College, Newhall St. Birmingham
 Clayton, M. H. Esq. Birmingham
 Dartnall, George Russell, Esq. Inspector-General of Hospitals, Henley-in-Arden
 Davies, John Birt, M.D. Senior Physician to the Queen's Hospital, Birmingham
 Draper, Charles Esq. Kenilworth
 Dresser, William, Esq. Coventry
 Drever, John, Esq. Birmingham
 Duke, Abraham, M.D. Rugby
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 Elkington, George, Esq. Lecturer on Anatomy in Sydenham College, Birmingham
 Elkington, Thomas, Esq. Fenny Compton
 Evans, G. F. M.D. Physician to the General Hospital, Birmingham
 Fawer, George, M.D. Henley-in-Arden
 Ferguson, George, Esq.
 Fleming, Alexander, M.D. Physician to the Queen's Hospital, Birmingham
 Fletcher, Thomas Bell E. M.D. F.R.C.P. Physician to the General Hospital, Birmingham
 Fosbrooke, George Haynes, Esq. Bidford, near Stratford-on-Avon
 Foster, Belthazar W. L.R.C.C.P.I. Physician to the Queen's Hospital, Edgbaston, Birmingham
 Fye, George, M.D. Kineton
 Gargoe, Joseph Sampson, Esq. Surgeon to the Queen's Hospital, Birmingham
 Garner, John, Esq. Resident Surgeon to the Dispensary, Birmingham
 Gibbs, Edward, Esq. Digbeth, Birmingham
 Goodall, W. P. Esq. Birmingham
 Goodchild, Frederick, M.D. Physician to the Dispensary, Warwick
 Griffith, E. T. Esq. Birmingham

Hatley, John Joseph, Esq. Birmingham
Heslop, Thomas P. M.D. Physician to the
Hospital for Children, Birmingham
Hill, Alfred, M.D., Lecturer on Chemistry and
Physics, Medicine in Sydenham College,
Birmingham
Hinds, William, M.D. Professor of Botany in
Queen's College, Birmingham
Hitchcock, John, Esq. Surgeon to the Warne-
ford Hospital, Leamington
Holland, Robert, Esq. M.D. Leamington
Horton, Joseph John, Esq. Birmingham
Hutchins, Thomas, Esq. Lecturer on Dental
Physiology and Surgery in Sydenham Col-
lege, Birmingham
Jeffries, J. R. Esq. Leamington
Jeffries, Samuel J. M.D. L.R.C.P. Physician
to the Warneford Hospital, Leamington
Jephson, Henry, M.D. Leamington
Jeyes, Samuel, Esq. Leamington
Johnston, James, M.B. Birmingham
Johnstone, James, M.D. Birmingham
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Jones, Richard, Esq. Senior Surgeon to the
Warneford Hospital, Leamington
Jordan, John, Esq. Birmingham
Jordan, T. Furneaux, Esq. Surgeon to the
Queen's Hospital, Birmingham
Kinnell, W. Esq. Tamworth, Hockley Heath
Kinsley, Henry, M.D. Physician to the In-
firmity, Stratford-upon-Avon
Kirby, Burgess, M.D. Warwick
Knowles, G. B. Esq. F.L.S. Honorary Surgeon
to the Queen's Hospital, Birmingham
Lakin, James, H. M.B. Sutton Coldfield
Laxon, William, M.D. Senior Medical Officer
to the Coventry and Warwickshire Hospital,
Coventry
Machen, John, Esq. Leamington
Machin, L. S. Esq. Birmingham
Male, James E. Esq. Surgeon to the Warne-
ford Hospital, Leamington
McVeagh, Denis, L.K. & Q.C.P.I. Surgeon to
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Millmore, Richard, Esq. Consulting Sur-
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Queen's College, Birmingham
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Pemberton, Oliver, Esq. Surgeon to the Gen-
eral Hospital, Birmingham
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Hospital, Birmingham
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and Ear Infirmary, Stratford-upon-Avon
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Sydenham College, Bordesley
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ham
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Birmingham and Midland Counties Eye
Infirmary, Birmingham
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wifery in Queen's College, Birmingham
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in Sydenham College, Birmingham
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Swinson, Henry, Esq. Leamington
Taylor, Thomas, Esq. Birmingham

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Hospital, Birmingham
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pensary, Birmingham
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Welchman, Edward, Esq. Southam (dead)
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Hospital, Broad Street, Birmingham
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Birmingham
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 Trousdale, W. Mair, Esq. West Butterwick, Bawtry
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 Griffith, Robert, Esq. Abergelle
 Griffith, Thomas Taylor, Esq. Consulting Surgeon to the Infirmary, Wrexham
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 Hughes, John Robert, M.D., Surgeon to the Infirmary, Denbigh
 Hughes, William, Esq. Llanrwst
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 Jones, William, Esq. Ruabon
 Jones, William, Esq. Ruthin
 Owen, Thomas, Esq. Abergelle
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 Jones, Richard, Esq. Flint
 Jones, Thomas Evans, Esq. Llanasa
 Jones, William, Esq. Llanasa, L.L. St. Asaph
 Platt, Robert, Esq. Lleswood, Mold
 Roberts, Owen, M.D. St. Asaph
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 Williams, William, M.D. Mold
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 Jones, Thomas M. Esq. Dantwyn, Swansea
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 Morgan, Walter, Esq. Pont-y-Pridd
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 Probert, James, Esq. Merthyr Tydfil
 Russell, F. Martin, Esq. Cwm Avon, Tairbach
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 Williams, Thomas, M.D. F.R.S. Physician to the Infirmary, Swansea (dead)

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 (dead)

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DUBLIN.

Collins, Thomas, Esq. Dublin
 Croker, Charles P. M.D. Consulting-Physician
 to the General Dublin Hospital, Dublin
 Cruise, F. R. M.D. Dublin
 Fraser, Thomas, M.D. Port Harcourt, Dublin
 Gorman, William, Esq. Dublin

Harrison, William I. Esq. Dublin
 Moore, William D. M.D. Dublin
 Mulock, Robert, M.D. Dublin
 Nalty, John, M.D. Dublin
 O'Flaherty, Jeremiah, Esq. Kingstown
 O'Grady, Edward S. M.B. Dublin
 Stokes, William, M.D. D.C.L. Regius Professor
 of Physic in the University, Dublin

FERMANAGH.

Maahood, George, M.D. Enniskillen

MAYO.

Neilson, Charles, Esq. Killala

ROSCOMMON.

Gleeson, Edward M. Esq. Athlone

WATERFORD.

Currey, John E. M.D. Lismore
 Mackesy, Thomas L. M.D. Waterford

FOREIGN COUNTRIES.

Number of Members, 37.

AUSTRALIA.

Bancroft, Joseph, M.D. Brisbane
 Horton, Henry, Esq. Melbourne
 Moore, J. A. Esq. New Norfolk, Hobart Town

CANADA.

Bowman, William E. M.D. Montreal

FRANCE.

Crossby, H. E. M.D. Nice
 Ward, T. Ogier, M.D. Caen

INDIA.

Branch, Bengal.
 Beatson, W. B. M.D. Calcutta
 Bysack, Baboo Sib C. Calcutta
 Chatterjee, Santaprasad G. M.D. Physician
 to the Medical College Hospital, Calcutta
 Chak, Stewart, Esq. Inspector of Prisons,
 North-Western Provinces
 Colles, J. A. P. M.D. Officiating Professor of
 Comparative Anatomy in the Medical College,
 Calcutta
 Dey, Baboo Kanny Loll, Medical College, Calcutta
 Dey, Baboo Moliesh Chunder, Calcutta
 Doss, Baboo Ram Narain, Calcutta
 Dutt, Baboo Anand, Calcutta
 Dutt, Baboo Omesh Chunder, Calcutta
 Fayer, Joseph, M.D. Professor of Surgery in
 the Medical College, Calcutta
 Ganguly, L. A. M.D. Murar, Gwalior
 Ghose, Baboo Khetter Mohun, Calcutta
 Gupto, Baboo Shumboo Chunder, Calcutta
 Hinder, J. Esq. Chaddi Hospital, Calcutta
 Holdar, Baboo Lalachand, Calcutta
 Kastogree, Baboo Unnoda Churn, Burissal,
 Bengal
 Kur, Baboo George Doss, Medical College,
 Calcutta
 Macpherson, Hugh, Esq. Bengal Medical Service,
 Calcutta
 Naylor, G. R. M.D. Chitpore Dispensary, Calcutta
 Nowell, Edward G. Esq. Surgeon 10th Regiment,
 Secunderabad, Madras
 O'Connell, Robert, Esq. New Zealand, Upper Assent
 Partridge, S. B. Esq. Medical College, Calcutta
 Sen, Baboo Jagun Nath, Calcutta
 Sen, Baboo Ram Chunder, Mitford Hospital,
 Dacca
 Scott, Baboo Purnanand, Calcutta
 Sircar, Mohendro Loll, M.D. Calcutta
 Thong, K. S. G. M.D. Bengal Medical Service,
 Calcutta
 Tyler, J. W. M.D. Etawah, North-Western Provinces

MALTA.

Savarnut, Joseph Balthazar, M.D. Valletta

TURKEY.

Sarell, Robert, M.D. Constantinople

HONORARY MEMBER.

Newnham, William, Esq. Tunbridge Wells

Special Correspondence.

LIVERPOOL.

[FROM OUR OWN CORRESPONDENT.]

IN this invariably quiet season, we, in common with the rest of the medical world, are in a state of stagnation as regards events or intelligence of an interesting or exciting nature. The typhus epidemic and other diseases of the zymotic class, have so far subsided as to enable our Medical Officer of Health to record the gratifying and encouraging fact, that the death-rate of the town is below the average of the last ten years.

It is worthy of note that, in a late return of the total weekly mortality, nearly one-half the deaths were those of children under five years of age, and of these about two-thirds were under one year. This large infantile mortality appears, to some extent, to have been traced to a definite cause—fortunately, of a preventable nature, and for the removal of which the Health Committee, at the recommendation of Dr. Trench, have adopted the necessary proceedings. The contiguous existence of a patent manure manufactory, an animal charcoal manufactory, and a knacker's yard, on the banks of a canal, in a low-lying, overcrowded part of the town, have contributed to the production of a nuisance so palpable that, as Dr. Trench informed the Committee, it was only necessary to take a walk in the neighbourhood to be convinced of the necessity of some interference in the matter. The smell was dreadful; and his attention had been arrested by "the most speaking voices, the wholesale deaths of children", in that locality.

The official returns do not enable us exactly to determine the special diseases, of which these children died. Probably diarrhoea and a cachectic condition would account for the majority; at all events, there is no evidence that either typhus or typhoid fever has especially prevailed in this part of the town; and it is not a little remarkable that, when Dr. Buchanan visited Liverpool to inquire into the causes of epidemic fever, this very locality was the subject of his special investigation, and he was unable to trace any decided connection between the condition of the place and the existence of typhus. This, together with many other recorded facts, tends to show that the supposed causes of particular zymotic diseases are frequently present without producing the results which ought to coexist if a very generally accepted doctrine of their causation were correct. This view has been further confirmed by the investigation recently made, with a view to the adoption of sanitary improvements in different parts of Liverpool. In selecting the courts and dwellings which most urgently needed sanitary reformation, it was not always found that the worst conditioned dwellings were the most infected with fever; but that some courts or houses, in the position and construction of which every principle of hygiene was set

at defiance, would be comparatively healthy as regards epidemic fever; while in others, against the sanitary condition of which nothing very serious could be urged, had suffered very severely. The marked and almost complete subsidence of the recent epidemic, is additional evidence that epidemics must be to a great extent independent of local physical causes; for, although the authorities have done all that was practicable to improve the sanitary condition of Liverpool, yet, as may readily be supposed, the actual condition of many streets and houses, and indeed that of the town generally, is, so far as relates to hygienic matters, much about the same as it was when the epidemic was at its height.

As a matter of allied and analogous interest, we may allude to the fact that, up to the present time, the Rinderpest has not made its appearance here; which, in the face of assertions as to the disease being imported with foreign cattle, is not a little surprising, inasmuch as large numbers of stock arrive here almost daily from foreign countries. Some few cases have been reported to the authorities, and the animals destroyed.

We may anticipate that, if this disease should spread and become prevalent amongst the stocks of the cow-keepers in the town, we shall be told that it is only the necessary result of the violation of sanitary laws, by the improper mode of housing and keeping the animals; but will the reasonable demand for an explanation be satisfied, as to how it has happened that the alleged causes of the cattle-plague have existed in full force for many years and have never before produced their supposed results? In comparative, as in human hygiene, there are difficulties and mysteries the solution of which may be "in the womb of time", but for which we seek in vain in existing records either of practical observation or theoretical ingenuity.

The extraordinary Portuguese, with three legs, and, to adopt his own delicate description of himself, other physiological superfluities, already too familiar to the public eye through the needless and disgusting, and withal imperfect, representation in the columns of a contemporary, has paid a visit to Liverpool. We have been honoured with a private view of this physiological curiosity; and certainly it appeared to us by far the most remarkable and striking instance of malformation we ever either saw or heard of. Not the least curious part of the case is, that, notwithstanding the extent of the special malformation, the other parts of the body are perfectly developed and well formed.

A considerable amount of private discussion has been excited by a case which appeared on the cause-list of the last assizes, but which, fortunately, escaped publicity by being withdrawn and referred to arbitration. A statement of the facts as currently reported, without mentioning names, will violate no confidence, and may be interesting, and perhaps instructive, to some of our friends.

A young practitioner of acknowledged talent and respectability, who has lately commenced a general

practice near Liverpool, was called on to attend a gentleman whose case appears to have been somewhat complicated. Being a highly nervous and anxious subject, he made large demands upon the time and patience, as well as the surgical skill, of his medical attendant, who was obliged to pay many daily visits, at all hours, and frequently for the purpose of using the catheter or bougie. The attendance extended over a period of eight months. The patient ultimately died; and a bill, amounting to £250, was sent in by the surgeon alluded to, and which the representatives of the deceased gentleman considered was an overcharge, and refused to pay. Hence arose the notice of action, and subsequent reference to a barrister as arbitrator; who, assisted by two medical practitioners as assessors, reduced the plaintiff's claim of £250 to £190, and settled the case by an award of the last named sum. There is a very general opinion amongst the profession here that the original demand was difficult to reconcile with the ordinary rates of remuneration obtained or expected by practitioners in this or in any other part of the country. The visits, however numerous, in the same day, were charged five shillings each; which, considering that the patient's residence was close to the surgeon's house, and that as many as ten visits were paid in one day, might be considered a full, but hardly an unfair charge. But, beyond the fee of five shillings for the visit, an additional charge of ten shillings was frequently made for passing a bougie or catheter, even although many of the visits were required solely for the purpose of performing that operation. These and other items appear to have been regarded by the referees to be fairly open to question; and there is reason to believe that their view of the matter is one which would have been pretty generally endorsed by the profession at large. As a general rule, none are so inadequately remunerated for their services as medical men; but there must, of course, be a limit beyond which no prudent man will venture, lest he subject himself to a suspicion of extortion, with the humiliating alternative of having to accept, as in this case, much less than the value he places on his own services. A redeeming feature in this unpleasant business, and one which does much credit to the good sense of the party chiefly concerned, is the withdrawal of the case from publicity by consenting to the decision of a private referee, thus avoiding a public scandal injurious to the interests of the profession, and anything but conducive to his own peace of mind.

Since the above was written, a *quasi* official report of the case has appeared in the columns of a contemporary, which, we are assured by a gentleman who was present, is not in all respects a correct representation of what transpired at the inquiry, which was conducted in private, and to the exclusion of professional reporters. It is to be regretted that, if an investigation of so delicate and important a nature were reported at all, it was not done fully and impartially by a disinterested shorthand writer. Certainly, in its present shape, it reflects little credit on

either side, and we much doubt if the interests of the public or of the profession are in any way advanced by such an exhibition. It calls to mind the vulgar proverb which enjoins the propriety of washing one's dirty linen at home.

Association Intelligence.

WEST SOMERSET BRANCH.

A MEETING of this Branch will be held at Clarke's Castle Hotel, Taunton, on Wednesday, October 4th. Dinner punctually at 5 o'clock; after which, papers or cases will be communicated.

Gentlemen intending to be present, or to read papers, are requested to give early notice to the Honorary Secretary.

W. M. KELLY, M.D., *Hon. Sec.*

Taunton, September 12th, 1865.

SHROPSHIRE ETHICAL BRANCH: ANNUAL MEETING.

THE annual general meeting of this Branch will be held at the Raven Hotel, Shrewsbury, on Monday, October 16th, at 2 P.M.

At 4 P.M., the members will dine together; J. R. Humphreys, Esq., President, in the Chair.

SOUTH MIDLAND BRANCH: AUTUMNAL MEETING.

THE next autumnal meeting of this Branch will be held at Market Harborough, on Thursday, October 26th, at 2 P.M.; GEORGE ASHDOWN, Esq., President, in the Chair.

Gentlemen intending to read papers or cases, are requested to give early notice, with the titles, to Dr. Bryan, Honorary Secretary, Northampton.

JOHN M. BRYAN, M.D., *Hon. Secs.*
G. P. GOLDSMITH.

Northampton, September 20th, 1865.

SOPHISTICATION OF WINES. There is in this city, says the *Druggists' Circular* (New York), one concern, and probably there may be some more, that makes wine without a drop of grape-juice, and so genuine in appearance that it was used at the great dinner given to the Russian naval officers who visited us a few years ago.

UNQUALIFIED VACCINATORS IN AUSTRALIA. At a meeting of the Medical Society of Victoria, Dr. Molloy drew the attention of the society to the fact of two schoolmasters in the district (Balmoral) where he practised, acting as vaccinators. The President informed Dr. Molloy of the action that had been taken by the society with reference to this matter, and suggested that he should obtain the certificates granted by the schoolmasters, and prosecute them under the Medical Act. Mr. Girdlestone supported this advice of the President, and further advised that, in case those holding the certificates refused to give them up, they should be prosecuted for not having their children vaccinated; and then, on the production of the certificates of the unqualified vaccinators, action should be taken. He asked if Dr. Molloy were willing to act in the place of the schoolmasters. If he were, and would give him the names of these persons, he (Mr. Girdlestone) would communicate with the chief secretary, and advise the cancelling of their appointments.

Correspondence.

THE MEDICAL PROVIDENT SOCIETY.

LETTER FROM JOHN CLAY, ESQ.

SIR,—I am of opinion that the Medical Provident Society will hold its course of favourable progression, Mr. Steele's letters notwithstanding; and, further, that his letters will do good by provoking inquiry and explanation. If the opponents of the Society have no better grounds for opposition than those advanced by Mr. Steele (although it must be acknowledged that every aid which rhetoric and language could command have been evoked by him), the promoters of the Society may well feel proud of it and the satisfactory basis on which it is established, and feel sure in their predictions of a successful future.

I have, from the first, been at a loss to divine the reason of Mr. Steele's opposition; but his last letter shows that the establishment of the Medical Provident Society has probably interfered with a rival project of his own; and, no doubt, he hopes that the denunciation of the former will prove a step towards the elevation and successful establishment of the latter. Whether this be or be not the case, is not the question; and, as far as Mr. Steele is concerned, I am sure that any person with a moderate knowledge of the principles of mutual assurance as applied to sickness, will see how illogical are many of his objections. At one time, he assumes that such is, or will be, the case; at another, he utters lugubrious prophetic warnings; while his sarcastic expressions in dealing with the framers of the rules, and his comments on their ignorance of the Friendly Societies' Act and their unfitness to be law-makers, etc., are unaccompanied by any evidence on his part of the necessary fitness to criticise and instruct those whom he denounces.

Mr. Steele states, as one of his grand objections, that those for whom the Society is established (his poorer brethren) ought to have had the promotion of it. Now I object to the term "poorer brethren." The Society was established for the provident, whether poor or rich; and I maintain, as he does, that the terms "benevolence" and "providence" ought to be kept and considered distinct. I think that it is capable of proof, that the provident members of the profession aided in the establishment of the Society; and that it would be an act of impertinence on the part of any one to inquire into their social position. It has been proved that no individual member or small number of individual members of the profession could have established a Provident Society, with the same amount of success which the directors have attained in so short a period. The subject was taken up warmly by the Association; and resolutions were passed at Cambridge which defined the mode of election of the directors, delegating to them also certain powers when appointed.

Mr. Steele identifies the promoters (who may be said to be the whole of the members, of all social grades, of the Association) with the Directors. Now this is a palpable error. The Directors were required to consider several questions propounded by the Association, and to frame their rules under certain restrictions; and the result of their labours is before the profession. The Directors, therefore, had not, as a body, anything to do with the establishment of the Society; they merely brought it into working order. The Association saw the want of the profession, and provided accordingly.

I have for twenty years paid great attention to the science of mutual assurance as applied to the contingencies of sickness and death. I have by me rules of nearly four hundred societies; and have read and studied everything relating to the subject that I could obtain; and I emphatically state, that I know of no society based upon so scientific a basis, and so likely to accomplish the object for which it was established, as the Medical Provident Society. In fact, I look upon it as quite a model Society, established in accordance with the law of the land; the rules, tables, and payments, being sanctioned by the highest actuarial authority. Mr. Steele seems to know all this; but still his scepticism will not yield. He says it is no guarantee of the permanent success of the Society. Further on, he states that the Directors are not personally responsible. The Directors are responsible if they fraudulently administer the funds of the Society; and what more is required of them? It is against the principles of provident societies to require more. The members are not compelled to contribute; they subscribe under carefully prepared regulations, the essential principle of which is that their subscriptions are received on trust, the trustees being personally responsible for the funds received by them. The tables were most carefully calculated by the Directors from statistics embodying millions of facts; and Mr. Finlaison, when these tables were laid before him, said "I beg to bear my testimony to the ability and accuracy with which the tables have been prepared." The Directors, by procuring the advice of Mr. Finlaison and Mr. Tidd Pratt, have secured the highest authority attainable for placing the Society on a scientific and secure basis. By registering the Society, security has been obtained for its funds, and ample guarantee of judicious government for its officers.

With reference to the ability of the Directors to make rules, I may add that the Registrar made about half-a-dozen verbal alterations. He introduced one or two rules, and inserted the word "District", instead of "Branch", for obvious reasons (an alteration which calls forth Mr. Steele's severest sarcasm.)

With reference to the "confidence of the promoters" (not Directors) "in the safety of their own calculations," etc., the Directors were quite right in not establishing a sliding scale of subscriptions and benefits. I can state, upon reliable authority, that the calculations for the payments into a society must be based upon averages. Many societies have been ruined by the adoption of the elasticity, a want of which Mr. Steele so much deplores in the Medical Provident Society. The amount of the subscriptions for the benefits allowed by the Society have been calculated from the statistics above referred to; and they are so positive and unvarying that they will not bear tampering with in the way suggested by Mr. Steele. They are equitable, based upon the expectancy of sickness; and under them the Society must flourish.

The management expenses have been the ruin of many societies; and, by making the amount of the subscription thereto proportionate to the expenditure, the members are enabled to ascertain whether the society is economically managed or not.

I cannot imagine what connexion there can be between the "British Medical Parliament" and an acquaintance with the provisions of the Friendly Societies Act. The Directors regretted that, upon the advice of the General Secretary, there was no discussion on the Report presented at Leamington. The Association at Cambridge ordered that a Report of the Medical Provident Society be presented at their next meeting; and surely, upon the proposition that the Report be received, it was competent to discuss

the merits of the Report. That the Report was not discussed, was no fault of the Directors.

Mr. Steele animadverted strongly upon the instability of the Society, in consequence of the establishment of an auxiliary fund. No society can be established without funds; and the expenditure has been most economical in this instance. It is a principle in all well regulated societies, that the sick-fund should not be applied towards the expenses of management; and it is this principle which obtains in the Medical Provident Society. The auxiliary fund provides the funds to establish the Society, and, if occasion should require it in the future, to aid the sick-fund also; in each case the amount being only borrowed for the occasion. The reason why Mr. Finlaison suggested the establishment of an auxiliary fund (which was anticipated by the Association) was this. All classes of men are subject to more or less sickness, according to the amount of wear and tear and exposure which the system undergoes. No reliable statistics in reference to the medical profession being procurable, the calculations were made on the heavy labour class, which was fully approved by Mr. Finlaison, and thought by him to be quite secure; but, in addition, he suggested the addition of an auxiliary fund, in case it should be required. The auxiliary fund, therefore, has nothing of an eleemosynary character in it. The Society is only rendered doubly secure by this proof of the wisdom and forethought of the Directors.

The onslaught on the Rules of the Society has proved, in Mr. Steele's hands, an utter failure; and the fact that Mr. Steele has only discovered, or fancied he has, half a dozen inconsistencies, proves their excellency.

I must now draw this letter to a close. I have been obliged to leave some minor points untouched; but Mr. Steele's letter is so discursively written, that it would take more space than you could spare me to reply to all his trivial objections.

I am, etc., JOHN CLAY,

Vice-President of the Medical Provident Society.

35 Newhall Street, Birmingham, September 23rd, 1865.

A RECENT INQUEST AT LEEDS.

LETTER FROM R. G. MAYNE, M.D.

SIR,—By the same post I send the *Leeds Mercury* of the 22nd instant, on the fifth page of which is a report of an inquest on H. M. Firth. I conceive that I have been shamefully used in the matter; no communication having been made to me as to the post-mortem examination till within two hours (not officially, but through the courtesy of Mr. Nunneley alone); nor as to the inquest, till within four hours. Not a single question was asked me. Had opportunity been afforded, the facts—that the illness of the deceased originated the previous night at Barnsley, in her uncle's house; that I was called there by telegram at ten minutes to one P.M. of the 18th, and arrived by three o'clock; that, by simple measures then adopted by me, vomiting, purging, and all pain ceased; that she earnestly entreated me to take her home; that I attended her to the end at home, and called in Dr. Hobson when danger became manifest on the 20th—these facts, I conceive, would have rendered an inquest unnecessary.

All thinking persons sympathise, but the ignorant profess to believe; and thus am I wantonly seriously injured.

I am, etc.,
R. G. MAYNE.

September 26th, 1865.

Medical News.

APOTHECARIES' HALL. On September 21st, 1865, the following Licentiates were admitted:—

Gwyther, Thomas Edward Gages, Knottingley, Yorkshire
Griples, Richard Samuel Pinner, Colchester
Horsfield, James William, Sunderland
Tilton, John Edward, Stotehouse, Gloucestershire
Wood, Robert, Uttoxeter, Staffordshire

APPOINTMENTS.

ROBERTS, Frederick T., M.B., B.Sc., appointed Demonstrator of Anatomy at the Liverpool Royal Infirmary School of Medicine.

ARMY.

BLECKLEY, Staff-Surgeon T. M., M.D., to be Surgeon 43th Foot, *vice* A. G. Montgomery.
BRYSON, Staff-Surgeon A., M.D., to be Surgeon 76th Foot, *vice* Surgeon-Major J. W. Mastin.
CRANE, Staff-Assistent-Surgeon E. J., to be Assistant-Surgeon Royal Artillery, *vice* W. Fletcher.
FLETCHER, Assistant-Surgeon W., Royal Artillery, to be Staff-Assistent-Surgeon *vice* E. J. Crane.
HUNGERFORD, Staff-Assistent-Surgeon R., to be Staff-Surgeon, *vice* A. Bryson, M.D.
PAGE, Staff-Assistent-Surgeon W. J., to be Assistant-Surgeon 94th Foot, *vice* J. Wallace.
RAULFIELD, Assistant-Surgeon J. M.B., Royal Artillery, to be Staff-Assistent-Surgeon, *vice* C. Haines.
WALL, Assistant-Surgeon W. R., Royal Artillery, to be Staff-Assistent-Surgeon, *vice* W. J. Page.

ROYAL NAVY.

BILLINGS, W. F., Esq., Surgeon, to the *Morgan*.
BROSTER, Edward B., Esq., Assistant-Surgeon, to the *Achilles*.
BROWN, John, Esq., Assistant-Surgeon, to the *Vigilant*.
BROWNE, Francis H., Esq., Assistant-Surgeon, to the *Spider*.
BROWNING, Benjamin, Esq., Surgeon, to the *Basilik*.
COLLINS, Alexander, M.B., Surgeon, to the *Comet*.
CONNOLLY, Nicholas T., Esq., Assistant-Surgeon, to the *Lion*.
FITZGERALD, James F., Esq., Assistant-Surgeon (additional), to the *Victory*.
FULTON, Thomas, M.D., Assistant-Surgeon, to the *Greyhound*.
HAMILTON, Thomas, Esq., Assistant-Surgeon (additional), to the *Comet*.
HARKE, Mark A., Esq., Assistant-Surgeon, to Plymouth Hospital.
LEACH, W. H., M.D., Surgeon, to the *Exeunt*.
MONTAGU, George, M.D., Assistant-Surgeon, to the *Paradise*.
ROCHE, William, Esq., Surgeon, to the *Racer*.
SKENE, James A., Esq., Assistant-Surgeon, to the *Victoria*.

INDIAN ARMY.

HENDERSIN, Surgeon-Major G. M., Bengal Establishment, to be Deputy Inspector-General of Hospitals.
MACGILL, Surgeon-Major A. C., Bengal Establishment, to be Deputy Inspector-General of Hospitals.
PATON, Surgeon-Major G. M., Bengal Establishment, to be Deputy Inspector-General of Hospitals.

VOLUNTEERS. (A.V. = Artillery Volunteers; R.V. = Rifle Volunteers):—

DEER, W. M.D., to be Honorary Assistant-Surgeon 2nd Kent A.V.
GESSING, J. S., Esq., to be Surgeon and Administrative Battalion Suffolk R.V.
LIDDS, E. M.D., to be Surgeon 2nd Administrative Battalion Shropshire R.V.
MURSHALL, W. N., Esq., to be Honorary Assistant-Surgeon, 6th Wiltshire R.V.
SIMPSON, T. P., Esq., to be Surgeon 2nd Hampshire A.V.

DEATHS.

BARNES, On September 26th, at Paris-road 24, Herbert second son of A. B. Barnes, Esq., Surgeon, of Chelsea.
BROWN, Alexander, Esq., Surgeon, at Streatham, aged 35, on September 21.
CHAPMAN, On September 26th, at Amptill, aged 84, Elmer, widow of Thomas Chapman, Esq., Surgeon.
CHESNEY, On September 28th, at Southend, aged 43, Caroline, widow of Ralph Conson, M.D.
*EXTON, John ap Ellis, Esq., at Overton, Flintshire, aged 63, on September 5.
FISHER, Henry, M.D., at Hillhead, Dunfermline, on September 21.
FITZPATRICK, Francis, Esq., Surgeon, at Upper Lisson Street, aged 65, on September 20.
HERWITT, Joseph, M.D., at Iwer, Bucks, on September 25.
WINNOLD, Samuel, Esq., late of the Bengal Medical Establishment, at Brompton, aged 63, on September 25.
*WRIGHT, Henry, Esq., Surgeon, at March, Cambridgeshire, aged 54, on September 19.

UNIVERSITY COLLEGE HOSPITAL. A contribution of £100 to the funds of this institution has been made by George Homer, Esq., of Solihull.

A MEDICAL MAN ATTACKED WITH CHOLERA. The Toulon paper states: "Yesterday evening, Dr. Bougarel was attacked by the epidemic in the course of his devoted functions, and was lying in a dangerous state."

THE BILL AGAINST MR. SPRAGUE, charging him with rape, has been ignored by the grand jury at the Central Criminal Court. This is what every reasonable person who read the evidence given before the magistrate must have anticipated.

SANITARY MAJORS. Colonel Borton has appointed Major Anderson, Captain Grain, and Surgeon Kellie, of the 17th Lancers, a permanent garrison sanitary committee, in accordance with a circular memorandum lately received from the Horse Guards.

A MEDICAL OFFICER OF HEALTH FOR BATH. On Wednesday, at a special meeting of the Bath Town Council, a motion for the appointment of a Medical Officer of Health was carried with only two dissentients. An amendment was proposed, which was rejected by twenty to three. The amount of salary is yet to be decided.

DEATH FROM FRIGHT. Last week at an inquest held by Mr. Humphrey on a girl four years of age, the following verdict arising out of the evidence was delivered, "The deceased child died of the mortal effects of shock from fright at the appearance of a minister in a surplice while churching her mother." The child was previously in very good health.

BEQUESTS. John Moss, Esq., late of Great Coram Street, has left by will the following bequests: To the Hand-in-Hand Asylum, the Jews' Orphan Asylum, and Indigent Blind Jews, £500 each; Jews' Free Hospital, Mile End, Lady's Lying-in Society (founded by Baroness N. M. de Rothschild), £100 each; Board of Guardians for Relief of the Jewish Poor, £50; to the London Hospital and Metropolitan Free Hospital, £100 each;—all to be paid free of duty. (*Illustrated News*.)

THE CHOLERA IN TOULON. The cholera is raging in Toulon. In a letter from that place we are told: Yesterday a number of students of medicine, of Montpellier, arrived, and behaved nobly. On arriving in the town, ravaged by the epidemic, at a moment when half the inhabitants had fled, and the authorities were overwhelmed with the duties so suddenly thrown on them, these young men, regardless of all personal considerations, instantly began attending the sick. At eight in the evening the whole town seemed as in flames, thousands of fires were burning in the streets to destroy the pestilential miasmata, and fireworks were discharged in great numbers. Yesterday the director of the Pompes-Funèbres was unable to supply sufficient coffins and gravediggers for the interments. At last the convicts were sent to dig a common grave for all bodies sent from the hospitals. The mayor and the subprefect have visited all the hospitals and the quarters which have most suffered, to distribute relief.

SIR CHARLES EASTLAKE, the illustrious President of the Royal Academy, is now lying ill at Milan. He had an attack of pneumonia and dysentery, for which he was treated, by three Milanese physicians, by bleeding, blistering, mercury, and starvation. After he had been reduced by these means to an alarming state of prostration, Lady Eastlake very properly telegraphed for Dr. Eastlake, who has, by a stimulant and tonic plan of treatment, succeeded in restoring his distinguished relative to a state of comparative convalescence.

BAD MEAT. Dr. Letheby has reported that 12,916 lbs. of meat, or more than 5 tons of meat, had been condemned in the City markets during the past week as unfit for human food. It consisted of 64 sheep, 4 calves, 7 pigs, 142 quarters of beef, and 361 joints and pieces of meat; 5377 lbs. were diseased, or from animals that had died of disease, and the rest was putrid. All of it was destroyed.

STATUE OF SIR J. McGRIGOR. On the 12th inst., the statue of the late Sir James McGrigor, by the chisel of Mr. Noble, was erected in the grounds of Chelsea Hospital. There is, we believe, in the metropolis no other public monument raised to a medical man except that of Dr. Jenner, which was banished to Kensington Gardens. The subscription for the monument was originated by Mr. Wyatt, Surgeon-Major of the Coldstream Guards.

ALLEGED APPEARANCE OF CHOLERA AT SOUTHAMPTON. One or two cases of Asiatic cholera have been announced in the daily journals as having occurred at Southampton. They are, however, not authenticated by medical authority; and it is said to have been ascertained on official inquiry that one of the cases was merely one of sporadic cholera, and that the other was not a case of cholera at all, but rupture of a blood-vessel.

CHOLERA IN CONSTANTINOPLE. The pestilence may be said to have passed away, after having slain about 70,000 of the million of inhabitants of this capital. Nearly the whole of the deaths have occurred among the obscure and indigent classes, the exceptions being very few. It is the old story; cleanliness, ventilation, and judicious diet have proved infallible preventives. Among our English community, who number somewhat under 1,000, the deaths registered at the British Consulate are 52, men, women, and children; the women and children preponderating. The medical commission appointed by the government during the crisis have accomplished much actual good, and a fine field lies open before them for perpetuating their meritorious work.

MAGIC AND SPIRITUALISM. Dr. Lynn, whose entertainments in Belfast have created great interest, now makes his appearance in Dublin. Dr. Lynn, though quite a young man, has been an indefatigable traveller, having performed in India, China, Japan, Australia, California, Salt Lake City, the Northern States of America, and the British American Provinces. In India and Japan he learned many of the feats with which he astonishes the public—as, for example, the Japanese feast of lanterns, the butterfly trick, and the great Indian basket feat, which is utterly inexplicable on any hypothesis that has yet been suggested. In America, Dr. Lynn was the untiring foe of the spiritualist impostors. Everything that the Davenport's did, he performed in the cities they visited; and, still more surprising, in what is known as the blood-writing on the arm he excelled Foster, who, as our readers know, took a handsome fortune out of the West-end of London by his clever imposture. Foster and the Davenport's required darkness and mystery to enable them to do their tricks and the public; but Dr. Lynn out-Davenport's the Davenport's, and out-Fosters Foster in the full blaze of the gaslight, and in the presence of hundreds of amused spectators. Of Dr. Lynn's sleight-of-hand, every one who has seen him speaks in the loudest terms, and as his feats are accomplished without confederates or apparatus, he may expect a warm reception and a golden harvest in Dublin. (*Dublin Paper*.)

WILL OF SIR WILLIAM HOOKER. The will of Sir William Jackson Hooker, was proved on the 18th inst. The executors are his widow, Maria Hooker; his son, Joseph Dalton Hooker, M.D.; and Mr.

Brighton. The personal estate was sworn under £35,000. Sir William died at Kew Gardens on the 12th of August last. To his wife Sir William leaves his furniture, plate, wines, etc., a legacy of £300, and the interest of £5,000, which is to be set apart to meet the annuity. Sir William leaves to his son, Dr. Joseph Dalton Hooker, his books, prints, pictures, collection of plants, and botanical specimens. The residue of the estate is bequeathed in specified proportions between Sir William's son, his daughters (Mrs. Evans, the wife of Dr. Thomas Robert Evans; and Mrs. McGilvray, the wife of the Rev. Dr. McGilvray), with provision also for the children of his son and daughters. It appears by the codicil that Sir William has also made provision, by way of settlement, for his granddaughter, Mrs. Gardner, the daughter of his deceased son, William Dawson Hooker, subject, however, to a life provision made for the widow, Mrs. Isabella Whitehead Hooker. (*Pall Mall Gazette*.)

A TESTIMONIAL. An address and presentation, consisting of a handsome brougham and harness, with a silver casket containing six hundred guineas, have lately been made by the gentry of Roscommon to Dr. Harrison. A recognition of professional services so liberal must afford sincere gratification to every member of the medical profession who can identify himself with the compliment which has been paid to Dr. Harrison. The surgeon who honourably, disinterestedly, and conscientiously discharges for many years the charitable duties of his profession, deserves such unqualified approbation and substantial reward; and we are sorry if the merit be leavened by any course of conduct of which we cannot altogether approve. It was remarked, we believe, on the occasion of the presentation, that especial gratitude was due to Dr. Harrison by those whom for many years he had attended *without fee or reward*. Now, if this observation applied to a charitable attendance on pauper patients, we can concur in it with pleasure; but it does not appear to us that contributors to the presentation were likely to have been of a rank suitable for gratuitous medical advice. (*Med. Press*.)

EVERY MAN HAS HIS HOBBY. "Cholera," says Mr. David Urquhart, "is a malady which yields to a certain treatment with great docility. That treatment consists in obtaining abundant transpiration, and in application of external force. By the first (heat), an escape is afforded for the poison (urea), which in this malady does escape, even when unaided by external heat through the skin; by the second (shampooing so vehement as to extend to blows), the cramp is relieved, breaking the tension of the nerves, and restoring the equilibrium of the circulation."

ANIMAL CHEMISTRY. In his lectures lately delivered before the College of Physicians, Dr. Odling says: "It is only within the last fifteen years or so that chemical facts have been in any large measure subordinated to chemical principles, and only within a very few years past that these principles have been consistently developed and generally acknowledged. But the result of this development and recognition is apparent even now; for we find that notwithstanding the continuous accumulation of recorded experiment, and the continuous discovery of new and complex bodies with a rapidity at which all must be amazed, chemistry is daily becoming less and less a science of detail, more and more a science of generality, to such an extent, indeed, that in my opinion a student beginning the study of chemistry now, with a view to make himself acquainted with the knowledge of his own day, has a far less difficult task before him than had his predecessor of twenty years ago, despite the then limited range of chemical

inquiry. Chemistry does not concern itself at all with the structure and arrangement of parts, but treats only of their composition. We consider a body not only as it now is, but as it has been, as it may hereafter be, the changes it has undergone in time past, the changes which it may undergo in time to come. Confining our attention to a single object—a piece of iron, for instance—let us consider how varied have been the states of its existence at different times. We know that it has been at rest and in motion; it has been silent and sonorous; it has been luminous and obscure, hot and cold, liquid and solid, magnetic and non-magnetic, electrical and non-electric. But throughout all these changes of rest and motion, sound and silence, heat and cold, etc., the individual piece of metal has continued one and the same; it has been composed throughout of identically the same matter. Now, so long as a body continues to be one and the same body—so long, in fact, as its composition remains unaltered, so long do all the changes which it manifests belong to the province of physics, and not to the province of chemistry. For a piece of iron to undergo a chemical change, it must cease to be a piece of iron, and become some other body—rust of iron, or vitriol of iron, or tincture of iron, or Prussian blue, or clot of blood, or some one of many hundred different combinations. Looking, then, to the chemistry of a piece of iron, we have regard to the state of ironstone in which it had existed before it became metallic iron, and to the many different non-metallic states in which it may hereafter exist. The dynamical interest of a body has reference to its existence in time, to its past and future variations of state, even more than to its present condition. I venture to impress this point particularly on your attention, that while chemistry treats of the composition of bodies, it has special reference to their changes in composition. Now, when we consider that every action of the living body, every growth, every waste, every secretion, every movement, and even every thought is attended by, and consequent upon, a change of chemical composition, we perceive, in an instant, how much the future of physiology must depend upon the progress of chemical research—how only the iatro-chemist, if I may so call him, can ever hope to understand the varied series of actions, healthy and morbid, which are continually taking place in the living organism..... Of late years the chemistry of animal products has made very great advances. Despite the complexity of many of these bodies, the intimate constitution of even the most complicated of them is fairly well understood, and in many cases so well understood that the bodies themselves can be actually built up by the chemist in his laboratory without having any recourse whatever to organic nature. Here, for instance, is leucine, a product of the use, and consequent waste or metamorphosis, of glandular tissue. It may be made artificially in the flask or crucible by the breaking up of muscle, ligament, skin, horn, hair, feathers, and a variety of other animal substances. It may also be produced by the combination with one another of water, essential oil of valerian, and prussic acid. The case of taurine is even more striking. Taurine, like leucine, has been found in glandular tissue, more particularly of the lung; but its chief source is the bile, where it exists conjugated with cholic acid, to form what is known as tauro-cholic acid; though whether the constituent taurine of this acid is really formed by the liver, or merely extracted by the liver from the blood of the portal vein, is not, I believe, satisfactorily established. But the constitution of this highly complex organic body, containing carbon, hydrogen, nitrogen, sulphur, and oxygen, is so well understood that it can easily be put toge-

ther in the laboratory, and from such well known bodies as sulphuric acid, alcohol, and ammonia, each of which again is capable of being produced from its constituent elements." (*Dr. Odling's Lectures.*)

OPERATION DAYS AT THE HOSPITALS.

- MONDAY.....**Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.
- TUESDAY....** Guy's, 1½ P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.
- WEDNESDAY...** St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.
- THURSDAY....** St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopaedic, 2 P.M.—Royal London Ophthalmic, 11 A.M.
- FRIDAY.....** Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.
- SATURDAY....** St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.—Royal Free, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

- MONDAY.** Entomological Society.
- WEDNESDAY.** Obstetrical Society of London. 7 P.M., Council Meeting. 8 P.M., "On Inversion of the Uterus", by Dr. Marion Sims; Exhibition of Haudelouque's Original Cephalotribe: "Vascular Growth of Funis", by Mr. Lawton; and other Papers.

TO CORRESPONDENTS.

*. All letters and communications for the JOURNAL, to be addressed to the EDITOR, 37, Great Queen St., Lincoln's Inn Fields, W.C.

COMMUNICATIONS.—To prevent a not uncommon misconception, we beg to inform our correspondents that, as a rule, all communications which are not returned to their authors, are retained for publication.

CORRESPONDENTS. who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

THE GRIFFIN TESTIMONIAL FUND.—*SIR:* The following subscriptions have been further received on behalf of the above Fund, which will be closed on October 31st proximo:—Erasmus Wilson, Esq. (Henrietta Street), £2:2; Dr. Cuolahan (Bermondsey), 10s. 6d.; Dr. W. Sanders (Gravesend) £1:1.

Amount previously announced, £125:9:9. Received at the *Lancet* office, 29:3.

1 ann, etc.,

ROBERT FOWLER, M.D.,

Treasurer and Hon. Sec.

145, Bishopsgate Street Without, September 28th, 1865.

COMMUNICATIONS have been received from:—Dr. WILLIAM ADDISON; Mr. GARRAWAY; THE SECRETARY OF THE MIDDLESEX HOSPITAL; Dr. BUCK; THE SECRETARY OF THE WESTMINSTER HOSPITAL; Mr. J. HUTCHINSON; THE HONORARY SECRETARY OF THE OBSTETRICAL SOCIETY; Mr. A. D. STEELE; Mr. T. WATKIN WILLIAMS; Mr. LAWRENCE; Mr. J. E. MORETON; Dr. ROBERT FOWLER; Mr. S. H. STEEL; Mr. SPENCE; Dr. R. G. MAYNE; Dr. H. J. SANDFORD; Dr. FALCONER; and Dr. HERBERT BARBER.

BOOKS RECEIVED.

1. A Description of the Diseased Conditions of the Knee-Joint which require Amputation of the Limb, and those which are favourable to Excision of the Joint. By P. C. Price. Edited, with a Preface and Memoir of the Author, by Henry Smith. London: 1865.
2. Winter in the South of Europe; or Mentone, the Riviera, Corsica, Sicily, and Biarritz, as Winter Climates. By J. H. Bennett, M.D. Third edition. London: 1865.
3. Cholera: its Pathology, Diagnosis, and Treatment. By W. Story, J.K. & Q.C.P.L. London: 1865.
4. San Remo as a Winter Residence. By an Invalid. London: 1865.
5. A Practical Essay on the Nitrate of Silver in the Treatment of Inflammation, Wounds, and Ulcers. Third edition. By J. Higginbottom, F.R.S. London: 1865.

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A Description

OF THE

MODE OF TREATING CONSTITUTIONAL SYPHILIS BY SYPHILISATION: AND ITS RESULTS.

BY

PROFESSOR W. BOECK, M.D.,
CHRISTIANIA.

OBSERVATION II. Sophie H., 23 years old, was taken into hospital on Sept. 18, 1855.

On both shins there were several sores, deepened into the cellular tissue, and partly covered by layers of thick purulent matter. The margins of these sores were sharp, and appeared as if cut with an instrument. They were circular, or formed segments of circles; so that the larger ulcers were easily seen to be formed by the confluence of several small ones. The skin of the surrounding parts was of a brownish colour, and covered with scars, the remains of previous ulcers. The skin of the rest of the body, and particularly of the anterior part of the thighs, presented an abundance of circular, brownish, elevated spots, varying from one-sixth to one-fourth of an inch in diameter, and covered with adherent white scales. On pressing these elevated spots between two fingers, they gave a sensation of hardness, extending downwards into the deeper tissue like a small knot. These spots stood mostly separate; but in some places several of them were aggregated, and formed elevated patches of about an inch in diameter.

The patient was treated in the hospital from July 17th to October 26th, 1854, for a primary ulcer on the upper lip and ulcers of the throat. There were then administered successively bichloride of mercury, the liquor Bellosti, solution of iodide of potassium, and low-diet, with decoction of sarsaparilla and conium pills.

She was apparently well after this treatment up to the month of April 1855, when the ulcers on the legs began to appear.

Syphilisation was commenced on Sept. 20th, 1855. Matter from artificial chancres, developed on another patient under treatment, was inoculated on both her thighs, in three points on each of them.

On the 23rd, these inoculations had produced characteristic, well developed pustules. The matter of these was inoculated on the thighs and on the right arm. On the left arm, three inoculations were made with dried matter.

On Sept. 26th, no effect was seen from the inoculations on the left arm; but all the other inoculations had produced well developed pustules. The matter of these was now inoculated on both thighs and both arms.

On Sept. 29th, new pustules having formed after the last inoculations, the matter of these was inoculated in the same manner.

On Oct. 2nd, no effect was seen after the last inoculations on the left thigh, but well developed pustules on the right. From these, inoculations were made on both thighs; on the arms was inoculated the matter of the last formed pustules.

Oct. 3rd. The ulcers on the shins were beginning to heal up.

Oct. 5th. Inoculation was made on the arms from the latest pustules. On the thighs, where no effect was observed after the latest inoculations, except one small pustule on the left, new inoculations were made with matter from the pustules of Oct. 3rd; and with the same matter three inoculations were made on one of the squamous patches on the left thigh.

Oct. 8th. Inoculation was made on the arms from the latest pustules. No effect was produced on the squamous patch, and only two small pustules had appeared on the left thigh, and one on the right. Three inoculations were made with matter from one of the older pustules.

Oct. 12th. Inoculation was made on the arms and thighs from the pustules formed after the last inoculations. As these were very small on the right thigh, three inoculations were made in that place with matter from an artificial ulcer on another patient under treatment by syphilisation.

Oct. 15th, 18th, and 21st. Inoculations were made on the thighs and arms from the latest formed pustules.

Oct. 24th. Inoculation was made on the thighs from the latest pustules. On the arms, no effect followed the latest inoculations. Three inoculations were made on both arms with matter from an artificial ulcer on another patient under treatment.

Oct. 27th. Inoculation was made on the arms from the latest formed pustules. No effect being produced on the thighs by the last inoculation, three inoculations were made on both thighs from an artificial ulcer on another patient under treatment.

Oct. 30th, Nov. 2nd, 5th, and 8th. Inoculations were made from the latest formed pustules on the arms and thighs.

Nov. 11th. No effect appeared on the arms and the right thigh. Inoculation was made on both thighs from the pustules formed on the left; and three inoculations on each arm from an artificial ulcer developed on another patient under treatment.

Nov. 14th. Inoculations were made on the arms from the latest formed pustules. On the thighs, no effect being seen, except one small pustule on the left, three inoculations were made from the artificial ulcers of another patient under treatment.

Nov. 17th, 20th, and 23rd. Inoculations were made on the arms and thighs from the latest developed pustules.

Nov. 26th. Inoculation was made on the thighs from the last pustules. No effect being produced on the arms, three inoculations were made on each from the artificial ulcers of another patient under treatment.

Nov. 29th. Inoculation was made from the last formed pustules.

Dec. 2nd. No effect was observed on the arms and on the left thigh. There were large pustules on the right thigh, from which three inoculations were made on each of the arms and thighs.

Dec. 5th. The pustules, after the last inoculations on the thighs and the right arm, were drying up. On the left arm they remained, but were very small; and matter from them was inoculated on the same arm. On the left thigh, inoculations were made from an artificial ulcer on another patient under treatment.

Dec. 8th. Very small pustules were produced on the left arm by the last inoculations; matter from these was inoculated on the same arm. On the left thigh was one large pustule; from that three inoculations were made on each thigh.

Dec. 11th. No effect was produced on the arm, but middle-sized pustules had formed on the thighs. With the matter from these, three inoculations were made on each of the arms and thighs.

Dec. 14th. Inoculations were made from the last. The ulcers on the shins were healing up rapidly.

December 17th and 21st. Inoculations were made from the last.

Dec. 24th. The pustules formed on the arms after the last inoculations were drying up. On the thighs, the pustules remained, but small. From these, three inoculations were made on each thigh.

Dec. 27th. Inoculation was made on the thighs from the last. Some of the ulcers on the right leg had not yet healed up. Solution of iodide of potassium was given.

Dec. 30th. No effect followed the last inoculations. Three inoculations were made in each thigh from an artificial ulcer on another patient, who was under treatment with syphilisation.

Jan. 2nd, 1856. Inoculations were made in the thighs from the last developed pustules in these parts. Three inoculations were made on each arm from the artificial ulcers of another patient under treatment.

Jan. 5th. No effect was produced on the thighs, but tolerably well developed pustules on the arms. From these, three inoculations were made on each of the arms and thighs.

Jan. 8th. Three inoculations were made in each arm and thigh from the latest pustules.

Jan. 11th. No effect was produced on the thighs, but small pustules were found on the arms. Three inoculations were made from these to each arm and thigh.

Jan. 14th, 17th, 20th, 23rd, and 26th. Three inoculations were made on each of these days from the latest pustules on each arm and thigh; the effect the whole time being only small pustules. Menstruation, which had ceased during the first mercurial treatment in 1854, recommenced on the 17th.

Jan. 29th. No effect was produced on the arms and on the right thigh; on the left thigh only were small pustules, from which three inoculations were made on the same place.

February 1st. No effect followed the last inoculations.

Feb. 13th. All sores were healed; the exanthema had completely disappeared; her general health seemed in all respects to be good. She left the hospital this day.

OBSERVATION III. J. T., aged 27, entered the City Hospital in Christiania on November 28th, 1856. He had been treated in the University Hospital five times for syphilis; viz.: 1, for constitutional syphilis, with calomel, from February 11th, 1850, till August 5th in the same year; 2, from August 23rd, 1850, to August 21st, 1851, with Dzondi's treatment, for constitutional syphilis; 3, from October 6th, 1851, to November 10th, 1851, for constitutional syphilis, and this time he was only treated with local means; 4, from February 24th, 1853, to April 6th, 1853, also for constitutional syphilis, with iodide of potassium; 5, from April 2nd, 1856, to August 20th, 1856. He was at that time suffering from pains across the forehead and the nose, with ozena and dulness of hearing, and was treated with iodide of potassium, blisters, antimonial plasters, leeches, conium pills, and spare diet. He had spent, in all, more than two years in the hospital. He complained of violent pains extending from the back of the head to the forehead, coming on especially in the mornings and evenings, and so violent as to prevent him from working. He was also suffering from whizzing in both ears, especially the

right; and from dulness of hearing, which was not always equally bad. He also spoke through the nose, having an opening, of about an inch in diameter, in the hard palate.

Dec. 1st. Three inoculations were applied to each thigh with matter from another patient who was under treatment with syphilisation.

Dec. 3rd. No effect had followed the last inoculations. New inoculations were, therefore, made in each thigh and each arm, with matter from another patient.

Dec. 6th. There were only two pustules on the right arm, and two on the right thigh. From these, three new inoculations were made on each arm and thigh.

Dec. 9th. After the last inoculations, well developed pustules were formed; and from these, on December 12th, three new inoculations were made on each arm and thigh. The operation was repeated on December 15th, 18th, 21st, 24th, 27th, and 30th.

The pains in the head and the whizzing in the ears were diminishing.

January 3rd and 6th, 1857. Inoculations were made in both arms and both thighs, with matter from the last pustules.

Jan. 9th. After the last inoculations, abortive pustules were produced. Three inoculations were made on each side of the chest, with matter from another patient who was being treated with syphilisation.

Jan. 12th. After the last inoculations, one small pustule appeared on the right and two small pustules on the left side. From these, three inoculations were made in each side.

Jan. 14th. No effect followed the last inoculations. Three inoculations were made in each side from another patient, who was being treated with syphilisation.

Jan. 17th. In the left side was one, in the right side were two small pustules; from which three inoculations were made in each side.

Jan. 20th. Three inoculations were made in each thigh and each side, from the pustules of January 14th.

Jan. 23rd, 27th, 30th, and Feb. 2nd, 5th, 8th, and 11th. Inoculations were made in the thighs and the sides, each time with matter from the last inoculations in the same places.

Feb. 15th. No effect had followed the last inoculations in the sides; on the thighs were small pustules. Three inoculations were made in each thigh and each side, from the last, in the same places.

Feb. 18th. There was only one pustule in the right side. From this one, three inoculations were made in each side; and three were made in each arm and each side from another patient, who was being treated with syphilisation.

Feb. 24th. Inoculation was repeated from the last pustules.

He was by that time attacked with double pneumonia, during which all the ulcers of inoculation were healed. It will generally be seen, contrary to what used to be thought the case, that these ulcers become healed during inflammatory and febrile diseases; and, if one were to make new inoculations under these circumstances, they would not take. Not until March 14th could new inoculations be made on the arms and thighs.

March 18th. On the arms no effect was produced. On the right thigh were two, on the left thigh three pustules, from which three inoculations were made in each thigh and each arm.

March 21st. On the thighs there were pretty well developed pustules, from which three inoculations were made in each thigh. On the arm, the pustules

were too small to give any matter for new inoculations.

March 24th and 27th. Inoculations were made from the last pustules.

March 30th. No effect was produced from the last inoculations.

A fortnight afterwards, he was dismissed from the hospital. The pains in his head and the whizzing in his ears had ceased, and his general health was good. I have seen him several times since. He has been in good health, and very well satisfied with the treatment.

We see in this patient that, at first, the matter would not take, and that afterwards it acted through eleven successive inoculations; that it then again became inactive for some time, and was again applied successfully through eleven successive inoculations. This second series would probably have been even longer than the first one, had not the pneumonia prevented it. After nine successive inoculations, we see the pains in the head diminishing; and on his leaving the hospital he was perfectly well. If I were not afraid of tiring my readers, I might give many more similar instances.

It is, however, not every old syphilitic case that will be cured by syphilisation. If inflammation of the bone or periosteum should have left swellings, syphilisation has not the power of removing these; and should there be paralysis of the extremities of the optic nerve, etc., syphilisation can do nothing against it; but if, beside these phenomena, there is a broken-down organism, syphilisation is capable of so far improving the general health, that the patient will be all the better for having gone through this treatment.

There have been some who have thought that syphilisation ought not to be employed, except in very extreme cases, where everything else has been tried in vain. I must confess, that I do not understand this way of looking at the thing. If we are convinced of being able to cure syphilis by syphilisation (and no one who has watched this curative proceeding will again doubt that), the question will only be this, Which method gives the best results? I have already mentioned, in this JOURNAL, the results of the mercurial treatment, as they are stated in my work *Recherches sur la Syphilis*. I have proved therein, that the relapses after mercurial treatment amount to at least 30 per cent.; and, moreover, I have shown most distinctly how some of the very worst diseases were developed in consequence of treating syphilis with mercury. I will only mention paralysis of all kinds, amyloid degeneration of internal organs, etc. On the other hand, experience has taught us, during thirteen years' practice of syphilisation, that the relapses after this treatment are not nearly so many; that the above mentioned forms of disease very seldom appear after this method; and that the general health, as a rule, is good both during and also after syphilisation.

When the great syphilographers who live and practise in the large towns deny the fact, that there are many relapses and many diseases in consequence of the mercurial treatment, it is only because they have no opportunity of observing their patients in after life. The circle is too large; they must lose sight of them; and, besides, the close connection which exists between syphilis and diseases of the internal organs is not yet generally recognised. The investigation of this question is only in its commencement, and must be carried on principally by medical practitioners in small circles. On the whole, it must be remembered that we who live in small places, and in scantily populated countries, have

thousands of facts to learn from our professional brethren in the large towns, where there is more to be seen in a week than we see perhaps in a year; but, in return, our happily situated colleagues should not forget that there are some things which they may learn even from us; and among these are the facts relating to the spread and the consequences of contagious diseases.

But even if I confine myself to what is acknowledged by the great syphilographers; viz., that there are cases in which the present treatment of syphilis is insufficient; in which the patient constantly sinks from bad to worse, and at last is totally ruined; and even admitting with them that such cases are quite exceptional—I am, nevertheless, at a loss to understand why we should go on using a method under which such cases may occur. I should myself prefer to use a method that would give me no such undesirable exceptions.

Those who have looked upon syphilisation merely from a theoretical point of view, protest that it would not be right to use this method before knowing how to account for its effect. It would have been a blessing, indeed, if there had been some of these severe theorists at hand when mercury was introduced as a cure for syphilis; but, on the other hand, it would have been a pity not to give cinchona for intermittent fever only because its action could not be explained; and it would have been a sad loss if the use of vaccination had been deferred until we had discovered in what way it protects against small-pox. I have heard another objection, however, which is still more remarkably absurd; viz., syphilisation ought not to be used, because we cannot know what effect it may have after some generations!

In England, the profession will soon have the opportunity, through the inoculations now being carried on at the Lock Hospital, of personally judging of the efficacy and value of syphilisation as a cure for syphilis. The only favour I request is, that judgment may be postponed for three or four months.

LUNATIC ASYLUMS IN IRELAND. The fourteenth report of the Inspectors of Lunatic Asylums in Ireland (Drs. Nugent and Hatchell) has lately appeared. The inspectors state that on January 1st, 1864, there were in public asylums 4,672; in poor-houses, between actual lunatics, epileptics, and imbeciles, 2,455; in jails, criminal and dangerous, 389; in private licensed houses, 556; and at Dundrum, or the criminal asylum, 127, besides 73 formerly at the House of Industry, but now maintained by government; making an aggregate of 8,272 human beings labouring under some distinct form of mental affliction. At the corresponding date in January 1865, the relative proportions were as follows:—In public asylums, 4,728; in workhouses, 2,573; in jails, 452; in private licensed houses, 552; at Dundrum, and maintained by government, 188; constituting, on the whole, a surplus difference of 213 in the latter year. As an illustration of hereditary insanity, it is stated that at the Armagh Asylum there was an unmarried female patient whose three sisters and a first cousin died lunatic there; and a widow, whose father, mother, and two sisters had been formerly among its inmates. The most extraordinary was the case of three members of the same family—two sisters—young and intelligent-looking girls—and a brother, being all attacked with acute mania on the same evening, under which they are still labouring in the Cork District Asylum. The occurrence took place some months ago, at the wedding of a brother, who is said to have since then evinced symptoms of insanity.

Original Communications.

WHAT IS SCARLET FEVER?*

By WILLIAM ADDISON, M.D., F.R.S., Brighton.

THE order of events observed in scarlet fever is as follows. First, fever; secondly, a rash upon the skin, sore-throat, and swelling of the glands about the throat; thirdly, exfoliation of the cuticle, mucous discharges from the throat and nose, and perhaps abscess of the submaxillary glands.

This order or succession is typical of the order of events as they take place in the blood, which we make out to be as follows.

1. Infection of the corpuscles by a miasm inhaled through the lungs. This is announced by symptoms of fever.

2. The corpuscles of blood being disordered by a specific poison, the waste materials which they discharge into air and into the liquor sanguinis, are altered in quality and quantity. Less carbon is expired by the lungs (Graves), and less urea discharged by the kidneys (Simon); but a new contagious poison is developed, which gives the liquor sanguinis pathological properties—renders it impure.

3. Impurity of the fluid of blood excites local inflammation, which in scarlet fever is seen in the skin, throat, and glands about the throat. The local inflammations comprise the production of a vast brood of epidermal and mucous, or of epidermal, mucous, and pus-cells.

4. These cellular productions are discharged from the skin by exfoliation of the cuticle; from the throat, by its mucous discharges; and from the glands about the throat, by abscess and suppuration. That they carry off a *materies morbi* from the blood seems proved; because the exfoliating cuticular cells and the breath of the patient are vehicles of a contagious poison. Moreover, all symptoms of fever and inflammation disappear upon their discharge.

5. The actions in the skin, throat, and glands about the throat, are called *critical*, because, if any interruption or check be given to them, the task of eliminating the poison from the blood is thrown upon the cells of the secreting surface of the kidneys or other internal organs, to the greater danger to life.

The rash and affection of the throat in scarlet fever are forms of inflammation; and the action in the glands about the throat comprises abscess and suppuration? Can these things be beneficial?

If a thorn pierce the flesh and remain there, inflammation and abscess ensue. The action loosens the foreign body, so that it can be easily removed. A slough cannot be detached without suppuration. In a comminuted compound fracture, loose pieces of bone are detached by inflammation, suppuration, and granulation. *Granulations* and *pus* are two forms of cell-growth (inflammation, abscess, and suppuration, are simply words applied to the attendant phenomena).

In severe boils and carbuncles, dead connective tissue lies beneath the living skin; and it is only by inflammation, abscess, suppuration, and granulation, that it can be loosened and discharged. The work is transacted without any loss of blood. Hundreds of blood-vessels are first sealed up; and then these

and other bonds of connexion are severed by the absorptive properties of the cells of granulations and pus; whereupon, the slough is easily removed, and the wound heals or is cured spontaneously.

In necrosis of bone, the meaning of inflammation and suppuration is the loosening and detachment of the dead bone. Here the work to be done lies deep beneath a mass of living muscles, and is necessarily an extremely difficult one, requiring assistance from the hands of the surgeon. Nevertheless, to the philosophical observer, the intent of the natural efforts is plain and evident. In this example, so difficult is the work, that a host of material is spoilt in it; hence the necessity of conduits or sinuses for its escape. Should the surgeon try to close these outlets and succeed, Nature resents his interference and speedily forms others; but if he remove the dead bone—even if it be with gouges, saws, and chisels—his interference is placidly accepted, and the whole chain of phenomena subside into cure, which includes the growth of a new bone.

Without further multiplying examples, it may be said generally: In all parts of the body, if dead and injurious matter is to be got rid of, inflammation, abscess, suppuration, and granulation, are the means. And if they are so, they are the means of cure. It is upon these visible examples of cure that we base the principle of Cell-Therapeutics.

In like manner, in fever, where hurtful matter must obtain outlet from the blood, some more or less pronounced form of inflammation, some unusual cell-production is observed. For what are the facts?

In small-pox, there are hundreds of abscesses in the skin, every one of them a focus of cell-growth. The blood is continually passing the abscesses or pustules; and it improves in quality, or becomes better fitted for its normal purposes, as they increase in size and fulness. Growth of the pustules and a beneficial change in the qualities of blood are concomitant events. For, if the maturation of the pustules be checked, the symptoms of the patient become worse. Therefore we say the cells of the pustules flourish and multiply by the absorption of morbid matter from the fluid of the blood. Similarly, in scarlet-fever, myriads of little foci of an unusual cell-growth are established with phenomena of inflammation in the skin. The exuberant morbid cuticle produced is composed of millions of adherent cells, whose growth is concomitant with a healthy change in the blood. With the change in the blood, the conditions which encouraged preternatural cell-growth are exhausted; the growth ceases; inflammation subsides; the morbid cuticle exfoliates or sloughs off; and the patient is cured.

No distinction can be shewn between the cells of laudable pus—those of a healthy suppuration, which are loosening and fitting for discharge a foreign body, a slough, or dead bone—and the deep cuticular cells of the skin which, in scarlet fever, in their outward progress, multiply and grow upon morbid elements in the fluid of blood. Nor can any difference be shewn between these cells and those which exfoliate in abundance mixed with the mucous discharges from the throat and nose. The doctrine of cell-therapeutics is illustrated and confirmed by phenomena of exanthematous fever.

In scarlet fever, it is exemplified in exfoliation of the morbid contagious cuticle, which is established by rash on the skin; and the rash is a form of inflammation.

These are reasons why no one thinks of curing, in the sense of suppressing, the pustules of small-pox, or inflammation in the skin in scarlet fever. And when the submaxillary glands swell and inflame and tend to abscess, it is well known to be wrong to re-

* Abstract of a lecture delivered at Brighton on September 7th, 1864, in continuation of the subject "Pathology of Blood and Fever" (see BRITISH MEDICAL JOURNAL, February 20th, and March 12th, 1864.)

sort to strong measures to suppress it. These outward manifestations, so far from constituting the disease, are actions necessary to the cure of the disordered blood. It is in harmony with our doctrine that, in all cases of scarlet fever where there are no complications, experience has shewn that nothing more is necessary in the medical treatment, than:

To keep the patient warm in bed, in a well-ventilated, airy chamber; to relieve him—having reference to the work going on in the blood—from pain, restlessness, and other discomforts;

To take precautions that the diet be cooling and simple;

To watch and regulate the function of all those organs which give outlet to excretory matter from the blood—the skin, kidneys, lungs, and bowel; and to guard against the spread of contagion.

The sequence of events in the blood in scarlet fever, as we have described it, is natural and logical. A poison in the air causes disorder of the corpuscles of blood; disorder of the corpuscles causes distemperature or impurity of the fluid in which they swim; and impurity of the fluid of blood causes unusual cellular growths, with phenomena of inflammation, the cellular growths discharging the impurity.

It corresponds with the order of the symptoms as they come on and as they go off. At the onset, fever precedes the rash, and the rash precedes exfoliation of the cuticle; and, in the going off, fever subsides when the rash is at its height, and the rash subsides when the morbid cuticular growth has performed its task, or is prepared for exfoliation.

But it is to be observed that, in proportion as disorder of the corpuscles diminishes by their throwing off morbid matter, in like proportion impurity of the fluid of blood is increasing, and the fluid of blood recovers its normal condition in proportion to the activity of the local cell-growth which flourish upon the morbid matter in it.

Relief of the corpuscles devolves a pathological state upon the fluid of the blood; and relief of the fluid devolves a pathological state upon the skin, upon the skin and throat, or upon the skin, throat, submaxillary glands and kidneys. That is to say, cure of the corpuscles transfers morbid matter to the fluid of the blood; and cure of the fluid of blood involves the transference of morbid matter from it to some local part by the agency of cells. These statements contain no more than the received physiology of blood. In respiration, the corpuscles transfer poisonous matter—some form of carbon—to the air; and a healthy state of the fluid involves the transference of poisonous matter—urea—to the kidneys. And here is the most important point of this discussion.

We must recognise the mixed character of the actions of cure. They are physiological and pathological at the same time. The pustules of small-pox are physiological to the blood, but pathological to the follicles of the skin; as shown by the deep pits and scars remaining after cure. The rash and double cuticle of scarlet fever may be regarded as disorder to the skin, but healing to the blood.

In fever, one part recovers at the expense of another. The corpuscles of blood infected by an aerial poison recover at the expense of the liquor sanguinis; and the liquor sanguinis recovers at the expense of some local part.

These observations have their bearing upon the affection of the throat in scarlet fever. There can be no doubt of this being part of the critical actions in that species of fever. If so, it is physiological to the blood, but pathological to the throat itself; and we must preserve the power, or relieve the pain, of swallowing. According to our view the object of

gargles, poultices, warm fomentations, leeches, or a blister, as applications to the throat, is not to cure the inflammation, and thereby suppress the increased mucous discharges from it; but to moderate and limit the actions going on with reference to the comfort of the patient in swallowing. This being done, cure of the throat will take place with cure of inflammation in the skin; and cure of inflammation in the skin takes place when the fluid of the blood has rendered up its morbid material.

It would be to ignore the teaching of the microscope, did we hesitate to declare our conclusion. Cure, whether of external injuries or of scarlet fever, is wrought by cells with characters as fixed and specific as any of the other things of Nature. No person, at his will, can command the growth of skin or bone, or furnish a safe outlet for poisonous matter in the blood. Nevertheless, these things are accomplished; and our researches point out the agents employed; viz., various broods of cells.

The physician and surgeon each in his department can watch and, in a measure, regulate the work—remove hindrances; promote or moderate, encourage or discourage, the preliminary actions; but the essential elements of cure—cellular bodies with their rapid multiplication, growth, metamorphoses, and deep interior vital properties of selective absorption—are not producible by manual art or physic.

The orderly course of the majority of cases of scarlet fever—the fixed characters and place of the local actions, and the relief which these afford to the patient when not exceeding their proper limits—demonstrate that the disease has a specific method of cure. It requires vigilant medical supervision, because of the mixed nature of all the actions of cure—partly physiological and partly pathological; and because of the difficulties and complications so apt to arise.

The history of every outbreak of the disorder shews how various these complications are in different persons; how they protract or interrupt the actions of cure; and how often they cause its failure. These complications spring up from various quarters. Usually they will be found based upon one or other of the following grounds.

Because some previous malady in former years has crippled an important organ, and thereby entailed upon the individual what is called "delicacy of constitution."

Because, from unwholesome diet or overcrowding in unwholesome air, the blood is impoverished and weak at the onset of fever.

Because a chill or other accident has interrupted the specific local action and its cellular exfoliations; or,

Because, from some degenerate anatomical lesion, spoiled matter has ebbed back into the liquor sanguinis, and, redisturbing the corpuscles of the blood, has renewed symptoms of fever.

What is meant by the crippling of important organs as a source of complication in fever?

If a child be severely burnt about the face and neck, the wound occasioned by the injury heals; cure is effected; but an ugly scar remains, which is permanent, and greatly circumscribes the movements of the head or mouth. Similar things may be said of a severe burn at the elbow or upon the fingers.

A comminuted fracture may be cured; but the injured limb never recovers the strength of the sound one. If a fracture pass through a joint, the injury may be cured, but the joint never recovers its natural mobility.

Pleurisy and inflammation of the lungs are cured; but the respiratory organ does not recover its pristine condition.

And so most other internal maladies may be cured, and yet the organ the seat of them never recovers. Cure and recovery are terms of different meaning.

All the most recent pathological investigations demonstrate in every internal malady, particularly in children, that, though one organ or texture has suffered more severely than the rest, from which therefore the disease derives its name and most prominent features, yet it is not there that the whole disorder is found. Anatomical changes are not confined to that organ, but are more or less extensively present in others also. When, therefore, we speak of infants dying of teething, convulsions, or pneumonia, or of youth dying of measles, hooping-cough, or scarlet fever, it is necessary to bear in mind that these designations or words convey no information whatever as to the ramifications of the disorder. It is from examination of the dead that we see, besides the organ from which the chief symptoms of the malady arose, that several others are the seat of minor anatomical changes which contributed to the fatal issue.

This fact being demonstrated in the fatal forms of illness, there is no reason for doubting it in the more numerous cases where health is regained. On the contrary, there is every reason to conclude that what are called complications and sequelæ of fever are the more prominent of these minor anatomical changes gaining strength and evolving symptoms.

When, then, we discourse of infants recovering from teething, convulsions, or pneumonia, or of youth recovering from measles, hooping-cough, or scarlet fever, it must be borne in mind the term recovery can mean no more than the relief of the patient from the chief malady and all its pronounced collateral anatomical lesions. Things latent—anatomical changes which give no sign—may, with the recovery, return to their natural state; but it does not necessarily follow they do so. On the contrary, the permanent scars and crippling which remain after the cure of severe burns or other surgical injuries, and the pittings of the skin in small-pox, render it almost certain that what is called “delicacy of constitution” is the expression of the non-recovery of one or more important internal textures which have been cured of the malady that affected them, but which have not been restored to their free natural state. As when pleurisy has been cured, but the lung does not recover, it remains adherent to the wall of the chest; or as when rheumatic fever is cured, with permanent thickening of the coverings of the heart, or pneumonia cured, with consolidation in some part of the lung. All these and such like conditions are positive grounds for more or less constitutional infirmity; they are important items in the history of future fever, and give aptness to the popular saying: “he has never been well since the measles, hooping-cough, or scarlet fever.” Organs in these weakened conditions may not betray their weakness by moderate using, but if put to the slightest unusual stress, the defect is proclaimed.

“I do not exaggerate,” says an eminent pathologist, “when I state that four-fifths at least of the old men, whose organs I examine after death, present evident incontestible traces of disease, not of recent disease, but of a former malady.” Again, another says: “It is not after birth only that man, for the first time, experiences those maladies which afflict his race. Their origin must be sought in a remoter source. They commence with organisation; and the annals of medicine present a number of facts which attest that children may be born healthy, sick, or recovered from former disease.” In the Children’s Hospital at Vienna, it is calculated that not more than 20 per cent. of the inmates are free from some

form of constitutional infirmity. Whenever the nutrition of the child has been imperfect, disorders associated with poverty of blood become widely diffused, materially influencing the mortality at an early age, and if the age of childhood be survived, affecting the future health of youth and manhood.

When, then, we speak of a patient being cured, or of his recovering, it is necessary to agree upon what is meant by the words. Cure does not mean that all the organs or textures implicated in the disorder—all the anatomical changes incident to it—have returned to their natural state; for, though we may presume, we cannot know in the living body that such is the case. No affirmation can be made respecting thickenings, scars, puckering, and cicatrices, in internal organs, which have no present symptoms other than those comprised in the terms delicacy of constitution.

The term recovery is applied to persons who have regained health sufficiently to return to their accustomed avocations; and the physician dismissing his patient hazards no opinion about the state of organs which give out no symptoms, but which, nevertheless, may be a source of complication, should hereafter scarlet fever make its attack. These observations receive illustration from the history of scarlet fever itself. It frequently happens the patient to all appearance has recovered, but the kidneys have not regained their natural state; a little time elapses, and their weakness is proclaimed by dropsy—the dropsy depending upon the enfeebled condition of the kidney, and the enfeebled condition of the kidney arising from the just passed fever.

Lastly, as regards these internal anatomical dis-ablements, it has been remarked of external wounds which have healed and cicatrised—that is to say, have been cured—that when subsequently fever or other maladies arise, the scar of the old wound is very apt to become painful, and a focus of renewed inflammation. Forms of inflammation are necessary to the cure of exanthematous fevers, and an internal puckering or cicatrix may complicate the course of scarlet fever, by taking on some irritative morbid action. Sanitary proceedings and dietetic rules will not efface the permanent marks of the cure of former maladies, nor restore to their natural vigour damaged organs.

MR. LAWRENCE AS SKETCHED BY SIR B. BRODIE. From that time to the present, Lawrence and myself have been moving in parallel lines; and it may be regarded as somewhat to the credit of both of us that there has never been any manifestation of jealousy between us. When a young man, he had some faculties in great perfection, and he has them still, but little (as far as I can see) impaired by the addition of fifty years to his age. He has a great memory. He has considerable powers of conversation, but without obtruding himself to the exclusion of others, as is the case with too many of those who are reputed to be good talkers. What he says is full of happy illustrations, with, at times, a good deal of not ill-natured sarcasm. In public speaking, he is collected, has great command of language, and uses it correctly, but not equal to what he is in the ordinary intercourse of society. In writing, his style is pure, free from all affectation, yet in general not sufficiently concise. His reading has been extensive; he is well acquainted with modern, and moderately so with the ancient, languages. His professional writings contain a vast deal of information, but it is more as to what he has taken from other authors than as to the results of his own experience and observation. (*Sir B. Brodie’s Autobiography.*)

Introductory Lectures.

KING'S COLLEGE.

THE Introductory Address was delivered on Oct. 2nd, by Dr. PRIESTLEY, Professor of Midwifery in the College.

Dr. Priestley commenced his discourse with a general history of medicine from the earliest period, in order to point out that the science of medicine has been of slow and difficult development. Science comes not by intuition, it is the accumulated experience, generalised into law, of whole generations of thinking men who have devoted themselves to its study, and an intimate acquaintance with it is absolutely indispensable to him who would be a sound practitioner. One of the most important medical truths which has been evoked is, that in the human body resides a power which not only sustains and preserves it in health, and enables it to oppose resistance to adverse influences, but recovers it, if suitable conditions can be procured, when stricken with injury or disease. This great truth was long ago pointed out by Hippocrates, and, though often lost sight of for a time, now stands out as a guiding star, clear and bright, to influence every proceeding of the scientific physician and surgeon. What the laws of attraction are to astronomy and those of affinity to chemistry, such are those of what are termed vital force to medicine. All the attempts at healing on the part of the philosophical physician are based on an acquaintance with that *vis vite*, that *vis medicatrix nature*, which pervades the living organism and preserves it in its integrity. As he knows that Nature has ways and means peculiar to herself of throwing off the burdens imposed upon her by disease, that she is prepared for the storms as well as for the calms of life, instead of prescribing remedies which may in theory be supposed to act specifically, homœopathically, or even allopathically, in uprooting illnesses, he endeavours to trace the source of the mischief, watches the indications which point towards restoration and cure, and by all means at his disposal assists Nature to adjust the balance of health. How different this method of healing is from the generally supposed way in which diseases are combated and cured. The common impression seems to be, that all diseases are entities, which like parasites attack the human body, or like poisons corrupt the fountains of life; and that the physician has, or ought to have, or will have when the science is more perfected, a specific remedy for each—a panacea for every physical ill. We see indications of this bias at every turn, in common conversation, in our intercourse with patients; even the press, so powerful for good or for evil, represents the same idea, and in our daily and weekly newspapers we find copied and reprinted details of cures by newly-discovered specific remedies. Nay, further, certain heretical medical writers, possessed by the same notion, while asserting that rational practitioners, whom they nickname “allopaths”, cannot cure diseases by antagonistic medicines, propose another method even more unsound; viz., to cure diseases specifically by medicines selected on the principle of *similia similibus curantur*. Nothing can be more erroneous than this. The number of diseases traceable to morbid poisons is comparatively small; and the number of specifics we possess, or are likely to possess, is still smaller. In the large proportion of ailments which affect the human frame, there is no engrafting of a *materies morbi*, which can be attacked and destroyed like a parasite, or neutral-

ised as we neutralise an acid by an alkali. The disease is rather the result of unnatural conditions of life, which have altered or impaired nutrition, and have ended in degeneration or destruction of the part affected. Hence the practice of medicine becomes a much more difficult and complicated process than it is ordinarily supposed to be; for, instead of being comprised in a number of recipes, or learning empirically what drug is best in this complaint or for that symptom, normal anatomy and physiology must be studied, the natural history of morbid changes must be mastered, the causes of disease understood; and the treatment in most cases must consist not so much in prescribing medicines as in ensuring those healthy conditions which will give Nature a chance of resuming her sway, and performing her own method of cure. Dr. Priestley, however, would not lead the medical student to despise the resources of art, or undervalue the services that medicines judiciously administered may render in the treatment of disease.

We have only to make acquaintance with this vital force, speedily to learn that, unaided, it is in many cases unable to oppose sufficient resistance to adverse influences. Nay, further, it is well established, that this force, however salutary in its general operations, may be so perverted as to lead to infinite mischief. In reference to the administration of medicines, and the other resources of art, the student should not be led to discard them or disbelieve in their efficiency, because they cannot act specifically, or because, in numberless cases, nature will work her own cure unaided. In the operations of the surgeon and obstetrician, the benefits are at once apparent in the removal of some cause of suffering, or in the deliverance from some imminent peril; and in the management of medical cases by the physician, although the relation between cause and effect may not be so readily observable, yet the advantage is not the less real. Although he may have no specific for the poison of fever, he can assist its elimination, he can palliate the distressing symptoms, and support the strength until the crisis is past; and in pulmonary consumption, where no medicine can be expected to have the power of replacing the injured and lost lung-tissue, he may yet hope to sustain the vital power, temper the amount of morbid action, and give Nature time to cicatrise and heal those yawning caverns he detects by the aid of his stethoscope. In treating diseases, the physician is, as a rule, if I may so speak, in the position of a constitutional minister, only in exceptional cases in that of a master. As Lord Bacon expresses it, “he is the servant and interpreter of Nature, and feels that he can only understand and act in proportion as he observes and contemplates the order of Nature. More he can neither know nor do.”

The function of the medical practitioner is not, however, confined to the treatment of diseases and injuries *in presentia*. A new department of science has sprung up, called “preventive medicine.” In this the medical practitioner has an almost illimitable field for the use of his talents—unbounded scope for the exercise of benevolence and philanthropy. And it is not alone the medical officer of health who is privileged to ward off dangers which everywhere beset individuals and families. The physician, surgeon, the general practitioner, however humble their sphere, have, as they move about among their patients, incessant opportunities of diffusing a better knowledge of the laws of health, and inculcating more intelligent views as to the way in which arrangements in the animal economy are properly adjusted. There is much in common between the duties of the clergyman and the medical man. They divide together obedience to the Divine command,

"Preach the Gospel and heal the sick." One-half the duty of the medical man consists in teaching and preaching how people may, in a physical sense, lead better lives; and if his heart be in his work, as he sees young and old stricken down by diseases which might have been prevented, "he burns with a passionate earnestness to bring back the bodily economy to its allegiance to the supreme guide", just as the conscientious clergyman of the Gospel yearns to bring back the erring soul to its Maker. And, rely upon it, the healing art is, in more than one sense, as it has been designated, "the right arm of the Church"; for, if it make men stronger, longer-lived, and healthier, it will make them also wiser and happier and better Christians. It will be within your province, putting aside your own selfish interests, to instruct the mother how she should feed and clothe and nurse her tender infant, so that that terrible mortality bill may be lessened which tells us that one child in every three dies before the completion of its fifth year; to counsel the young how they may best attain a vigorous and healthy adult life; to persuade the wealthy to enjoy their riches moderately, and thus avoid the ailments incident to a too luxurious living; to teach the poor how with scanty means good ventilation and cleanliness, with sobriety, are the more necessary, and that the open sewers and dust-heaps at his very door are hothouses for pests and fevers; to shame the landlord who, for greed of gain, lets tenements to the ignorant poor so unwholesome that he would scarcely keep his own dogs in them; to stand between the utterly destitute, who have sickness added to poverty, and the overseers or guardians who, it may be, are more careful about the increase of rates than the relief of distress; to warn employers who crowd their workmen and women in close rooms that they are wholesale demoralisers of their species, and that the employed, under such circumstances, must break down in health, or go to the gin-shop to palliate the effects of foul air; to intercede with an over-parsimonious government for an improvement in the diet and lodging of soldiers and sailors; in a word, to "carry hygiene into the army, the factory, and the nursery, down rivers, and across fields."

Dr. Priestley dwelt at some length upon learning, sagacity, humanity, and probity, as being represented by Hippocrates, and still being, indispensable to every good physician; and went on to observe that the medical man must ever be acting on probabilities, often seeing "as through a glass darkly," and yet he must act promptly and decisively, as though dealing with certainties. Medicine shares uncertainties with many other professions however—with politics, with ethics, with law, and navigation; and although our brethren of the bar may rail because doctors differ, we may instance with equal force the glorious uncertainties of the law. There is no better training for the emergencies of future practice than that afforded by the out and in-door departments of a general hospital, and the student, however industrious, who does not constantly test his medical knowledge at the hospital, and, as gold in the refiner's fire, try it at the bedside of the patient, is very apt, in after years of practice on his own responsibility, to find every case an exception to the ordinary definition of disease laid down in the class-room or in class-books, and to be constantly at a loss how to proceed. The practice of medicine consists much more in the exercise of common sense than is usually supposed; and sagacity in medicine often becomes more conspicuous in the exercise of common sense, than of any of the so-called special senses. Again, the medical man must have humanity. The exercise of pure science and art will often have but a very

partial influence for good, unless we can pour balm upon the wounded spirit, and give that hope and encouragement which is so important a help to cure. True it is that, in deciding what is best for a patient, we must allow our judgment to be biased by nothing which would militate against his chief good; the pure white light of science must be tintured by no coloured rays which may disturb mental vision; but the physician may permit the admission of those warming rays of sympathy and kindness which so often gladden the hearts of patients, and may cheer and console even those he cannot cure. Dr. Priestley would impress on all hospital pupils how great is their responsibility, and at the same time their privilege, when they are entrusted with the care of the sick poor. Their steady and punctual work, their cheerful readiness to act in emergencies, are almost as essential to the well working of an hospital as efficient services from the medical officers. And in justice to medical students, he could testify that they are seldom found wanting. The medical man is exposed to unusual temptations, and the very nature of his pursuits makes even self-deception easy. The defective knowledge of physiology, and of the scope and power of the medical art, which prevails in the community—the whims and caprices of patients—the demand for specific methods of cure—render it extremely difficult for the medical man, conscientious though he be, to steer a straightforward course. He perhaps very soon discovers that it is far simpler, less laborious, and more remunerative to pander to popular prejudices, and that in the end he gets little credit for the various attempts he makes to treat patients on rational principles. Most likely he is charged with being of the old school, and behind the advance of science. Under another form, the spirit of Naaman the Syrian most extensively prevails, "Did not I think he would give me some specific remedy for my ailment, instead of indicating so homely a way of cure?" It is but too true that any designing charlatan who will proclaim an infallible and newly discovered cure finds numberless votaries; and if he is shrewd enough to make no gross mistakes, Nature will help him to a certain number of recoveries. It is not alone the uneducated who are led astray by the pretensions of quacks. It is not long ago that the British Parliament gave a subsidy of £5,000 for a specific for stone, the main ingredient of which, as it turned out, consisted of eggshells and snails. It is not forty years ago since an ignorant and notorious quack, called St. John Long, who was twice tried for manslaughter, made an income of at least £13,000 a year out of the credulity of dupes in this metropolis. One nobleman was so deluded by this charlatan, that he swore at one of his trials he had seen him draw several pounds of a liquid like mercury from a patient's brain! But now, at our very doors, we have had a pest of quackery polluting the moral atmosphere with its presence, which all our appeals to magistrates and vestries could not remove, and which was at last extinguished, not because there was a scarcity of dupes, but because the promoter was fool as well as rogue, and laid himself open to an action for malpractice. It has been well said, "if physic be a trade, it is a trade of all others the most cut out for a rogue." To some people, a new sensation in medicine is as necessary as a new hat or a new bonnet, and sooner than not be gratified in their desires, they will accept the most exaggerated theory as eagerly as they will don the most extravagant costume. We know not what may come next. Truly, exclaims a Transatlantic confrère, the medical man, and particularly the struggling one, has need to pray that he may not be led into temptation; but if he has none other than sordid motives, his prayer is an useless mockery. It is as

though he should beseech to be saved from poison, which he is swallowing voluntarily and of his own accord. Better the little produced by honest and unpretending industry, with conscience preserved bright as a polished shield, than to rise out of a slough dishonoured, clutching it may be the coveted prize, but covered with the filth and degradation of its surroundings. Then, besides the acts of open dishonesty, there are so many covert ways which may be practised by him whose conscience is not over-sensitive. The medical man has no right to sacrifice the patient's true interest to trifling punctilios, and he has equally no right to deprive another practitioner of his patient by wily arts and mean insinuations. Whole volumes have been written on what are called medical ethics. All the rules of medical etiquette are, however, merely the application to particular circumstances of that great precept: "Do unto others as you would that they should do unto you."

In conclusion, the lecturer dwelt upon the necessity for the students to pursue study diligently, and with a just estimate of its importance. He assured them that if they persevered in well-doing they would ultimately reap their reward.

CHARING CROSS HOSPITAL.

THE Introductory Address was delivered by Dr. W. D. CHOWNE. He commenced his address by remarking that in the choice of a profession, and in considering and comparing the peculiar circumstances which may recommend the church, the law, or physic, or indeed any other profession, although scarcely anything can be of greater importance than the mental preference of the student, which for the most part carries a mental aptitude along with it, the ardent mind might fulfil a determination to succeed; and the absence of a strong early predilection must not be regarded as an insuperable stumbling-block. To the votaries of medical sciences there were many inducements, although, in the way of riches, titles, or fame, in the ordinary sense of the latter word, they were but few. Of the physician, indeed, the noiseless tenor of his way was amongst his highest perfections; and both his path through life and its results were rather of a kind to make him happy, than wealthy or great. It might be desirable to address some suggestions of a precautionary nature to those who were either then commencing their ascent of that Mont Blanc of the medical student—the medical curriculum; or to those who had already climbed to the first or even to the second of those resting-places, in Alpine parlance called "chalets", but in academic language vacations, and were now braced up for another march. He would forewarn the students who were new to their forthcoming work, and remind those who were not, that courage and industry and constant vigilance against mishaps would be necessary. The mention of mishaps almost in the same breath with the mention of Mont Blanc might recall to the mind that the avalanche, which always threatened, did sometimes, though happily not often, work harm to the wayfarer. The greater danger, however, was from minor but more common accidents and incidents—from small trips, and stumbles, and digressions, which could be avoided, than from events beyond the reach of a reasonable forecast to foresee, or of reasonable efforts to turn away from. Every student who had to climb the medical curriculum should at once make himself acquainted with his real position, and what he had to do. There was hard work to be done, and the student himself must do it; and his time was limited. Every day lost left a blank on the mental tablet, which would tell tales,

and impeach the delinquent when the hour arrived for testing what had and what had not been committed to it. The application to study should have as few breaks as possible to be consistent with health. Recreation the student must have; but it should not go a step beyond a needful rest for his mind, and it should be such as would at the same time contribute to his health.

In reference to attending "hospital practice", Dr. Chowne stated that there was much which the student should see and carefully observe, as well as much that he should hear, that, by long and constant observing, the eye might acquire a knowledge and insight into visible peculiarities of disease, called "the physiognomy of disease", which language could not impart, but which must be learned by the eye. The attention of the student was forcibly directed to observing some peculiar associations of certain forms of mental aberrations with certain forms of bodily disease, of which several examples were given. The value of medical science in connexion with medical jurisprudence was expressly alluded to. With regard to the students keeping records of cases or of any other matter connected with his studies, the value of new facts over new theories was especially recommended. The fact abided; the theory was often but a fleeting, though a dazzling, sunbeam. Facts, however, whether old or new, required more care in the recording than they generally received. It was not sufficient that the writer could understand what he had written, or that a cursory reader should fancy he understood it. It should not admit of being misunderstood, or even misinterpreted. Hundreds of recorded facts were so weakly worded, so destitute of perspicuity, and of clear and exact definition, as not to be worth a jot—mere verbiage, and little better than a quasi learned dust of words, but without even an atom of gold-dust, to say nothing of nuggets, however infinitesimally small. It was extremely disappointing, when searching volume after volume for facts, that when found, one after another, they would not bear the most gentle handling, even for friendly examination, but went to pieces at once, like an old bone in a catacomb. It was desirable that the student should habituate himself to exactness where it was possible. Subjects having sanitary aims would more than ever be in the medical student's path; and perhaps there was not another set of young men in the world, just starting to acquire a profession by which they were to earn their living, who would set to work so heartily to strike at what would seem to be the very root of their means of doing so. Medical men hailed with gratification every new fact having a sanitary application, and every new method by which such new facts could be obtained. They could all remember when the balloon was regarded, both metaphorically and in fact, as a mere bubble and a toy—a large bubble and a large toy, certainly; but a toy it was considered. It was now an instrument of science—a substantial agent of confirmed utility. Mr. Glaisher's zealous and adventurous explorations had already shed new light on some subjects highly interesting to meteorology, and could scarcely fail to raise a hope that they might lead to further knowledge, that would be useful to medical science.

Another subject of greater interest would require the student's attention in connexion with diseases of uncertain origin, called hereditary, existing in the living being himself, and genealogically transmissible, although not always transmitted—a study requiring the utmost precaution against false conclusions. The laws of the animal economy, in relation to hereditary succession of hereditary peculiarities, were not sufficiently known to trace the influences which continued or diverted, as the case might be,

the course of these peculiarities, however certain and visible their existence. Caprice, as mere caprice, could not be deemed to have any being in this beautifully organised and governed creation. Peculiarities of form or surplusage, or deficiency of parts, might appear and disappear for several generations, and be thoughtlessly called caprice, because it was not comprehensible. The difficulty of this subject was necessarily increased by the multiplicity of diatheses and combinations of diatheses which were mingled in the veins of every individual; and the importance of it was constantly increasing, as a consequence of discoveries, real or supposed, which were constantly in progress. The subject was too profound and too elaborate for the student to undertake as a whole; and his attention was directed rather to such facts as he might observe while in his actual pupillage, and to elementary stages of it, reserving the deeper investigations to a later period.

UNIVERSITY COLLEGE.

THE session of the Medical School was opened by an address from Mr. JOHN MARSHALL, F.R.S., surgeon to the hospital.

Mr. Marshall explained the importance of the student being able to distinguish between what represents science and what art in the exercise of his profession. He would meet with a series of individual problems or cases, each suggesting two primary questions; namely, What is the matter? and What is to be done? Other questions would arise as to the result of an individual case, the duration of it, its causes, and the mode of preventing its recurrence. Two questions could only be solved by art, and the remainder by science. The causes, the nature, the progress, and the result of a disease belonged to the science of pathology; whilst questions of treatment and prevention appertained to art. The terms medicine and surgery implied, as they were commonly used, a combination of science and art, and they mutually aided each other; but it was important to distinguish between what was science and what constituted art. Science observed facts, and deduced from them principles and laws; whilst art was engaged in the storing and treasuring up of precepts and rules of conduct and of direct action. Hence medicine and surgery consisted really of the science of pathology and of the art of therapeutics and hygiene. Besides those, the physician and surgeon were called upon to exercise other functions; namely, those of scientific expositors on questions of public interest, such as those relating to legal medicine and legislative medicine—that was to say, on the administration of justice and the art of government. After pointing out the duties of practitioners in connection with these points, the lecturer indicated that the conservative power, or so-called *vis medicatrix nature*, was the agent to employ in the healing of an ulcer or the union of a broken bone; and it was equally true that the physician or surgeon never cured a disease—he only assisted the natural processes of cure performed by the intrinsic conservative energy of the frame; and this was but the extension of the force imparted to the origination of the individual being. In the next place, the lecturer dwelt upon the relations of science to the curative arts; pointing out the necessity for an intimate knowledge of the living organism on the one hand, and the external tension incessantly acting upon it on the other. In this section of his address, he insisted on the fact that man was not only for the world but of the world, corporeally speaking—that if the world belonged to him, he also belonged to the world; that his body was subject to

physical laws of gravitation and cohesion like other masses; that the elements entering into his composition were in no way different from those that surrounded him, and that heat, electricity, magnetism, and light, permeated and operated within his frame; that the old idea expressed in the phrase of ashes and dust was abundantly illustrated at every step in advance of physical knowledge. Science must be relied upon for the introduction of new remedies. While the student of medicine need not possess an extensive knowledge of the sciences, it was requisite that he should be acquainted with the general principles and more important facts of all the sciences, general and vital.

British Medical Journal.

SATURDAY, OCTOBER 7TH, 1865.

CONTEMPORARY BIOGRAPHY.

DR. STEWART'S letter in the JOURNAL of the 23rd ultimo, requires a reply. His reasonings are right or wrong—are capable or incapable of refutation; and, until answered plainly, indicate that contemporary biography may be a very unfortunate thing—that it is capable of producing results injurious to the profession. Dr. Barker, we consider, does not answer Dr. Stewart's all-important objections.

As the matter at present stands, therefore, we feel bound again to call especial attention to the subject. Our medical weekly contemporaries have hailed with satisfaction Dr. Herbert Barker's undertaking, and have given his publication a hearty welcome. Physicians and surgeons of the highest position have sanctioned the proceeding, have (literally and metaphorically) given it their full or side countenance, as Dr. Stewart says, by consenting to be the contemporarily biographised subjects of the publication. The publication, therefore, seems to have assumed a high and sanctioned and authoritative professional position. The very biographical appearance, with their consent, of our medical *dii majores* therein, must be regarded as a professional recognition of its propriety and usefulness.

It seems therefore, at the first blush, superfluous, and indeed somewhat improper, for us any further to question the propriety of a proceeding which has acquired, or at least appears to have acquired, such high authoritative sanction. We do so, nevertheless, and for the following reasons: 1. The propriety of the proceeding has been questioned by a vote of the members of our Association; 2. It is not improbable that some of the *dii majores* alluded to, have given their assent to the proceeding without full consideration of its possible evil bearings; 3. Because so very many of our brethren have expressed their strong disapprobation to the thing, and refuse to allow their own biographies so to appear; and 4. Because Dr.

Barker does not give any satisfactory reply to the capital objection urged by Dr. Stewart; viz., if the principle of publishing contemporary biographies be accepted as an orthodox professional fact, what is to prevent the principle, in hands less honourable than Dr. Barker's, from degenerating into a purely advertising process? We give Dr. Barker, unhesitatingly, credit for the highest and best of motives; and we are sure, that he will rather thank us than otherwise for arguing out the question; for if our argument fail, his position will only be more strongly established.

The great objection to be taken to the system of contemporary biography is this, that it may become and be used as a means of professional advertisement when it falls into certain hands; and who is to insure us that the guidance of the biography will always remain in such honourable keeping as Dr. Barker's? Already we know full well the unseemly extent to which professional advertising is carried at the present day; and assuredly a few steps more down that *facilis* and tempting *descensus* will bring us in this matter near to the condition of certain herbalist doctors, whose lugubrious visages, looking drastic purgatives out of shop windows, strike awe into the minds of the passing Plebs.

The present state of professional tendencies in this wise, consequently leads us to anticipate that there are men who will gladly avail themselves of any means which may afford them advantage in this direction. And can any one doubt or deny that contemporary biography may, in unscrupulous hands, be used as a first-rate means of advertisement? Can any one, who knows the temper of certain professional minds, and who considers the point, doubt that it will be so used in unscrupulous hands? Let us argue the case.

Dr. Barker, we will suppose, will publish, in due course, the biographies of some high specialists; for example, of a skin disease specialist, of a high ophthalmic surgeon, of a skilled orthopædic surgeon, of men who are skilled in chest-affections, who are authorities in nervous diseases, etc. And we take it for granted that Dr. Barker's biography is a work which will in no sense be limited, is not meant to be limited, to professional purchasers. Certainly, we may anticipate that it will find its way into drawing-rooms and clubs and general libraries. And, if this be the case, can it be denied for a moment—that is, if Dr. Barker's publication be successful as such—that the fortunate representatives of dermatology, of orthopædic surgery, of ophthalmology, and so forth, who figure in his gallery of great men, will thereby have their fame widely advertised? Let it be admitted, that their fame is thereby only fairly advertised; that their high knowledge and professional standing entitle them to all the benefits which may accrue to them from such a striking and distinct po-

sition before the public thereby acquired. Let all this be admitted. But what will inevitably follow? What will all the other dermatologists, ophthalmologists, orthopædists, cardiologists, neuropathists, etc., who do not figure in the gallery, say and think and do? We venture to predict that just as sure as *b* follows *a* in the alphabet, so surely will the non-appearants in Dr. Barker's gallery put in an appearance in some other, and it may be far less distinguished and well conducted, gallery. They will *think* their exclusion from public gaze unfair; they will *say* that the fortunate occupier of a frame in the biography has an unfair advantage over them—his fame unfairly advertised; and they will cast about for a means of establishing for themselves a similarly favourable and *legitimate* (?) mode of introduction to public consideration. And is it not certain, that such an opportunity will be readily afforded them—that the demand will quickly create the supply? Then, if this race once commences, as commence it will, where, we would ask, is the struggle to end?—we mean the struggle downwards; for assuredly, from the very nature of the case, it is one which must ever go from a low to a still lower depth. And, as a climax to the fall, if the principle be accepted as orthodox, what is there to prevent men publishing *their own* biographies, proclaiming their own wonderful deeds, their mighty cures, and marvellous operating powers? What if contemporary biography is to become a recognised and accepted act of professional propriety, what reason is there why we should not all and each of us do that very thing which Dr. Barker now proposes to do for us; viz., issue to the profession and the public a calm and modest and truthful account of what we are, what we have done, and what we are doing, adorn it with our photographic presence, and thus scatter our virtues and facial fames throughout the world?

It would be hardly decent, we may be told, for a man to publish his own biography; but the answer to this is ready. You apply to the man himself for an account of his historical details and bibliographical labours and philosophical operations; and surely you can find no fault with him—however much you may question his taste—if he does no more than publish the same modest account of himself which you are ready to publish for him. Surely the legal rule, *qui facit per alium facit per se*, applies pretty accurately in such a case as this. We would ask those, indeed, who defend contemporary biography to answer this position—to say if they can honestly and justly blame the man who himself publishes the very biography which they are ready to publish for him and ornament with his portrait.

Dr. Barker, of course, does not propose to publish the biography and portrait of every member of the profession. But why has not one member as well as

another—the highest equally with the lowest—a right to have his true and actual fame and facial frame displayed to the public? Why has not Surgeon Y of Gazeborough as good a right to have his tale told and face photographically distributed in that town and neighbourhood, as Doctor X, his neighbour? Why should the virtues and features of Dr. X, as told in the biography, be presented to the public of that town, and so throw into shade and oblivion the virtues and features of his fellow-practitioner, Surgeon Y? The discriminating people of that well known town, overwhelmed with the excellencies detailed of Dr. X, abandon now, of course, the surgery of Surgeon Y; and, consequently, Surgeon Y is driven to desperation, and, in self-defence, himself takes up the biographical tale, blows himself his own trumpet, astonishes the public, reassures them, and again becomes restored to favour. But, if it be thought too indecent for a man to publish himself his own fame, what, in such case, is easier than that he should get a friend to do it for him—he, of course, reciprocating the friendly act by a similar photo-biographical sketch of his own biographer? If we remember right, one of Dr. Pritchard's special means of recommending himself to public favour was a very extensive distribution of his photographised visage wherever he went; and, in many cases, where he did not go, there he sent his likeness.

We must again repeat it: Dr. Barker has not shown that his publication will not lead, in the way indicated, to the results we have anticipated from it; and therefore is it that we now again bring the subject under the consideration of the profession, to discharge, as we consider it, a duty, and to relieve our conscience of being silent in the face of a proceeding which appears to us pregnant with possible and most probable injury to our profession.

One word more we may add, as suggestive by parallelism. What would be thought by the members of the bar at a similar publication affecting their profession? Would not the proceeding be instantly arrested by that particular spirit which presides over and regulates the etiquette of the bar? We, alas! have no such power to regulate and preside over our proceedings; although, from the very nature of the business in which we are engaged as medical practitioners, we need the regulating power far more than does the bar. Far more than the bar do we require the force of a high code of ethics, to guide us on, and keep us in our honourable path. Men of law have no such temptations as we have to deviate from the strict ethical code. At the bar, advertising and puffing, and such-like low and trading tricks, do not help a man to practice; but very different is the case (from the very nature of our art) with men of medicine. In the practice of medicine, it is almost superfluous for us to say, men of

the lowest knowledge may attain a high fame or infamy solely by advertisement. In our profession, the good-will and countenance of the public are, as every one of us knows, as much gained by our *savoir faire* as by our professional knowledge. For this reason it is that our profession requires, infinitely more than does that of the law, that its members should be subjected to a most rigid code of professional etiquette; and under this sentiment is it that we have thus discharged our duty, as we see it, to the profession.

THE CATTLE-PLAGUE.

THE very important question as to the identity of the cattle-fever with the disease now affecting sheep—whether, in fact, the disease is communicable to sheep from cattle—is being investigated, under Government authority, at the Veterinary College. We are very glad to hear that Mr. Robert Ceely of Aylesbury is placed on the Committee of Inquiry. No satisfactory proof appears yet to have been given of the identity of the two diseases; and we are sorry to find that the conclusion has been in some quarters so hastily accepted. It is possible that the diseases may be identical; but if they are so, it seems strange indeed, that, with the many histories and details of the Rinderpest which have been published, no distinct statement should have been made of the fact; that we should have had to discover it through our own practical experience.

Mr. Tattersall even tells us that horses can catch the Rinderpest; and asserts that horses have actually died of it at Windsor. However, he at the same time relieves the minds of the public, by publishing a positive cure sent to him all the way from Hungary by a dragoon colonel. The remedy is perfect; viz., sure, cheap, and off-hand in its operations. It is arsenical and homeopathic, and as follows.

"Homœopathic Preservative against Rinderpest. A dose of arsenicum (third potency or strength), consisting of eight or ten drops given every thirty-six hours, will prevent the disease breaking out. Any animal taken with the disease should have the same dose given every ten or fifteen minutes."

Such is the kind of scientific instruction which the *Times* deals out to the public at the present juncture. As Professor Gamgee very truly says:

"So long as the opinion of every one is accepted, and no more weight is given to the opinions of scientific men than to those of the most empirical cow-keeper, we must expect to hear and read an enormous amount of nonsense."

Indeed, it would form a very interesting subject of inquiry, to ask how it is that, in a matter of purely scientific investigation, the opinions of men of science should have so little influence over the public mind. The *Times*, in its leaders, has written on this subject of the Cattle-fever, the most astounding nonsense—we might truly say, has done

an infinite amount of mischief—ridiculing the proposals of real scientific experimenters; and accepting the phantastic, semi-scientifically worded, crudities of “S. G. O.” as the exponents of its ideal of science. It must be a deep regret to all of us, that such should be the estate of men of science in this country; that the authority of the *Times* should be given to writers whose eloquent pens are guided by presumption and profound ignorance of the subject, on which they dissent with such pretension of knowledge.

In this matter, indeed, the *Times* has been guilty of great dishonesty. As our readers may remember, the *Times* pretended to disbelieve that the French Government could be so well prepared with facts about the Cattle-plague as the report issued by the French Minister indicated. Thereupon, says a morning paper:

“Innocently supposing that our contemporary was really desirous of being informed on the subject, M. Boulay, one of the Professors at Alfort, considerably forwarded to Printing-house Square a copy of M. Renault's elaborate memoir, coupled with an earnest request that it might be published for the benefit of those who should thereby read it. Publication, however, has been denied to this remarkable document.” And, no doubt, because it radically confutes the theory of the *Times* as to the nature of the Plague.

Professor Gamgee says of the statement of the Cattle-fever having affected horses, that it is a pure delusion—very much like Col. Isaacson's cure of it by “arsenicum (third potency).” He, however, believes that sheep do catch the disease. On this point, he tells us:

“The steppe murrain is, properly speaking, a bovine disease, and for long was believed to attack cattle exclusively. Old reports on its extension to men, horses, sheep, pigs, dogs, cats, and other animals, were based on imperfect and faulty observations. Time dispelled the illusions of some men on these points, with the exception of the occasional manifestation of the disease among sheep. That flocks could convey the malady no one has doubted for the past hundred years; but the most accurate report of the disease as it appears in sheep was given in 1863 by Dr. Maresch of Bohemia. Fortunately for us, the malady loses much of its virulence when it passes from oxen to their ovine companions. It never will be a deadly sheep-plague, and many fears may be allayed on this score.”

In an address delivered on the 2nd inst., on the occasion of commencing the first session of the Albert Veterinary College, Professor Gamgee gave a very interesting account of the attempts so long made by himself and others to prevent the introduction of the Cattle-fever into this country. He complains, and justly, of the little attention paid to his efforts.

“I must confess” (he says) “it is rather hard to find that, after many years' effort and steady investigation, we should be denounced as ignorant, inadequate for the occasion, and unworthy of public confidence. In reply, we can assert, without fear of contradiction, that, had our warnings been listened to,

the cattle-plague would not have been imported into this country last spring. Give us full power to direct in matters which those alone who have special knowledge of the subject can understand, and in three months the disease will be exterminated. Continue as at present, and three years may not see us to the end of it. There is great reason for regret that Professor Simonds, who saw the disease early in June, and the Government, who issued an Order in Council on the 24th of July, did not adequately warn the farmers of the appearance of the disease. Acting under the advice of Professor Simonds, the Government said, full five weeks after the malady broke out in London, ‘that a contagious or infectious disorder, of which the nature is at present uncertain, has lately appeared and now prevails among cattle within the metropolis and in the neighbourhood thereof.’ Many people are impressed with the laudable idea that the malady should be cured, that specifics might be found for it. The cattle-plague is more deadly and more infectious than any other known disease affecting men or animals. Keeping stock in life implies favouring extension of the disease. Suppose the Commander-in-Chief issued an order to compel veterinarians to treat or experiment on the treatment of glandered horses, what would be the result? Some animals in which the constitutional taint was not developed, in which the disease was confined to the nose, might recover. The number thus cured would be infinitesimally small, whereas the number contaminated by keeping the glandered horses alive an hour longer than we should would be enormous. I assert that severe cases of the Russian plague are and ever must be incurable. Many animals afflicted with this disease are, from the commencement of the attack, virtually dead, and their tissues putrify long before their heart ceases to beat and their nervous system is paralysed by death's process.”

The following account of the Rinderpest has been issued by order of the Privy Council. It is drawn up by Professor Seitmann, of the Veterinary College of Warsaw.

“The Rinderpest was at first considered to be confined to cattle, but it has, however, now been found to extend to sheep, hitherto not with the same virulence. The disease has invariably been introduced into Poland by contagion, and has never, it is believed, been generated in this country. The contagion has generally been introduced by the herds of grey cattle which are imported from Bessarabia for the consumption of Poland alone, the annual importation amounting to thirty thousand head. The contagious qualities of this disease exceed those of any known disease of man or beast. The contagion is conveyed not only by infected cattle, but those apparently sound, by pigs, poultry, hides, manure, bones, offal, straw, buildings, and the clothes of herdsmen or others; in fact, by every substance which has been in contact with the diseased cattle. A beast once infected rarely recovers; so that the proportion of those with die to those which recover is about ninety deaths to ten recoveries. But few beasts exposed to the contagion fail to catch the disease; on the other hand, all experience goes to shew that a beast which has once been attacked by the disease and recovered is never infected a second time. When the disease made its appearance the duration until the death of the animal was about ten days; it has latterly been more rapid in its effects, and rarely exceeds five or six days from the first symptoms.

“SYMPTOMS. The usual symptoms, as soon as the malady is at all apparent, are as follows. The beast looks wretched, eats less, the rumination either ceases

or becomes irregular, the coat stands out and loses its gloss, the beast becomes nervous, constipation ensues, which turns to an offensive diarrhoea, attended with tenesmus and prolapsus ani. The animal's dung has an offensive smell, the animal shakes his head frequently and in some instances becomes violent, a low cough ensues, with a clear running at the eyes and nostrils, whilst the saliva hangs about the mouth. In many cases these last symptoms appear quite at the commencement; as the disease makes progress these secretions become thicker; the mucous membrane, gums, mouth, etc., throw out pimples, the running at the nose and eyes gives an offensive smell, the eyes sink, the beast daily becomes thinner, and sometimes has a tendency to grind its teeth; towards the end the beast lies down, with its head turned upon one side, and becomes exhausted, finally dying without effort.

"AUTOPSY. At the autopsy of cattle victims of this disease may be observed the traces of all the above mentioned symptoms, such as the secretions about the eyes and nostrils, the sunken eyes, etc. The mucous membrane, and especially the fourth stomach, present a marked change; the mucous membrane is highly charged with blood of a deep red colour, and partially swollen. In some places the mucous membrane has lost the membrane "epithelium," or upper tissue common to the mucous membranes, or is sometimes clothed with coagulated exudations, which fall off when touched, leaving the surface slightly depressed. There is often a great accumulation of pulpy food in the third stomach in a dry condition, which filling up the stomach gives it a round appearance. In consequence of this dryness of the food in the third stomach this disease has been called in the Polish language 'Kiszgusz,' from *Kiszka*, a book, and in the German 'Lösserdure,' names badly assigned, as the dryness is not an invariable symptom; on the contrary, sometimes the food contained in the digestive organs is quite moist. The enlargement of the gall bladder must be added to other pathological changes; it contains but thin gall, and is also highly charged with blood. The mucous membrane of the other organs undergoes less alteration; the chief points, however, in the latter are in the 'trachea,' which swells so much as almost to obstruct the passage, and in the anus, which becomes highly charged with blood, and of a deep red colour.

"DIAGNOSIS. The symptoms during life and subsequent pathological changes, which have been described in a popular rather than a professional manner, must not be considered as of invariable occurrence, and the absence of any of them does not prove that the animal was not attacked by the genuine form of this disease. It sometimes occurs that in whole herds few or none of the affections about the eyes and mouth are to be observed; on the other hand, symptoms not hitherto mentioned have been noticed, such as a remarkable sensitiveness in the loins, so that if the beast be touched in that region, it will wince so as almost to sit down. One circumstance, however, is proved beyond a doubt, namely, that the disease is invariably transmitted by contagion, and is never indigenous.

"REMEDIES. All experience goes to prove that all remedies for this disease are fallacious. Were the disease absolutely curable, it is doubtful whether the process, which would necessarily bring many persons and substances in contact with the diseased beast, would not be the means of transmitting so much contagion, that a greater loss would ensue than by immediately slaughtering the diseased subject. Under any circumstances, the utmost attention should be paid to the veterinary police regulations; and,

above all, quack remedies must be avoided, which can but entail a very serious and probably increased transmission of contagion, and have already exposed so many countries to such severe losses. In the kingdom of Poland, a strict quarantine for cattle at the frontier has been in practice more or less since 1857; a system of mutual compulsory insurance has also been in operation, which provides compensation for the compulsory destruction of diseased cattle, and also of those killed from precaution. The above mentioned system has proved most efficacious in Poland, and has doubtless contributed enormously to check the disease. Whether such a system would answer in a thickly populated country like England, and where the disease has taken root in all directions, is a question for those acquainted with that country to decide. Probably the complete insulation of cattle and districts under such circumstances would be attended with the greatest difficulty. Under all circumstances, precaution against contagion is the only course to be pursued. Inoculation with the disease has also been practised; it is, however, only of service to show which animals die and which recover, as it is to be noted that inoculation by no means mitigates the intensity of the malady. The precautions laid down by the veterinary police must unquestionably be followed, according to the circumstances, climate, and requirements of the country. The measures adopted in Poland are comprised in the *Regulations for the Cattle-Disease*, published in 1844, which were superseded by the *Regulations of the Council of Administration for the Kingdom of Poland respecting the Insurance of Cattle*, dated 1857. According to the above regulations, hides, manure, and everything that has been in contact with diseased animals, are to be carefully buried. I am, however, of opinion that the hides of animals killed on suspicion may, after long soaking, be sent to the tanner, and the meat salted."

THE members of the Association will learn with much satisfaction, that Professor Hughes Bennett of Edinburgh has consented to deliver the Address in Medicine, and Mr. Bowman, F.R.S., the Address in Surgery, at the annual meeting to be held at Chester in 1866. We have also to call the attention of our readers to the advertisement, which appears in this day's JOURNAL, of the Hastings prize for next year. The subject proposed is "Shock after Surgical Injuries and Operations." Essays must be sent in to the General Secretary on or before July 1st.

THE LATE DANIEL McNAB, Esq., OF EPPING.

WELL on Monday evening, died early on Tuesday morning, Daniel McNab of Epping, aged 74, the first victim in our profession, in this country, to the present visitation of Asiatic cholera. Thoroughly honoured and loved was he in the sphere in which, for more than half a century, he successfully practised; and well he might be, for he combined in an unusual degree the qualities to command respect and affection. Upright, sincere, truthful, and sagacious, yet open, sympathising, and kindhearted, he was the friend and counsellor almost as much as the medical

adviser; and enjoyed to the full those intimate and useful, and therefore delightful, relations with the various classes around him, which are the peculiar privilege of the medical practitioner. The open-handed, open-hearted welcome to his hospitable home made an impression which many years have not effaced; and was the prelude to quiet, cheerful, thoughtful, improving intercourse, the loss of which cannot be too much mourned. He loved knowledge, and courted science for science's sake; and was deeply interested in man's physical and social progress; but he loved most of all, and studied most of all, that highest and best science, which reaches into the unseen, and connects the temporal with the eternal; and he laboured hardest of all at the great work of self-discipline. Such a character should not pass without some slight tribute to its memory. Latterly, he engaged in the practical work of his profession solely to lighten the labours of others; and in this unselfish task he found his end, for he was assisting in the attendance on two cases of cholera when the fatal seizure occurred.

CHOLERA.

The report of the appearance of the cholera at Southampton seems to be now fully confirmed by undoubted authority. The fact is witnessed to by Dr. Bencraft, Dr. Wiblin, Professor Parkes, and Dr. Cooper.

There also appears to be a simultaneous outbreak of cholera at Sholing-common and at Bitterne, situate relatively about four and two miles from Southampton, both healthy districts, situate on a gravelly soil, abundantly supplied with good water, and on former visitations of this epidemic totally free from any attacks. There is also a marked prevalence of diarrhoea all over the district of Bitterne.

At a large and highly respectable meeting held at Bitterne on the occasion, to devise remedial measures, Dr. Osborne urged the necessity of entering into a public subscription, for the purpose of purchasing every requisite that might be necessary for disinfecting and deodorising the premises of the poorer population, and giving them such necessities and comforts as may be required. He read a number of rules which had been drawn up by Professor Parkes and himself for the purpose of directing the people how to act in the event of their being attacked by diarrhoea. Dr. Parkes recommended the appointment of a committee, consisting of gentlemen who would take upon themselves the duty of visiting and examining the water-closets and cesspools of the poorer people, and distributing among them disinfecting and deodorising preparations. He laid particular stress upon the necessity of a supply of pure water to the dwellings of the poor. Dr. Wiblin had no hesitation in saying that the present resembled in every symptom Asiatic cholera. Bitterne and Sholing-common are districts lying immediately contiguous to the Royal Military Hospital at Netley. The season has been exceptionally fine, and the temperature now more closely approximates to July than to that of October. Scarcely a drop of rain has fallen for the last five weeks.

There has been a very extensive emigration from Toulon and Marseilles on account of the cholera. Some of the remedies against cholera employed by

the Toulonnais remind us of mediæval days. Fires are lit up extensively in the streets. A local journal says: "We approve of the fires lit in the streets, and encouraged as they are by the municipal authorities. Those fires are a distraction to the mind and serve to strengthen the courage of the inhabitants. The epidemic of cholera at Constantinople suddenly ceased after the vast conflagration which destroyed two quarters of that city. They are, however, badly carried out, and those persons who light up the fires, supposing that it is the smoke which purifies the air, throw water, wetted fuel, or old shoes on the burning piles. The result is that the narrow streets are filled with a heavy and suffocating atmosphere. The population has, moreover, spontaneously organised a kind of rejoicing. At sunset crackers are let off in the streets in every direction."

Toulon is said to have been visited for the fifth or sixth time by the cholera within thirty years, the disease always assuming a virulent character.

At Toulon, on the 26th, the number of deaths was 91, of which 81 were from cholera, being the largest amount yet announced. M. Buisson, principal medical officer of the navy, M. Jausion, medical student from Montpellier, and MM. Carence and Aquarone, doctors of medicine, who had been attacked, are now recovered, and have resumed their service. Dr. Bourgaire is still under the influence of the epidemic, and considered in danger.

According to the Marseilles papers the cholera is declining in that city.

The cholera returns from Italy of the 23th ultimo are as follow. Modena, two cases and two deaths; Sassuolo, one death; Acqui, two cases and one death; Melazzo, two cases; and Cartosio, one. The latest return from Barletta, on the 27th, shows fourteen cases and twelve deaths.

Association Intelligence.

THE ANNUAL MEETING IN 1866.

At the request of the Committee of Council, William Bowman, Esq., F.R.S., of London, has consented to deliver the Address in Surgery at the next annual meeting of the Association, to be held at Chester in 1866.

T. WATKIN WILLIAMS,

General Secretary.

13, Newhall Street, Birmingham, Sept. 30th. 1865.

SHROPSHIRE ETHICAL BRANCH: ANNUAL MEETING.

The annual general meeting of this Branch will be held at the Raven Hotel, Shrewsbury, on Monday, October 16th, at 2 p.m.

At 4 p.m., the members will dine together; J. E. Humphreys, Esq., President, in the Chair.

SOUTH MIDLAND BRANCH: AUTUMNAL MEETING.

The next autumnal meeting of this Branch will be held at Market Harborough, on Thursday, October 26th, at 2 p.m.; GEORGE ASHDOWN, Esq., President, in the Chair.

Gentlemen intending to read papers or cases, are requested to give early notice, with the titles, to Dr. Bryan, Honorary Secretary, Northampton.

JOHN M. BRYAN, M.D., } Hon. Secs.
G. P. GOLDSMITH. }

Northampton, September 28th. 1865.

Reports of Societies.

BRITISH ASSOCIATION FOR THE ADVANCEMENT OF SCIENCE.

ANNUAL MEETING.

[Held at Birmingham, September 1865.]

SUBSECTION D.—PHYSIOLOGY.

Beef, Pork, and Entozoa. By T. S. COBBOLD, M.D. Dr. Cobbold exhibited several specimens of entozoa; and, having explained their production and peculiarities, proceeded to say that, although pork had been considered the almost exclusive source of entozoa, it must be borne in mind that the flesh of all warm-blooded animals was liable to harbour those parasites. The human being afforded the exclusive home of at least two species of entozoa; and the worms were taken into the system through the eating of beef and veal, as well as pork. The infrequency of cases of tapeworm in Edinburgh appeared due to the fact that the meat there was generally well cooked. The cattle supplied to Edinburgh were also more healthy than those of some other towns with regard to the parasite.

The Earthworm. By G. ROLLESTON, M.D. Professor Rolleston gave a description of certain points in the anatomy of *Lumbricus terrestris*, or common earthworm. He entered very fully into detail regarding the muscular system and salivary glands of the animal. The earthworm should be considered as an animal to the existence of which water or moisture was necessary, though its dwelling was in the earth. He had come to the conclusion, that the number of rings in the worm was very variable.

Rigor Mortis. By RICHARD NORRIS, M.D. The commonly received theory of *rigor mortis*, that it is an energetic muscular contraction, was erroneous, as was proved by the following considerations. 1. The *rigor* of opposing sets of muscles does not cause the reposition of limbs in obedience to the superior powers of the stronger sets of opponents. 2. It does not cause the rupture of the weaker set of opponents. 3. If either the flexors or the extensors of a limb be divided, and the limb be placed, before *rigor* has set in, in the position in which it should be drawn by the cut set of muscles had the action of these been unopposed, the uncut set of muscles do not alter that position. 4. Contraction and the presence of irritability being an inseparable association, it follows that, if irritability be absent for a long time, immediately prior to the supervention of *rigor mortis*, the latter cannot be regarded as a contraction. 5. The microscopical appearance of muscular tissue affected with *rigor mortis* is entirely different from that of muscular tissue in a state of contraction. The truth of these arguments he had demonstrated by a variety of experiments, selections from which were set forth in detail. *Rigor mortis* is, therefore, not a contraction of muscular tissue. It is a suspension of the property of extensibility, probably due to a solidification of the fibrinous material contained in the interfibrillar juices of the muscles, as asserted by Brücke and Kühne; and the resolution of this by incipient decomposition restores to the muscles their mobility.

Leanness and Animal Food. By JOHN DAVY, M.D., F.R.S. Those who have advocated the opinion, that a diet of animal food conducted to leanness, had supported it by arguing that a vegetable diet was commonly richer than flesh in the elements from which adipose matter is formed, such as starch, etc.; and,

further, that carnivorous animals were commonly leaner than herbivorous. He disregarded the first argument, inasmuch as certain kinds of animal food abounded in fatty matter. He instanced the case of animals subsisting on other animals, all of which were very fat; and, he considered, that tended to show that a diet of exclusively animal food was in no wise incompatible with fatness. Referring to our own species, it was easy to find corroborative instances. Butchers and their families, who used large quantities of meat, were not remarkable for leanness; and fishermen and their families were generally stout. The English, as a rule, had always been considered large consumers of meat, especially in the olden time, when vegetables were less abundant; and in those periods they were notorious for their stoutness. Did a vegetable diet tend to the production of fat? The Irish, living mostly on potatoes, should be distinguished for linstiness, though they certainly were not; and he had not heard fatness ascribed to vegetarians. Amongst our soldiers and sailors, a fat man was a rarity. But that was no wonder; for, though their diet contained a large proportion of animal matter, their meat ration was never in excess; while at the same time they had a great deal of exercise. His opinion, in which he was supported by eminent physiologists, was that a mixed diet, partly animal, partly vegetable, was best adapted to the wants of man, as well as most suitable to his taste; and that the safest way to avoid obesity was to live moderately, observing the happy medium between a too sparing and a too copious dietary; and, for the correction of obesity, attending rather to quantity than quality of food.

Deglutition as observed by the Laryngoscope. By G. D. GIBB, M.D. Dr. Gibb referred to the recent experiments of M. Guinier of Montpellier, in relation to the function of deglutition, which were brought before the Academy of Sciences in Paris, and given briefly in the *Comptes Rendus* for May last. (See also BRITISH MEDICAL JOURNAL, September th) These experiments by M. Guinier were performed upon himself by means of autolaryngoscopy, and consisted in the introduction of food into the larynx whilst the little mirror was in the mouth, the epiglottis remaining erect; and he therefore inferred that, in swallowing, the food passed into the top of the windpipe, glided over the vocal cords, and fell into the gullet, the epiglottis still being erect. He inferred also that fluids always passed under the epiglottis in gargling or swallowing fluids. Dr. Gibb questioned the conclusions drawn from the experiments, and maintained that the act of swallowing food could not be demonstrated with a mirror at the back of the mouth; and that the introduction of food into the larynx behind the epiglottis showed the tolerance of the larynx under certain circumstances, but did not show that this cartilage remained erect in deglutition. This tolerance was further shown by the still later experiments of M. Krishaber, who passed chewed bread into the larynx, with his finger, along the posterior surface of the epiglottis; and, on a deep inspiration, this was drawn downwards into the trachea, and could be retained there as long as the bolus remained warm and soft. Dr. Gibb referred to cases in his own experience, where the epiglottis was destroyed by disease, and, notwithstanding, the food did not glide over the vocal cords, as the soft parts at the top of the windpipe approximated, and allowed the food to slip into the gullet. It could be seen also that, when the act of deglutition was examined with the laryngoscope, the cavity of the larynx was quite closed up, and then covered by the depressed epiglottis, so that food could not enter in the natural way. From these well known

facts, with others which he mentioned, Dr. Gibb stated that our well known views in relation to deglutition, and the part the epiglottis played in it, remained sound, and could not be controverted by any experiments that might be made with the aid of the laryngoscope.

On Variability, as manifested in the Construction of the Human Body. By W. TURNER, M.B., F.R.S.E. After alluding to the diversities in the external form of the body, which imparted characters generally recognised as diagnostic not only of the race but of the individual, the author showed that variations also occurred in its internal structure in the different organic systems; and, though no outward evidence of the existence of many of these variations might be manifested, yet they furnished the individuals in whom they occurred with characters as distinctive as any peculiarities of external configuration. Hence, in the development of each individual, a morphological specialisation occurred, both in internal structure and external form, by which distinctive characters were conferred, so that each man's structural individuality was an expression of the sum of the individual variations of all the constituent parts of his frame. The illustrations advanced in support of the author's opinions were taken from the flexor muscles of the fingers and toes, and from the modifications in the form and size of the supracondylar foramen, which is occasionally met with in man, and of the objects passing through it. It was also shown that variability in construction was not manifested merely in different individuals, but that, in the same individual, the corresponding structures on opposite sides of the body were by no means symmetrically disposed.

Mr. FURNEAUX JORDAN spoke of Mr. Turner's observation confirming Buckle's theory that the deviations are so numerous that there are no irregularities; in fact, that, as science extends, all irregularities would be classed under regular laws. Mr. Jordan also spoke of the tendons in the back of the hand, and particularly of the ring-finger, the peculiar construction of which was supposed to give rise to a good deal of the difficulty experienced in learning certain musical instruments, though Mr. Jordan attributed it to another muscle.

Professor BENNETT remarked that, at Hamburg, a foreigner could be seen copying some of the pictures of the old masters, holding his palette with his toes, and using his brush with his toes. He asked whether Mr. Turner had connected these remarkable movements with any peculiarities of structure, having any peculiar physiological relations to the functions of the body.

Mr. WALLACE thought it would be interesting to determine if this variation was not dependent on, or the result of, civilisation. He believed that in the savage man these variations would not be found to be so numerous and so extensive.

Dr. CAMPS believed that by repeated anatomical investigation more and more diversity would be discovered in the human body. If opportunity were afforded, similar and corresponding variation would be found in the brain, spinal cord, and nerves; and he could not help thinking that a great deal of the diversity of character, and of aptitude for the ordinary avocations of life, were involved in the principle intended to be illustrated in the interesting subject now brought under notice. He even believed that the question of sympathy, and of ordinary likes and dislikes, might be interpreted by the minute internal organisation.

On Amyl Compounds. By B. W. RICHARDSON, M.D. All these compounds, which are produced from potato starch, are anæsthetics; and the object of the paper

was to define the difference between the action of these compounds, and of chloroform and ether. It was admitted that they were all exceedingly dangerous; and Dr. Richardson did not believe they could be safely used as substitutes for either ether or chloroform. The subject was considered of such importance, that it was referred to the committee, with a view to renewing the grant for the further prosecution of Dr. Richardson's experiments.

Skeleton of a Female aged 104. By G. M. HUMPHRY, M.D., F.R.S. Dr. Humphry remarked that since he made the examination, a discussion had arisen as to whether persons had ever attained that great age. He had no positive documents as to the age of this skeleton, but the evidence rested upon the statements of the woman herself, corroborated by the ages of her children, and by the period during which she had been a nurse at Addenbrooke's Hospital. The woman had been a person of temperate habits, eating well, and drinking half a pint of beer daily. At the *post mortem* examination, the organs were all found healthy, and the cause of death was accumulation in the bronchial tubes. The costal cartilages were as soft as in early life. The same thing was noticed in the *post mortem* examination of old Parr, and it was thought to be singular, but he (Dr. Humphry) had met the same in many cases of *post mortem* examinations of very aged people. The walls of the skull were exceedingly and unusually thick, the skull weighing 27½ ounces, or at least six ounces more than the average. In singular opposition to the condition of the skull was the state of the femur, which was singularly light, weighing only five ounces. Dr. Humphry pointed out this as a singular anomaly that when the muscles and bones had become weak, and less able to carry weight, that weight should be increased.

Dr. RICHARDSON said that a few months back he examined at the Birmingham Workhouse an old woman, 104 years of age, and in her case he noticed the peculiar flexibility of the walls of the chest. The heart-beat was perfectly true, and the respiration good. The mental faculties were declining, and there was considerable deafness.

Dr. ROLLESTON gave the results of his observations in the *post mortem* examination of a man supposed to be 106 years old. He noticed one very great contrast between his case and that of Dr. Humphry; and whereas the skull-cap in Dr. Humphry's specimen was exceedingly thick, in the case which came under his notice the walls were very thin indeed. The skull-cap was entirely soft, and could be cut without difficulty; but the dura mater was strongly adherent. Dr. Rolleston added, that in most cases of people of advanced age, he had found that they had eaten largely of sugar.

Ozone. By B. W. RICHARDSON, M.D. The following are the reliable facts known up to this time respecting ozone. 1. Ozone in a natural state is always present in the air in minute proportions; viz., one part in ten thousand. 2. It is destroyed in large towns, and with special rapidity in crowded, close, and filthy localities. 3. Ozone gives to oxygen properties which enables it to support life. In this respect it acts like heat; its effects are destroyed by great heat. 4. Ozone diffused through air in minute quantities produces, on inhalation, distinct symptoms of acute catarrh. 5. When animals are subjected to ozone in large quantities, the symptoms produced, at a temperature of 75°, are those of inflammation of the throat and mucous membranes generally, and at last congestive bronchitis, which in carnivorous animals is often rapidly fatal. 6. When animals are subjected for a long period to ozone in small proportions, the agent acts differently, according to the

animal. The carnivora die, after some hours, from disorganisation of the blood separation; but the herbivora will live for weeks, and will suffer from no acute disease. 7. The question whether the presence of ozone in the air can produce actual disease, must be answered cautiously. Science has yet no actual demonstrative evidence on the point. But the facts approach to demonstration that catarrh is induced by this agent. All else is as yet speculative. 8. During periods of intense heat of weather, the ozone loses its active power. 9. On dead organic matter undergoing putrefaction, ozone acts rapidly; it entirely deodorises by breaking up the ammoniacal products of decomposition. At the same time, it hastens the organic destruction. 10. There is an opposite condition of air in which the oxygen is rendered negative in its action, as compared with the air when it is charged with ozone. Air can thus be rendered negative by merely subjecting it, over and over again, to animals for respiration. The purification of such air from carbonic acid and other tangible impurities, does not render it capable of supporting healthy life; but ozone restores the power. In a negative condition of air, the purification of the organic matter is greatly modified, and the offensive products are increased. Wounds become unhealthy, and heal slowly in such negative air. 11. There is no demonstrative evidence, as yet, that any diseases are actually caused by this negative condition of air; but the inference is fair—that diseases which show a putrefactive tendency are influenced injuriously by a negative condition of the oxygen of the air. It is also probable that during this state decomposing organic poisonous matters become more injurious. 12. As ozone is used up in crowded localities, and as it is essential that ozone should be constantly supplied in order to sustain the removal of decomposing substances and their products, no mere attention to ventilation and other mechanical measures of a sanitary kind can be fully effective, unless the air introduced be made active by ozone. Fever hospitals and other large buildings in towns should be artificially fed with ozonised air.

On the Functions of the Cerebellum. By W. H. DICKINSON, M.D. This paper was founded partly upon experiments made on a great variety of animals, chiefly of the lower order, and partly upon observations on human pathology. The general results were as follow. 1. The addition of the cerebellum to the medulla oblongata gives an increase of voluntary motive power to the four limbs—to the posterior in a greater degree than to the anterior. The power thus obtained is distributed in such a way as to produce even and balanced movements, and often appears to be exercised in a continuous and automatic manner. 2. The removal of the cerebellum has an effect upon the muscles of the limbs, which increases in proportion as the organ increases in size. It consists in a diminution of voluntary power and of muscular adjustment. When an inequality of effect can be noticed, the loss is greater in the posterior limbs. There is a loss of habitual activity. From the effect of lateral injuries, it must be assumed that each lateral half of the organ has an influence on both sides of the body, but to a greater extent upon that opposite to itself. 3. The removal of the cerebellum has no effect upon superficial sensation, on any special sense, on the action of the involuntary muscles, or on reflex movements. 4. In the human being, it appears there is no constant effect from loss or alteration of the cerebellum, but failure of voluntary muscular power. Disease, or deficiency of the whole organ, invariably lessens voluntary power in the limbs, especially in the lower. The loss of one lobe produces its effect more on

the opposite side than on its own. Disease confined to the cerebellum has no effect upon superficial sensation, on the intellectual powers, or on the action of muscles supplied by the cranial nerves. Hence it appears that the function of the cerebellum is to supply the voluntary muscles of the trunk and limbs with self-regulating motive power. This is distributed in an inverse manner to the influence of the cerebrum. The latter has the sole control over the parts supplied by the cranial nerves, and the chief control over the anterior limbs. The cerebellum has its greatest effect upon the posterior limbs, less upon the anterior. Thus the muscles of the trunk and limbs are under a double rule, while those of the head and neck are regulated solely by the cerebrum. It appears that cerebellar movements are apt to be continuous and habitual, contrasting with the emotional character of those which originate in the cerebrum.

Experiments confirmatory of those of Kühne, on the Non-existence of Ammonia in Blood. By A. GAMGEE, M.D. Few questions had excited greater discussion among physiologists than the coagulation of the blood, and few researches on the subject had been received with greater interest by the scientific world than that of Dr. B. W. Richardson. The conclusions Dr. Richardson had come to were, that the blood, whilst circulating in the living body, contained free ammonia; that when the blood leaves the animal body, ammonia escapes and coagulation takes place, the escape of the ammonia and the phenomenon of coagulation being considered to stand in the relation of cause and effect. He (Dr. Gamgee) made some experiments which were in direct opposition to those of Dr. Richardson; and as the quantity of blood which Kühne and Strauch subjected to analysis was comparatively small, he determined on repeating the experiments in the most rigid manner possible, and upon a larger scale than had been previously attempted. Having described these experiments, Dr. Gamgee concluded by remarking that further researches would, he believed, confirm the results of the experiments which he had performed, and satisfactorily prove that Nessler's reagent was as delicate a test for the compound ammonia as for simple ammonia.

A discussion followed the reading of the paper, in the course of which Dr. RICHARDSON controverted the views of Dr. Gamgee.

Cell-Pathology. By J. HUGHES BENNETT, M.D., F.R.S.E. Dr. Bennett stated that a cell-pathology had naturally sprung from the cell-theory, as originally framed by its founders, Schleiden and Schwann, which had greatly extended the boundaries of medical science. The cell-pathology of Virchow, however, was based upon a law he sought to establish; viz., that every cell sprang from a pre-existing cell, and that we must not transfer the seat of oval action to any point beyond the cell. This supposed law, he maintained, was opposed by so many histological facts as to be altogether untenable. He begged especially to draw attention to the origin of pus-cells, which Virchow and some of his followers had represented as originating in the interior of connective tissue corpuscles. Dr. Bennett and his pupils had frequently sought, by passing setons through the skin and muscles of animals, to observe in the inflamed tissues the appearances which had been figured in support of Virchow's views, but had never succeeded in seeing pus-cells within pre-existing cells. Henle had pointed out that the error had originated in mistaking the triangular spaces observable, on a transverse section, between the bundles of various fibrous tissues, for cells; as in these, unquestionably, pus was very likely to collect. Dr.

Bennett further believed that the tendency of many cells to enlarge as the result of irritation, and to multiply themselves endogenously, as shown by himself, by Roberts, Goodair, Redfern, and other pathologists, was another source of mistake among the younger histologists. The granules and included cells so formed were mistaken by them for those of pus, though easily separated from them. He called attention to a series of preparations (which were exhibited), showing suppuration in inflamed eyeballs, and in pneumonic lungs, in which pus-cells might be seen in all stages of formation—originating from a coagulated molecular exudation, unconnected with any pre-existing cells whatever. In the sections of lung more especially, the fibrous tissue of the organ surrounding the air-cells might be seen to be quite healthy. In the coagulated exudation, on the other hand, the molecules might be observed at first uniformly filling up the air-vesicle; then formed into masses, varying in size from the twenty-thousandth to the one-thousandth of an inch in diameter. The latter were rounded, and were identical with pus-corpuses. He believed that these bodies, therefore, were formed by an aggregation of smaller particles or molecules, composed originally of the coagulated exudation. It was certain that, in the situations referred to, they did not originate in pre-existing cells, as no such cells could be seen. If, as might be supposed, they sprang from the epithelial cells lining the chambers of the eye or the air-vesicles, such cells would be seen, enlarged, and containing the pus-bodies. But his preparations and numerous examinations of the part when diseased had proved to him that no such cells were mixed with the exudation, or in any way connected with the formation of pus.

INSECTS IN THE BRITISH MUSEUM. The entomological department of the British Museum contains 130 cabinets, 3,755 drawers, and 121 store-boxes; the number of specimens being 904,605. (*Quarterly Journal of Science.*)

THE COMPULSORY VACCINATION ACT. A question of interest to the public in connection with the new Vaccination Act has just been decided by the Irish Poor-Law Commissioners, in reply to an inquiry on the part of the Omagh Board of Guardians. It appears that from an indefiniteness in the wording of the Act, or from some misunderstanding as to its provisions, the children of several highly respectable inhabitants of the town had their names posted in the workhouse for the inspection of the guardians, and to entitle the medical officer of the dispensary district to a fee of one shilling in each case, payable out of the rates of the union, notwithstanding that the vaccination had been performed at the private residence of the parents. To ascertain whether such a proceeding, unpleasant as it must be to many parents, was rendered imperative by the Act, the question was submitted for the opinion of the Commissioners, and the following is their reply:—"Referring to the board's minute of 9th inst., the Commissioners state, in reply, that, wherever a medical officer has received a fee for vaccination of a child as a private patient, they do not think that he ought to include such a case in his report, or return to the committee of management for payment for its successful vaccination out of the rates of the union; but he would be entitled to a fee of threepence for its registration, under section 9 of the Compulsory Vaccination Act." It was ordered by the board that the substance of this letter be communicated to each dispensary medical officer in the union. (*Derry Sentinel.*)

Correspondence.

CONTEMPORARY BIOGRAPHY.

LETTER FROM T. HERBERT BARKER, M.D.

SIR,—Dr. Stewart's letter in the *JOURNAL* for September 23rd, is in great part a reiteration of his speech at Leamington, to which I have already replied (see *JOURNAL*, August 26th); I need not, therefore, take up your space by repetition of reply. There are, however, three new points in the letter which I must briefly notice.

1. Dr. Stewart speaks of the portraits of my series as "effigies". Can he have seen them? As I have no artistic hand in their production, I must protest against such an attack on what are really masterpieces of photographic art. They came from the studio of Sun and Edwards, whom to name is enough. The first is the most ancient and grandest of painters; the second is not second to any who have joined the first in friendly partnership. If Dr. Stewart will be candid enough to look, he will, I think—for I hear he rather prides himself on being a judge of art—withdraw the term "effigies".

2. Dr. Stewart urges, that in time I must descend from the *dii majores* to the *dii minores* of physic. I differ from him, because I cannot, like him, define the two classes. If I went on the principle of defining great and little gods amongst living men in general and doctors in particular, my task were truly hopeless. I feel, and every man who thinks for himself must feel too, that we do not really know who are our *dii majores*. I may have my estimate of a living man, who for originality and boldness of thought, for marvellous industry, for deep learning, and for versatility and power of style, is the first amongst us, and will live when we most of us are forgotten; probably, however, he would not be reckoned by Dr. Stewart amongst the *dii majores* at all. Such a man I should not exclude, if I could help it, from my series, because Dr. Stewart differed from me on his merits; and such a man I should certainly not over extol by a single line, because my own opinion might also be extreme; but I should put him before the public in his ordinary position as he is now, state simply what he has done, and leave him with his fellows, for those who come later to judge of him by his labours. In this way, and in this way only, I consider my series will prove of ultimate service. What would not modern scholars give now for a portraiture of Harvey or Morgagni, Sydenham or Haller, written during their lives by an impartial man who knew them in person! I rather expect historians of next century will be grateful to me for giving them truth without ostentation, for saving them some trouble, and for easing them of much and wearisome speculation.

3. Dr. Stewart challenges me to publish the letters of those who have refused to be embodied in my series. Well, personally, as none of these gentlemen have said anything worse in private than Dr. Stewart has said twice in public, what reason have I for objection? Simply one reason, and a good one, which every honourable mind will respect. If I commenced the process, I must give every man's reason for refusal; but the majority of reasons, though they are quite as cogent as any Dr. Stewart has put forth, are so purely personal, that I could not, without breach of confidence, make them publicly known. At the mere instance of Dr. Stewart, I do not feel, therefore (willing as I am to oblige him), that I should be justified in carrying out his suggestion;

unless, as is not probable, every one who has refused, should give me permission to state the grounds of his refusal.

After all, this controversy lies in a nutshell. Things are good or bad as they are made to be by the spirit that guides them. I hold that my serial work, of which Dr. Stewart complains, can and will be a good and useful work, *that shall not sink to any level beneath the true level of professional honour and integrity*. Dr. Stewart predicts terribly otherwise; and while he says everything that is kind of me as a man, he discredits me as a biographer. I reciprocate all his kindness, but I shall discredit him as a prophet, until I find that the alarming results he describes as coming, show themselves as come; upon which, I promise him I will bury my poor book, "effigies" and all, "deeper than ever plummet sounded", and, joining Prospero somewhere, offend no more. I am, etc.,

T. HERBERT BAKER, M.D.

Bedford, September 25th, 1865.

MOONSHINE.

LETTER FROM S. H. STEEL, M.B.

SIR,—I am much taken by an anecdote related by S. G. O., in a letter published in the *Times* of September 21st. Many of your readers must have seen it, but for convenience sake I quote it here.

"Some years ago—there are those now living who will remember it—a man and his son took a load of straw to London to sell, to return with a load of London stable dung. The distance was about twenty-two miles. The boy got tired, and lay down to sleep on the top of the dung. Within twenty-four hours of his return home he was seized with the symptoms of low fever; it became malignant typhus, spread through the cottage, and into the next. I never saw such malignant cases before or since. I think three died at once; one was saved, I dare say is now alive, who went through all the worst stages of the disease. We took active measures with soap, lime, etc., to cleanse all the houses near; we had not another case on that spot, but within a week a few cases, here and there, in *distant* parts of the same parish. I recollect an old carter saying to me, 'It wasn't altogether the sleeping a-top of the dung—we often does that, and never take harm—but 'twas a bright moon, and stuff is always twice as bad then.' I took the hint. Again and again when I have wished to trace bad drainage I have chosen a bright moonlight night; it has never failed me. Men of 'science' have acknowledged to me the fact that the moon's rays do act on corruptible matters in a manner inexplicable. I know not whether the dung that gave my poor people the typhus was stable, cowshed, or composite, but I never was more convinced of anything than I am of the fact that the 'visitation,' which at the time frightened my whole neighbourhood, did come from the boy sleeping on the dung. He was healthy, well fed, perhaps under some exhaustion, but not such as was likely to make him a peculiarly liable subject for infection."

This is a good specimen of the manner in which a medical question may be treated by an eminent public writer in the *Times*. The attack of fever which occurred under the circumstances above detailed, is specified by the term typhus, but whether it was mere typhus or typhoid, the writer clearly has no idea of whatever kind; it was, at all events, virulently contagious. It was generated originally by the conjugation of moonshine and dung; but having come into being in this remarkable manner, it soon manifested the power of continuing its species in the

usual way, and several persons took the disease, not from the moonshine and dung, but from the first sufferer. We are told, however, in the next sentence, that other cases of the same disease occurred within a week in *distant* parts of the same parish. The italics are S. G. O.'s; they indicate, if anything, the writer's opinion that these cases also must have been the direct offspring of moonshine and dung, and not of the case originally so engendered; so that, granting we have traced in this instance the mode of origin of a malignant typhus fever, which, in accordance with the general law of being, has received at the moment of its creation the faculty of propagating its species, and proceeds at once to exercise that faculty at the expense of the near neighbours of the first victim, yet that isolated acts of creation by the agency of dung and moonshine also took place in remote quarters of the parish. And this must really have been so, because these isolated cases were instances of the same disease, but could not be traced to contagion from the case originally engendered in the dung-cart.

Is it not strange that a gentleman so acute as S. G. O., possessed, moreover, of considerable scientific attainments, should miss the obvious explanation of the phenomena he details? Whether is it the more likely that a load of London manure should have included refuse or excreta from some London case of typhus or typhoid fever, and thus have been the medium of conveying the disease to the tired lad who slept upon it? or that the malady should have sprung—a new creation—from that chance congress of dung and moonshine? And is it not more probable that the subsequent apparently isolated cases should have been derived from the first nucleus of contagion—not traceable, perhaps, by those who probably made no effort to trace them, and certainly did not possess the clue—than that they should have severally sprung into being from the conjunction of dung and moonshine, or from some still more inscrutable and "fortuitous concourse of atoms"?

But, to leave banter, let us note the lesson to be heard from this strange vagary of a writer so eminent as S. G. O. We had enough, even *ad nauseam*, of absurd speculations concerning the origin and mode of propagation of the typhoid fever, whether of man or of the ox, but this is the climax of them all. I am not disposed to deny that the moon's rays may possess properties yet unknown, the discovery of which may reward the research of future investigators. Nay, there may be even some underlying truth in the popular notions respecting their influence; but we need not resort to the moon for an explanation of the origin of fever. It is surely time that views more philosophical, more in accordance with reason and analogy, should obtain general acceptance. Such views have been opened to us by Dr. William Budd, illustrated by a felicity of observation, and enforced by a vigour of argument, unsurpassed in the annals of medical investigation.

Typhoid fever is distinguished by all the characters of the zymotic class. It runs a definite course, is accompanied by distinctive eruptions both on the skin and on the intestinal mucous membrane; it occurs, as a rule, but once in the same individual, and finally it spreads by contagion. True, the germs by which it is propagated are thrown off, not as in measles or small-pox chiefly by the skin, but by the intestinal mucous membrane, and thus the path of the contagious matter is peculiar and erratic; but the evidence of the fact is conclusive, and is now generally admitted. Yet numbers, both of physicians and laymen, still seek for some other source of the disease. The claim of a faculty of spontaneous origin for small-pox and scarlatina has long been abandoned; but the

typhoid fever germ, an entity quite as specific, is sought in every impossible nidus—at least, even in a moonlit dung-cart.

We know not, indeed, how any species, whether animal or plant, fungus or infusoria, first comes into being; but we do know that with its being it received the faculty of self-propagation, that the species is continued in no other way, and that, when in the course of years or ages it finally becomes extinct, its place is taken by other species, similar, it may be, but never identical with it. And so we may be sure that the typhoid fever germ is not created anew some thousands of times in the year; that it springs not from this cesspool nor from that dung-cart. It breeds solely in its own proper nidus—the body of a human being, is thrown off in atomic myriads from the intestinal canal of the human fever patient; and if we cannot always trace its course to the individual who next receives it, let us reflect how remarkable a thing it would be if we could. Let our investigations, however, take this obvious and natural direction. Let us also study the influences, meteorological or other, that affect the preservation, the diffusion or the growth of the germs; and let us, at all events, shun that resource of a vague and idle imagination—the theory of spontaneous generation.

The tenour of this letter would seem to render it necessary for me to notice that of "Scrutator," published in the JOURNAL of September 16th. I do so only to remark that a reply to it, if any be requisite, is due from an abler pen than mine, whose function I shall not venture to assume.

I am, etc., S. H. STEEL, M.B.Lond.

Abergavenny, September 20th, 1865.

WHAT IS THE NATURE OF THE "YELLOW" FEVER NOW AT SWANSEA?

LETTER FROM J. ROSE CORMACK, M.D., F.R.S.E.

SIR,—“Yellow fever at Swansea!” is an alarming announcement, the truthfulness of which will, I trust, be explained, as well as admitted, before the opportunity for minute inquiry and observation shall have passed away. Let it be granted, that the announcement referred to has been made on reliable data by last week's newspapers and medical journals; still the public may, I think, be instructed to regard the intelligence very calmly, if they look at it in the light of medical history and epidemiological experience. It will then most probably be admitted that there is no ground for alarm at the supposed invasion of a foreign pestilence, but much cause of thankfulness for a mild warning to the municipal authorities of many of our towns, as yet unprepared for the advent of disease likely to take root and spread under the favouring influence of famine, filth, or such exceptional atmospheric conditions as have lately existed.

Twenty-two years ago, at the close of summer, a contagious fever broke out in the slums of Edinburgh, Glasgow, Dundee, and other Scottish towns. Early in the hot September of that year, 1843, the fever being then at its worst in Edinburgh, in addition to the provision for fever cases in the Infirmary, a new Fever Hospital was opened with eighty beds, and placed under my charge. In the December of that year, after careful observation and reporting of hundreds of cases, I published an account of my personal knowledge of that memorable epidemic, giving the minute history of a sufficient number of cases to illustrate the different forms of the disease. From what I have since read, and from what I have since seen, at home and abroad, of fever, I cannot help thinking it very probable that the language in which

I described the “highly congestive form” of the Edinburgh fever of 1843 may be found descriptive of the Swansea cases now so properly attracting the notice of the Medical Department of the Privy Council.

In the work referred to, I said: “One of the most common symptoms in the highly congestive form of the disease is yellowness of the conjunctive, and of the whole surface of the body. It generally appears between the third and seventh days, and is always most intense on the face, neck, chest, abdomen, and thighs. The hue of the neck and chest is the most vivid. . . . Associated with the yellowness, there are generally depression, less or more delirium, . . . and hæmorrhages from some of the mucous membranes. In the worst cases, black coffee-ground-like matter is ejected. In some cases, the black vomit occurs without the yellowness; and, on the other hand, at the autopsy of yellow patients who have had no black vomit, this matter has been found in the stomach and other parts of the alimentary canal.” Such were many of the cases of the Edinburgh “relapsing” fever of 1843, treated by me immediately and for some weeks after my appointment to the Fever Hospital. The weather was then hot; and the cases, for want of hospital accommodation, had been accumulating in overcrowded and dirty lodging-houses. As the season advanced, the temperature fell, and vigorous house-cleansing was adopted. Under these altered conditions, the yellow cases disappeared, though the “relapsing” fever continued for a long time to prevail in a milder form. Are not the Swansea yellow cases of the hot September of 1865 similar to the Edinburgh yellow cases of the hot September of 1843?

Till the facts have been placed before the public in a more detailed and unimpeachable form than that in which they have yet been published, it would, of course, be premature to give a positive opinion as to the nature and origin of the present Swansea fever. It is, however, very important, at this stage of the inquiry—while yet there is an opportunity of observing, and at once writing down what is seen—to express a hope that the medical profession of Swansea, and the Medical Department of the Privy Council, will rigidly take and fully publish evidence, not only as to all the circumstances connected with the state of health of the crew of the *Hecla* during her voyage from Cuba and on her arrival at Swansea, not only regarding the intercourse between her and the Swansea residents attacked with fever, but likewise as to the type of fever and all diseases in Swansea at the date of the *Hecla's* arrival, and for months before and subsequently to that date. Has disease exhibited a more than usually marked intermittent or remittent type? Have there been cases of ordinary relapsing or of other fever? This latter inquiry is specially important; and no inquiry will be complete till the question have been clearly settled in the affirmative or negative. The yellow cases which occurred in Edinburgh and other Scottish towns in 1843 truly belonged to the same epidemic of “relapsing” fever in which the majority of cases were not yellow. As the skin is sometimes very yellow in cases of typhoid fever, a yellow skin must not be taken as a test by which to determine the nature of a fever.

I beg to recall attention to the fact that the Scottish epidemic of 1843 was not supposed to be of foreign origin; that it almost simultaneously sprang up in several towns; and that it originated among crowds of dirty Irish reapers, and others huddled together with them in localities always overcrowded and ill-ventilated, and then far more closely packed than usual. Filth, overcrowding, and deficiency of air, combined with the high temperature of the sea-

son, no doubt stamped the fever with an aggravated type; though it is not so certain, as some have maintained, that it originated in these conditions. While it spread like a conflagration from top to bottom of the lofty "lands" of the High Street of Edinburgh, scourged the adjacent closes, and reigned for months triumphant in the low lodging-houses of the Grass-market, Cowgate, and West Port, it did not cross the bridges to the New Town. A few scattered cases which did occur there, were all clearly traceable to much contact with congregated sick in the Old Town. In the other Scottish towns visited by the epidemic, the exemption of the districts under good sanitary conditions and inhabited by the better classes was as well marked as in Edinburgh.

Taking, therefore, into account all the circumstances as at present before the public, the announcement of yellow fever being at Swansea, truthful though it be, is not very alarming. It ought, however, to be accepted by the municipal authorities of that and other towns as a warning to conform to Nature's laws of health, which cannot continuously be infringed with impunity. Without solving the scientific question, What constitutes yellow fever? it can be truly said, that the terrible disease known by that name in the tropics has never established itself in the British Isles, though, in numerous instances, ships with cases on board have come into our ports. It ought to be reassuring to the public to know that the real "yellow Jack" cannot multiply in our temperate climate; and that it is only in unventilated ships and hovels, amid rotten vegetation, and excessive humidity, in countries with a mean temperature of 82° Fahrenheit, that the scourge has prevailed.

In conclusion, let me add, that the chief object of this letter is to express a conviction that such inquiries as that now going on at Swansea lose more than half their value when not carried out with extreme rigour, on a very broad basis, and over a considerable space of time. The value of much that has been recently well written on particular epidemics, is impaired by the narrow area within which information has been gathered. The history of an epidemic is very disappointing to the student of epidemiology, when it only describes well marked cases, and fails to give the characteristic features of all contemporaneous disease.

I am, etc.,

JOHN ROSE CORMACK.

Formerly Physician to the Fever Hospital and Royal Infirmary of Edinburgh.

5, Bedford Square, London, W.C., Oct. 2nd, 1865.

THE "TIMES" AND THE MEDICAL PROFESSION.

LETTER FROM JAMES BIRD, ESQ.

SIR,—Permit me to direct immediate attention to a most extraordinary leader in the *Times* newspaper of this day, on the present state of the science and practice of medicine, more especially in reference to the existing knowledge and mode of treatment of the formidable epidemic, cholera, whose approaching visitation is a subject of the utmost anxiety to every member of the community. The fallacies and inaccuracies of an *ad captandum* newspaper article on medical science and practice might, in ordinary times, be allowed to pass *quantum valent*; but the vast influence and extensive circulation of the *Times* newspaper, and the immense importance attached to its dictation on every subject by a large number of readers, render it most imperative that its criticisms on medical science, especially in seasons of extra danger and alarm, should be just, truthful, impar-

tial, and tempered with charity and good feeling. In all, or nearly all, of these particulars, the article in question is lamentably deficient; and I doubt not that many far abler pens than mine will vindicate, in due time, the science and practice of medicine from the unjust aspersions so ill-advisedly and ill-timely cast upon both by the lay writer in the leading public journal.

The public must be taught to realise the fact that medicine never has been, nor ever can claim to be, considered an *exact science*. It has to deal with the *vital* principle of humanity, as well as of animals; and the subtle phenomena involved in the word *vitality*. What it is—to what an extent, or even in what manner, it exercises its stupendous influence over animal organisation—no science or philosophy, exact or otherwise, has ever been able to describe or define; and its elucidation, beyond all doubt, will remain hidden and unrevealed to fallen man until the great truth is communicated, in His own good time, by the Almighty Author and Creator of all things. In the meantime, let all laymen well consider this fact—that the great science that watches over health is as complicated as it is important; that it requires attainments of the highest order—knowledge of every kind; and, after the experience of ages, it still remains to the most learned and the most skilful a science of great uncertainty as respects the issues of life and death.

Time will not admit of any further remarks on this subject in this week's JOURNAL; but I hope its importance will justify me in briefly directing attention to what a lay writer thinks of us.

I am, etc., JAMES BIRD.

Seymour Street West, Connaught Square, Oct. 4th, 1865.

NEW ST. THOMAS'S HOSPITAL. The preparations for the erection of the new St. Thomas's Hospital, on the site selected at Stangate, are actively progressing, and the last arch of Westminster Bridge is now stopped by fender piles, to prevent boats, etc., interfering with the work of pile-driving for the dam, in which will be laid the foundation stone of the hospital.

THE CATTLE PLAGUE. The *Morning Post*, in a leader (on the 5th instant), says: "It is satisfactory to learn that the Crown is forthwith to issue a Commission to inquire into the nature of the prevailing cattle-plague, with a view to arrest its progress and prevent its recurrence. If this Royal Commission is composed of thoroughly competent and painstaking members, and provided the pest is not too soon stayed by that which may now be almost expected, a change in the 'empirical constitution of the atmosphere' (to use the language of a great physician of the olden time), great good may accrue from its investigations. It is only a pity that they were not commenced at an earlier period. There is still time and opportunity, however, for much to be done by a capable Royal Commission, the more particularly as some considerable progress has already been made in the elucidation of the pathology of the disease by independent and zealous inquirers, such as Dr. Budd of Bristol. The opinion ably, we may almost say eloquently, maintained by Dr. Budd is, that the plague now killing our cattle is of the nature of that disease which, in the human subject, we call 'gastric' or 'typhoid' fever..... Practical results of much value must follow the acquisition of an accurate knowledge of the nature of the disease." The magistrates of Edinburgh have appointed a medical committee, of which Dr. Andrew Wood is convener, and Drs. MacLagan, Littlejohn, and Smart, and Professor Dick, are members, "to investigate the disease, with the view chiefly of discovering the best means of cure."

Medical News.

ROYAL COLLEGE OF PHYSICIANS OF LONDON. At a general meeting of the Fellows, held on Saturday, September 30th, 1865, the following members of the College were duly admitted Fellows of the same:—

ALISTON, Francis Edmund, M.D., on 1st, 10, Wimpole Street;
R. BERTS WILLIAM, M.D., London, Manchester

At the same meeting, the following gentlemen, having undergone the necessary examination, were admitted members of the College:—

BROWN, Robert Charles, M.D., on 1st, Preston, Lancashire
Cox, George George, M.D., London, Manchester
EDWARDS, David Owen, Florence
FOSTER, Balthazar Walter, M.D., Erlangen, Birmingham

The following were reported to have passed the preliminary examination in the subjects of general education:—

Bartlett, James Prime, Notting Hill
Baumgartner, John Richard, Goringham
Baker, John, Gower Street
Chestwood, William, Waltham Abbey
Clark, Andrew, Kensington Gardens Square
Collins, Thomas, Birmingham
Elliott, Frederick William, Turnham Green
Hodges, William, Bristol
Hosking, Ethelbert, Woburn Square
Jackson, Henry Ensworth, Highbury Grove
Lawson, Frederic, Bath
Mayhew, Charles Henry, Upper Berkeley Street
Mills, Charles, Guildford Street
Part, James, Camden Road
Pedler, George Henry, Fleet Street
Porter, Richard, Droitwich
Roberts, Arthur Wilson, South Norwood
Saunders, William Egerton, Peckham
Simon, Arthur Charles, Upper Westbourne Terrace
Smart, David, Cranbrook
Webb, Charles Frede, Basingstoke

APOTHECARIES' HALL. On September 28th, 1865, the following Licentiates were admitted:—

ANDERSON, James Litchfield, Berkeley Square
Dixon, William Henry, John Street, Sunderland
Garrett, Miss Elizabeth, Upper Berkeley Street, Portman Square

At the same Court, the following passed the first examination:—

Bailey, John Coyte, Middlesex Hospital
Cadle, James Frederick, Middlesex Hospital
James, John Rees, Middlesex Hospital
Pollock, Robert, University College

APPOINTMENTS.

BRIGGS, H., M.D., elected Assistant-Physician to the Metropolitan Free Hospital.

*JONES, William, M.D., elected Assistant-Physician to the Metropolitan Free Hospital.

*NELSON, David, M.D., elected Professor of Medicine in Queen's College, Birmingham.

ARMY.

SAMPSON, N., Staff Assistant-Surgeon A., to be Assistant-Surgeon 89th Foot, vice C. S. Wells.

ROYAL NAVY.

CUMMINGS, John Esq., Surgeon (additional), to the Cumberland, for Sheerness Yard.

EVAN, Dugald W., M.D., Surgeon, to the Trafalgar.

FLYNN, F. F., Esq., Assistant-Surgeon, to the Asia.

HEYNE, Leonard H. J., M.D., Surgeon (additional), to the Fingard, for Woolwich Yard.

REDMOND, William, Esq., Assistant-Surgeon, to the Sparrow.

WRIGHT, George E., M.D., Assistant-Surgeon (additional), to the Antelope.

MILITIA.

ARMSTRONG, F., M.D., to be Surgeon Royal West Lancashire Regiment of Militia.

VOLUNTEERS. (A.V.=Artillery Volunteers; R.V.=Rifle Volunteers):—

CLAYTON, R., Esq., to be Honorary Assistant-Surgeon 22nd Lancashire A.V.

THOMAS, D. H., Esq., to be Surgeon 4th Glamorganshire R.V.

DEATHS.

BRICKWELL. On October 1st, at Salsburghworth, Herts, aged 86, Elizabeth, widow of John Brickwell, Esq., Surgeon.

FEATHERSTON. On September 2nd, at Smart, near Boulogne, Janet Dunbar, widow of Jonathan Featherston, M.D., of Newbas Grange, Durham.

HAMMOND. On October 2nd, at Preston, aged 6, Josephine Jane, eldest daughter of J. H. Hammond, M.D.

*LEIGHMAN, W. F., M.D., at Grandview, on September 13.

*MCCLURE, Andrew, M.D., Surgeon H.M.S. Racer, at Leghorn, aged 41, on September 17.

*M'NAB, Daniel, Esq., at Epping, Essex, aged 74, on October 3.

*PARKER, Thomas P., M.D., at Sunderland, aged 48, on Sept. 21.

THE ROAD MURDER. Constance Emilie Kent has been removed, by order of Sir George Grey, the Home Secretary, from the Wilts county gaol, at Fisherton, Salisbury, to the convict prison at Millbank, to undergo her sentence of penal servitude for life.

DEATH OF A CLERGYMAN. On last Sunday morning, while the Rev. Mr. M'Dermott, chaplain of Westminster Hospital, was preaching at St. Jude's Church, Chelsea, he suddenly paused, said, "I feel faint and cannot proceed," and sat down. He was removed to St. George's Hospital, where he expired about four o'clock in the afternoon.

SHARKS AND SUBMARINE CABLES. No instance has yet occurred of a cable being injured by a fish of any kind. Porpoises, grampuses, black fish, and whales fly from it, so that the cable under water is much better off than the wire on land in India and other places, where the monkeys are persuaded the poles and lines are erected for their special benefit, and elephants use the fences as scratching posts. (*Fortnightly Review*.)

DISEASE OF CATTLE. Professor Ferguson has reported to the government that a disease has broken out in different parts of Ireland among cattle, very much resembling farcy in horses. It attacks in the first instance generally the fore legs about the knees, the back of which swells. Tumours form on different parts of the body. Suppuration takes place, the tumours break, form into sores, and in fatal cases the animals are carried off from suppurative fever.

QUEEN'S COLLEGE, BIRMINGHAM. The Council of Queen's College held a meeting on Tuesday last, for the purpose of electing a Professor of Medicine. Professor Clay moved the appointment of Dr. Nelson, as recommended by the professorial body. He stated that Dr. Nelson graduated at the University of Edinburgh in 1848. He was elected Physician of Queen's Hospital, Birmingham, in 1849, and subsequently lectured on clinical medicine at Queen's College. Mr. Trow seconded the motion, which was passed unanimously.

FICTITIOUS SPIRITS. A few instances have been discovered of the sale of drinks under the names of "Indiana brandy," "medicated whiskey," "pure Islay mountain," "Indian tincture," and "red currant cough elixir," the exciting principle of all of which was found to be hyponitrous ether prepared from methylated spirit. The above compounds were all highly stimulating, and it would appear that they are consumed by some of the poor, because they produce intoxication at the cost of only a few pence, while there are good reasons for believing that hyponitrous ether itself, and in some parts of Ireland even sulphuric ether, are used by the needy classes for the same object. It is difficult to see how this evil, so pernicious to the moral and physical welfare of those who indulge in it, can be checked, as the substances under consideration possess more the character of medicines than of ordinary spirits, and may thus be legally kept and sold by any chemist. In such cases all that can be done is to cry, "Buyer, beware." (*Inland Revenue Report*.)

YELLOW FEVER IN SWANSEA. The barque *Hecle* arrived some weeks ago from Cuba with fever on board; and one man died of yellow fever the day after the arrival of the ship. The mayor took every possible means to prevent the spread of the disease. Last Saturday, however, a death occurred which the medical men agreed was yellow fever. Since then ten deaths have taken place, all of which are certified as "yellow fever." Dr. Paddon communicated with the Privy Council on the subject, and on Thursday the government sent down Dr. Buchanan. (*Cambrian Daily Leader*.)

PRIZES IN ECONOMIC ENTOMOLOGY. In order to encourage the study of economic entomology, the Council of the Entomological Society has announced that it has decided to offer two prizes of the value of five guineas each, to be awarded to the authors of memoirs of sufficient merit, and drawn up from personal observation, on the anatomy, economy, or habits of any insect, or group of insects, especially serviceable or obnoxious to mankind. The memoirs should be illustrated by figures of the insects in their different states, and if the species be noxious, they must show the results of actual experiments made for the prevention of their attacks, or the destruction of the insects themselves. The memoirs must be sent to the Secretary, No. 12, Bedford Row, London, with mottoes, on or before December 31st, 1865, when they will be referred to a committee to decide upon their merits. The prize memoirs shall be the property of, and will be published by, the Society. (*Quarterly Journal of Science*.)

A REPEATED ERROR. The illustrious Berzelius once published a partial analysis of an ordinary specimen of *milk*. I do not know whether the great chemist's pen had slipped, or whether his English translator had a bad dictionary, but so it fell out that the analysis was published in England as referring to *cream*. Pereira copied it into his work on diet; and from that time to this almost every writer on the subject has done the same, down to Dr. Dobell, who published a useful analytical table a few months ago. One *savant* only, who had probably been outside of London, and seen that the cream was at the top of the milk, seems to have been struck with the singularity of a cream containing only $4\frac{1}{2}$ per cent. of butter, and he qualified Berzelius' fluid as "a specimen of *thin* Swedish cream!" I myself found, in an ordinary sample, 27 per cent. of butter, or six times as much as was set down by these authors, none of whom, I suppose, had ever heard of the rough farmer's rule, a quart of cream to a pound of butter. Dr. Völcker found 25.8 per cent. (Dr. Beddoe, in *Dublin Quarterly Journal of Medical Science*.)

HEALTH OF IRELAND. The Registrar-General of Ireland's return, lately published, includes the marriages registered during the first quarter and the births and deaths registered during the second quarter of the present year. The number of marriages registered in the first quarter was 12,266, being equal to annual ratio of one marriage to every 118, or .85 per cent. of the population. 10,127 of these marriages were between Roman Catholics, and 2,139 between Protestants. The number of marriages registered in the corresponding quarter last year was 9,578; 7,390 between Roman Catholics, and 2,188 between Protestants. The increase of this year is attributed to the fact that some marriages were not registered during the first quarter of 1864, as the Act only came into operation on January 1st in that year. The number of births during the quarter ending June 30th last amounted to 39,163, of whom 20,018 were boys and 19,145 girls, or 95.6 of the latter to 100 of the former. The number of births registered in

the corresponding quarter of last year was 38,701. There were 24,380 deaths registered during the quarter, 12,166 males and 12,214 females, a decrease of 68 on the deaths of the corresponding quarter last year. The number of persons who emigrated from Ireland during the first quarter of 1865 amounted to 15,848, and during the second quarter 37,588; the latter number being 11,214 less than that of the corresponding quarter of 1864. The decrease in the population during the first six months of the present year is stated at 29,669 persons. The number of persons in Ireland receiving indoor relief during the second quarter of 1865 averaged 54,852, being a decrease of 3,115 on that of the corresponding quarter of 1864. The average number in receipt of outdoor relief, however, was greater during the second quarter of 1865 than that of 1864, the former being 10,565, and the latter 9,149. The health of the people was satisfactory throughout the quarter, owing to comparative freedom from epidemical diseases; but the Registrar-General takes occasion to point out the necessity of removing causes likely to encourage cholera. The mean height of the barometer was 29.916 inches; the highest, 30.378, was on June 13th, and the lowest, 29.223, on May 29th. The mean temperature of the air was 54.8°, the maximum registered by the thermometer being 83.9°, and the minimum 31.2°. The rainfall measured 5.816 inches, the greatest being in May, when 3.578 inches were registered.

BETHLEM HOSPITAL. Among the charities of which the Charity Commissioners have recently obtained a special account is this great hospital. Bethlem comprises a foundation applicable to the general purposes of the hospital, and, in fact, devoted to the treatment of patients deemed curable, and a foundation for the maintenance of incurable lunatics. The department for criminal lunatics, maintained by the government, is no longer required, a State asylum at Broadmoor having been provided. The estates and other endowments of Bethlem produce a gross income of £18,000 or £20,000 a year, a third of which comes from estates in Lincolnshire given in 1729 by E. Barkham for the maintenance of incurable lunatics. Mr. F. O. Martin, who has made the inquiry into the affairs of Bethlem, submits that as incurable lunatics are now provided for by county asylums, the Lincolnshire estates should be transferred to the general fund. He has to state that there have been times, and not very remote, when the management of Bethlem has not been altogether creditable to the aldermen, common councilmen, and nomination governors bearing rule over it. The tavern bills he pronounces "not justifiable." In the period from 1817 to 1836 the Lincolnshire rental yielded £105,673, and only £32,110 found its way to the coffers of the hospital. Mr. Martin is able, however, to report that no one can fail to be struck with the great improvements which have been made in the management of the hospital. It is now, he says, under the ordinary jurisdiction of the Commissioners in Lunacy, and regularly inspected by them. The cost of maintenance, furniture, and clothing was rather over £36 per head in 1862. The propriety of the expenditure on buildings and repairs involves a question upon which there is difference of opinion; the Commissioners in Lunacy and some of the governors holding that it is expedient to dispose of the present building and to remove the hospital to the country, while others consider that it should be retained where it is. It is expressed in the instructions for admission to the hospital that preference will be given to the patients of the educated classes, to secure accommodation for whom no patient will be received who is a proper object for admission into a county lunatic asylum.

Introductory Address

DELIVERED AT THE OPENING OF

ST. MARY'S HOSPITAL MEDICAL SCHOOL,

OCTOBER 2ND, 1865.

BY

C. HANDFIELD JONES, M.B., F.R.S.,

PHYSICIAN TO THE HOSPITAL.

GENTLEMEN,—The time-honoured custom of pre-facing the commencement of each session of medical study by an address, delivered by one of the teachers of each school, has much, I think, to commend it to our approval; and one of its advantages may be this—that it affords us an opportunity of reviewing our position, and setting before our minds the chief features of the changing scene. It seems to be a natural tendency implanted in us all to portion out the time given to us, and to pause at the end of various periods, and consider more or less closely what our progress has been, and what our prospects appear. The wise man, deeply conscious of the value of time, will be ever desirous thus to pause and consider his ways; and even the most heedless and unthinking can hardly avoid some reflection as the stream of time, which is bearing him on, turns, and opens before him, as it were, another of its long reaches.

Wisely is it ordered, no doubt, that the year—returning *ἐπιστροφῶς*, our natal day, and the commencement of set periods of labour, should thus invite us to salutary thoughts, which may become the spring of renewed and improved action. It falls to my lot to-day to be the one who is deputed by the staff of St. Mary's to greet again the friends and older students of the hospital and school, and to hold out the right hand of welcome to the younger, who come to us now for the first time. To each and all of these, and through them, perhaps, to others around us, I must strive to say a few words. And when I think that, humanly speaking, it is extremely improbable that I shall ever have the like opportunity again, I cannot but feel anxious that I may be able to say something which shall have a voice to the heart.

Looking to the general condition of the profession which some of you are about to join, while there are not a few things that one would wish otherwise, I think, on the whole, that we have much ground of legitimate satisfaction and encouragement. It cannot be denied that, taking us all in all, we are doing all over the land—I may say almost all over the world—a vast deal of downright, real, honest, and beneficial work, which, if not always appreciated or rewarded as it deserves, yet often is so; and which not unfrequently becomes the cause of our being linked in pleasant and friendly relations with those whom we cannot but esteem and love. To do good work, and to be loved for doing it, is surely a lot which many a man might envy, and with which we may be well content. If the prizes which are to be won in the legal, clerical, and military professions, are not open to us, this is not to my mind any source of very deep regret. It is better, as an old saying has it, to deserve and not to have, than to have and not to deserve. How many of those who do gain

these distinctions can be said fairly to have earned them? In how many instances are they not simply the gifts of fortune, or procured by interest? The medical practitioner need not thirst to make his way into the aristocracy of title, place, power, and wealth; he belongs, or his aim should be to belong, to a higher grade—the aristocracy of intellect. His ambition should be to gain such a power and mastery in dealing with disease, that he may be looked up to by his fellow-mortals as a superior being, to whom, in some measure, the Creator has entrusted the power of restoring health and preserving life. As such, and in so far as he is worthy the name of *healer*, he holds a position inferior in real dignity to none except that of him who ministers in holy things. He may surely afford to look very calmly on the external trappings of inherited nobility, or those of the rank which is procured by interest or wealth. He will hardly, methinks, care to exchange places with the conqueror or with the statesman, when he remembers that his triumphs bring no misery like those of the former; and that, unlike the latter, he has to deal with the steadfast laws of Nature, rather than with the passions and prejudices of men. We may, I think, be well satisfied with our place in this passing scene, as one in which we have no mean opportunity of serving God and benefiting our fellows; and, instead of aiming after that which would be hardly more than outside glitter, let us strive after real power—the power which comes of industry and energy in our appointed work. I would that, as a profession, we were more zealous and anxious for this—that our power to heal might be increased. I would, not that there was less of individual effort, but much more of combined, to win from Nature the secrets of healing and prevention of disease. We have already choice first-fruits; but there must surely be many more awaiting the diligent seeker; and I cannot but wish that this search were pursued on a larger scale, and with adequate means.

Believing thus that our social position depends very much on our own intrinsic worth, I do not think that we must look for much advantage from any legislative interference in our behalf. No Medical Act will ever suppress quacks, any more than it will eradicate the love of quackery which is so innate a tendency in many minds. Even across the Channel, where the liberty of the subject is much less tenderly dealt with than among ourselves, quackery, as M. Dumont tells us, is rampant enough, in spite of prohibitions and fines. *Omne ignotum* will always be held *pro magnifico* by the lovers of the marvellous; and an unscrupulous and ignorant boaster, who can lie through a deal board, will always, with certain minds, have an advantage over the man whose knowledge of disease prevents him from being blind to threatening dangers, and whose conscience will not suffer his tongue to utter that which he knows to be untrue. These are vexations which we shall always have to contend with; and I doubt very much whether they will ever be removed, even by the increased diffusion of sound scientific knowledge. A medical friend once related to me the instance of a man of considerable scientific attainments, thoroughly versed in electrical matters, who suffered from some obscure neuralgic or rheumatic pains, for the relief of which he wore one of the so-called galvanic rings which were in vogue some years ago. His reason told him that it was utterly impossible that any galvanic current could be generated by this ring, but nevertheless he wore it; and, when rallied by my friend on his credulity, he admitted the absurdity of the notion, but added, "I believe, nevertheless, the thing has some virtue." And a virtue it had, no doubt; but this proceeded, not from any-

thing existing in itself, but from the mental state it induced in the wearer. He had a faith in his ring; and this faith overruled his reason, and gave a power to the ring which it could never have had without. I may refer to this subject again; but, before I pass on from my notice of quackery, I wish to make some remarks upon one form of it, in order to set ourselves right on one point in which I think we are often misrepresented.

The advocates of what is called homœopathy put forth that our repudiation of their views relates to their dogma about those remedies having a curative virtue in certain morbid states, which, when administered in the healthy condition of the system, produce these same morbid states; or, as it is shortly expressed, that "like cures like". This dogma would lead us, if we accepted it, to give urate of soda for the cure of gout, or an extract of the stools of typhoid patients for the cure of others labouring under the same fever. It certainly does not sound promising to an inquirer after rational science; but yet I will venture to say this is not the main cause of our refusing to have anything to do with homœopathy and its professors. A man might, I conceive, hold any view as to the *modus operandi* of remedies, and yet be one with whom I could consistently advise and act. But when a man takes up, as a fundamental part of his therapeutics, the notion that the more a substance is attenuated, the stronger are its effects—when he renounces the administration of drugs in doses which produce a perceptible action, and puts his faith in infinitesimal quantities of common salt, silica, and the like—one can only say that his mind and mine have no common ground of action in the cure of disease; and that it is, therefore, simply impossible we can cooperate. You might as well ask two engineers to consult together about erecting a bridge, one of whom believed that the weaker the supporting structures were made, the greater would be their power of enduring strain. I believe that the absurdity of this dogma of infinitesimal doses is felt pretty keenly by some of this tribe, and they would fain make out that it is no essential part of what they call their system. It stands, however, written indelibly in their text-books, and is so essential a part of their system that, if it were removed, the public would utterly fail to distinguish between them and us. Some of the laity, I know, have an idea that the peculiarity of homœopathic medicines is, that they contain only the potent essences and active principles of ordinary drugs, extracted from the coarser preparations by recondite processes; and that they are, therefore, comparable to our aconite or atropine. This notion is, of course, utterly without foundation; and the public should know that it is so. When the case of homœopathy is stated thus, on the real grounds by reason of which we, as rational practitioners, refuse to have anything to do with it, I think none, however biased they may be in favour of this phase of quackery, can possibly charge us with being indifferent to the discovery of truth, or bigoted adherents to an old belief. Who, I would ask, are more ready to adopt and test every new proposal for the cure of disease, than medical practitioners? and who are more ready to proclaim the virtues of any means that approves itself on fair investigation? Were not iodide of potassium, chloroform, and cod-liver oil received, I might almost say with open arms, by the profession? Did we not, in public and private practice, fairly test the worth of Dr. Fell's claims for the cure of cancer? And have we not carefully endeavoured to estimate the value of hypophosphites and other remedies, not excluding even snakes' dung, in the treatment of phthisis? A clergyman once said to

me that he thought no dose of laudanum was more truly doing Christ's work on earth than the medical profession, on account of the ready, hearty way in which they had promoted sanitary improvements, to their own manifest disadvantage. Could we receive homœopathy without abandoning our common sense, and, I might almost say, our common honesty, the case would be very different; but, so long as such old-fashioned qualities stay by us, we are bound to keep ourselves clear of all dealings with it, and must rank its instances of apparent success either as the results of good hygiene or of implicit faith, or, as Dr. Roberts has given us ample proof, of the clandestine administration of non-homœopathic medicines. But enough of this matter.

The allusion I have just made to the influence of faith leads me to ask you to consider this matter with me somewhat in detail. It seems to me worth while to endeavour to have some distinct information on this head, and that we ought not to rest content with vague notions about the power of imagination and the effects of psychical agencies on the body. Unless we are fully satisfied in our own minds that these are *vera causa*, and to what extent they are so, we have of course no right to ascribe to them the results obtained by quacks, which sometimes appear striking enough.

For the sake of illustration, I will cite briefly some authentic histories from the annals of our army and navy, which prove unquestionably that different states of the mind and feelings act powerfully either in promoting the operation of morbid impressions and miasms, or in enabling the frame to resist them. Dr. James Johnson relates that H.M.S. *Russell*, 74, sailed from Madras Oct. 22nd, 1806, and arrived at Batavia Nov. 27th, the crew healthy, and their minds highly elated with the sanguine expectations of surprising the Dutch squadron there. Such, however, was their sudden disappointment and concomitant mental depression on missing the object of their hopes, that they began immediately to fall ill, ten, twelve, or fourteen per day, till nearly two hundred men were laid up with scurvy, scorbutic fluxes, and hepatic complaints. Of these upwards of thirty died before they got back to Bombay, and more than fifty were sent to the hospital there. The *Albion* did not fare better. The *Powerful* fared worse. So that in these three ships alone, in the short space of a few months full one hundred men died on board, and double that number were sent to hospitals, many of whom fell victims to the above-mentioned diseases, which had been aggravated, and in a great measure engendered by mental despondency. When we remember that the sufferers in this instance were not delicate and sensitive persons, but hardy sailors, we must admit that the record strongly sets forth the influence of mental depression; while the two following incidents exhibit the opposite result of cheerful excitement. During the week in which Hill's division surprised that of Gerard at Aroyo de Molinos in Spain, during the Peninsular war, the rain was heavy and almost incessant, and the men passed two nights in bivouac without fires, yet fewer of these men fell sick during that and the subsequent week than in any equal period during the year. Dr. Luscombe assigns as the reason of the immunity of the soldiers from the effects of fatigue and exposure to cold and wet, that they were under exercise and mental excitement. During the epidemic yellow fever of 1822 in Jamaica among the soldiers of the 91st Regiment, when the order was issued for their removal to another station, the fever ceased; and, though the corps was unexpectedly detained for three or four days after the order was issued, not one case was admitted into hospital during the whole of that

period. I have quoted these instances from Sir Ranald Martin's classical work, because it can seldom happen in civil life that cures on so large a scale come under the observation of any one, and what we do not see strikingly exhibited we are to pass unnoticed, according to the old dictum, "De non apparentibus et non existentibus eadem est ratio."

I proceed now to my more immediate object, which is to illustrate by examples how mental influence modifies the action of medicines, or at least intervenes in such a way that it is necessary for resistance has to be taken into most serious account in estimating the effects produced. An elderly medical man, of unquestionable veracity, told me that, when a young man, he had a gentleman under his care, rather advanced in years, who consulted him for a sore on his leg. This sore was quite of an asthenic character—very probably a varicose ulcer; at any rate, mercury was quite contra-indicated. The patient, however, fancied it was of syphilitic origin, and wanted to have mercury given him. My informant refused for a long time, and his recusance was backed by the opinion of an hospital surgeon, who was called in consultation. They continued to treat the case together for some time with various remedies; but, at last, finding they made no progress, and the patient retained the same fixed idea of the necessity of mercury, they agreed to employ a *ruse*. They said they were now satisfied that he was right, and that mercury must be given, but it must be with great caution; and one of their directions was, that an attendant should sit up with him every night to watch the first appearance of the gums becoming affected. The object of this was of course to rivet more strongly on the patient's mind the notion that he was taking the desired remedy. No mercury was really given; but from this time the sore began to improve, and soon got well. Dr. Horace Green related the following story to Dr. Simpson of Edinburgh. A lady had been useless and bed-ridden for years; the spine was her own alleged seat of disease; and endless measures had been tried to restore her to health, and the power of standing and walking; but they had all been tried in vain. In consequence of the earnest advice and glowing representations of some female homoeopathic friends, she had been long anxious to ascertain if homoeopathic treatment could be of any use in her distressing case; but her husband refused to give his consent, believing homoeopathy to be a discreditable delusion and quackery. Fortunately, however, for herself, her husband left her for a week or two on a sporting expedition; and as soon as he set off with his gun and dogs, she seized hold of the opportunity which she had long desired of consulting a celebrated homoeopathic physician. The physician listened long; examined into her case most attentively; made before her written entries and memoranda regarding all her symptoms and sufferings; and at last, on considering the whole, confidently assured her, that doubtless he could send her a drug that corresponded with her disease, and which would produce such effects the first day, other effects the next, etc., and that before her husband returned she would be able to walk and enjoy life. The patient diligently swallowed certain globules; all the predicted effects duly followed; and, when her husband returned home, he was astonished and overjoyed to find his sick and bed-ridden wife up and well. The crime of consulting an homoeopathist against his declared wish was readily forgiven, seeing the results of the treatment had been so happy and beneficial; but he asked for a sight of the wonder-working globules which had produced so gladsome a change in his wife's health, and in his own prospects of domestic happiness. On being shown the globules, the

acute and loving husband earnestly desired them to be most carefully preserved and locked up, lest perchance his partner's distressing ailments should at any future time return. He then went and informed his usual family physician of this secret, that his wife had got well under an homoeopathist; adding, that still he did not believe in homoeopathy itself, for he found that the globules which she had swallowed were not homoeopathic drugs, but specimens of some small percussion pellets to be used instead of caps for his gun, but which had not arrived at the house until some time after he had left. The servant had mistaken the packet of pellets for the packet of homoeopathic globules; and the lady had swallowed them under the belief that she was swallowing the homoeopathic physician's medicine. A writer in the *British Medical Review* for 1847 relates three cases in which intractable maladies, which had resisted various remedies, gastralgia, enteralgia of organic origin, and protracted constipation, yielded to bread-pills. In the last instance, four successive previous attacks had each required the administration of the strongest purgatives (croton oil included), powerful enemata, cold affusions, and hot baths, before relief was obtained. On the fifth attack, he was put under two grains of bread-pill every seven minutes, much anxiety being of course expressed to guard against an over-dose, as well as to watch the effect of what was thus given. Within two hours, he became sick (one of the symptoms expected from the medicine), and his bowels were freely open almost immediately after. Dr. Simpson says that he has known simple bread-pills act as aperients, as diaphoretics, as diuretics, as narcotics, etc., when the patients swallowed them under the mental impression and conviction that they were drugs calculated to produce these special effects. In one case, salivation and spongy gums followed the use of bread-pills—the patient believing that his medical attendant was exhibiting to him, what he had experienced before, an active course of mercury. Dr. Kouth relates how a strong, well-built man, about 25 years old, labouring under some dyspeptic affection, was attacked with syncope and convulsive movements, after each dose of thirty drops of water coloured with compound lavender tincture, while he remained free when the dose was reduced to twenty drops.

Such facts as those now cited are familiar enough to the more learned and experienced of our profession; but are too often far from being sufficiently considered. I should almost apologise for mentioning them, did I not consider it of great importance for the student who has made some advance in his professional training, and may be about to enter on practice, to have a clear comprehension of the influence which mental states may, and assuredly will in some instances, exert on the material frame both in the causation and in the removal of disease. If he have not this knowledge, he is very liable to be sorely annoyed and discomfited by the apparent success of impudent and dishonest charlatans, which better information would have shown him was reasonably to be accounted for by other causes than the efficacy of the physical agents employed. True it is, he may suffer loss in pocket by such events; but his spirit will not be bowed with any fear of being in a false position, or with the idea that he has to abandon his sound common sense and take up with monstrous absurdities, which require abnegation of all accurate thought, and are only worthy of dreamy mystics. A true and honest mind can be content to toil on, bearing the rubs and disappointments of life, so long as he is well assured that his foot stands firm in the way of real truth; but it would indeed paralyse his energy, if he suspected that he was deluding himself

and others; that his pretensions to relieve suffering and cure disease were all fallacious; and that he had travelled so far entirely on a wrong road. Some weak minds desirous of doing right, but unacquainted with the power of medical faith, and with the *vis medicatrix naturæ*, may have been perverted into the ranks of quackery under the expectation of acquiring in their new position marvellous powers of healing—a hope which, I need not say, is destined to utter disappointment. It is to shield any of my junior hearers from such possible perversion that I have thought it worth while to state thus prominently the over-mastering influence of certain states of mind, acting, no doubt, through the nervous system.

I have just referred to the natural tendency which the system possesses to return to a state of health after it has suffered from some cause of derangement; and I wish not to pass this subject by without some remarks, as it is one which justly has been much insisted upon of late. It may be taken as a point which is now generally admitted, that many acute diseases have, when left to themselves, more or less tendency to terminate in restoration to health. I say adrisedly more or less; for it seems to me unquestionable that this tendency varies greatly in degree in different individuals, at different periods, and in different morbid affections. In some it is evident and constant enough, and no one doubts about it; in the majority, it is much more feebly marked, and often is scarcely discernible. Thus, it is known to every one that the exanthemata and continued fevers have a tolerably definite duration; rheumatic fever and malarious have a much less determinate; and the same holds good of the ordinary inflammations of different viscera and organs. In many of these, it is difficult to distinguish accurately between the original morbid action and its results; the effects of secondary disease are so mixed up with those of primary, that it is impossible to determine when the latter terminated. Further, the duration of diseases of the same kind depends in some considerable measure on their gravity; i.e., on the degree in which the system is affected by the morbid influence. The frame which is gravely stricken suffers much longer, remains for a much longer time in an abnormal condition than the one which is visited more gently. Here, also, we must notice the modifying agency of constitution and diathesis. The strong system, whose organs are, as it were, confirmed and rooted in habits of healthy action, is with difficulty thrown into disorder; and, when its working is for a time deranged, its parts soon resume their wonted healthy play. With the weak system it is very different; it has no elastic resiliency towards health; and when it has once deviated from the normal mode of working, it is very apt to remain in the same condition a long time. I use the epithet "weak" in a very general sense, to imply all sorts of impairment or deterioration of the healthy mode of life. One system may deviate in one direction and another in another, according to their peculiar tendencies. Taking diseases as we find them actually existing, it seems to me that, with the exception of a few (just enough to make the contrast of the others more marked), we have very little indication of the existence of any determinate periods limiting the natural duration of the disorder. With a multitude of chronic diseases, this is unquestionably the case, and between them and the acute there exists no absolute line of demarcation; they pass into each other by various grades of subacuteness. Holding, then, this belief that disease is an extremely varying and inconstant thing; which utterly refuses to adjust itself to strict definitions, or to be bound by a settled reckoning of days

and hours, I cannot think that the proposal which has found much favour in the eyes of some of our best physicians—to ascertain the natural history of all diseases, as an indispensable preliminary to forming any opinion as to the effect of remedies—is likely to lead to any result. The fundamental idea of the proposal is, that the several pathological states to be examined can be regarded as uniform and constant, each case of each kind being truly similar to those which are ranked with it. Were this so, at least to any considerable extent, the problem would be conceivably soluble; but, as the case actually exists, the idea seems to me impracticable. For, if one thing is impressed upon me more than another by increasing experience, it is the great diversity which exists between the several morbid states, which "stant unius sub nominis umbrâ", and which have an outside show of similarity in their location and symptoms. A case of erysipelas occurring in an inhabitant of a large town, with a system long deteriorated by foul air, bad beer, worse gin, and other like influences, is not like a case occurring in a robust, well-fed farmer. The external appearance of the inflammation in the two cases may be very similar; but the state of the vital powers which determine the tendency and issue of the pathological processes is very different. The same holds good, I believe, of pneumonia, pleurisy, crowd, pericarditis, dysentery, and almost every disease which can be named. Skoda seems now, as the general result of his experience during six years, to be satisfied that pneumonia may be a very different disease *quoad* its mortality in one period from what it is in another, quite irrespective of the kind of treatment, and though no reason for the change can be discovered. The reporter of the Vienna Hospital for 1860-61-62, in commenting upon pneumonia, makes the following judicious remarks: "Individual cases of pneumonia are often so dissimilar, that it is impossible to put them all into one class, and to lay down for their treatment one and the same method. The aspect of the patient, the state of the pulse, of the nervous and muscular systems, and of the skin, the sputa, etc., must reveal to us the true quality of the disease." Hjaltekin, writing respecting an epidemic of pneumonia in Iceland, states that it very often happened that healthy strong persons were so rapidly affected that death ensued in two or three days, and that this was the general rule when the disease was left to itself. In several parishes where no medical aid could be obtained, nearly all those who were attacked died. Such pneumonias must have been of different quality to those recorded in Dr. Balfour's report of cases treated in Fleischmann's Homœopathic Hospital at Vienna, where the mortality was only three in nineteen; or those treated by Skoda, in the same city, with *extractum graminis*, among whom the deaths were only three in forty-five. Scarlatina, we know, may be of such a nature that it constitutes, as Sydenham said, scarcely the shadow of a disease; and, on the other hand, may be as deadly and virulent a malady as any that has ever scourged the earth. Looking at all these things, I cannot but fully endorse Hjaltekin's statement, that diseases are certainly no stable things, no individuals; but very variable pathological phenomena, modified in an indefinite manner according to various causes which produce them. Dr. Sieveking has some valuable remarks nearly to the same effect. He says: "The wise physician does not regard the disease as a nosological abstraction, but as a deviation from the healthy standard involving a great variety of elements, each of which may in its turn differ in degree, character, and relation, in any given number of patients brought together for comparison." Now, if the groups of morbid processes

which we call diseases are made up of such varying and unstable materials, how can we hope to ascertain the periods during which they will continue when left to themselves? Must not these be as varying as their elements are?

I fear that, in expressing these opinions, I may seem to some, for whose judgment I have great respect, to be opposing the efforts of those who are striving to approximate medicine to the condition of an exact science. No one would rejoice more than I, if the almost proverbial uncertainty of medicine could be replaced by clear foresight of, and greater control over, the events of disease; but I fear lest, in striving after the unattainable, we should lose sight of the true course to be pursued. I believe it is impossible that medicine can ever be an exact science, such as astronomy, mechanics and chemistry are, because the phenomena which their students have to investigate are of a much more constant and definite kind, and more accessible to observation, than the morbid processes which go on in living bodies. Attraction, mechanical force, and chemical affinity always act in the same way—always produce the same effects; but the causes of disease do not. Their results are, to a very great extent, regulated by the receptivity of the frames on which they act. One system reacts in one way, another in another, and a third is unimpressed at all. For these and for various other reasons, medicine must, I think, ever come very short of the exactness which other sciences can claim. Yet there is no doubt to my mind that it is a true science, if by that term we understand a collection of facts acquired by careful observation, and framed into laws of more or less wide extent by the process of induction.

If it should seem to any student that the view I have just given of the variability and inconstancy of disease makes the acquisition of practical knowledge appear a matter of exceeding difficulty, let me assure him that this, like many other difficulties, looks much more formidable than we find it is when we grapple with it. It needs but a moderate amount of professional training and of sound sense to enable any one to treat most diseases pretty correctly. If we lay aside all routine-prescribing for the name of a disease, and consider each case according to the indications for treatment which it presents, we shall never be far wrong.

And now, having touched on various points which have more or less interest for us all, whether we be grey-haired and advanced students, or juniors yet in *statu pupillari*, I turn to address a few words especially to the latter.

I pray you, gentlemen, to believe me entirely, when I say that, in common with all my colleagues, I take a real and lively interest in your welfare; and that the counsel I offer you comes from a warm and sincere heart. Standing as I do on the commencement of the downward slope of human life, I may claim to speak to you with some of the authority given by experience, while at the same time I feel that age has not so quenched the fire of my blood that I am unable to participate with you in your zest for physical enjoyments. I want you to believe that I speak to you as no formal, cold, and exacting monitor, who looks on what he calls the follies of youth with contempt, and thinks nothing so important as red-tape and rules and guineas. I rejoice and sympathise heartily with the exulting spirits of youth, and think there are few gifts more precious than its cheerful hope and its active energy. But, just because they are so precious and fleeting, does it seem to me of the utmost consequence that they should not be wasted, but made to minister to worthy objects, and to produce good and lasting fruit. Be-

sides this, it would be vain to shut one's eyes to the fact that youth is, by its constitution, peculiarly exposed to the temptations of carelessness and neglect of duty; and that especially in this vast city, where it is no easy matter to obtain healthful recreation, there is much risk that the devil's substitutes should be admitted by the unwary.

I wish, then, to try and set before you, in plain language, the principles and views which seem to me to form the best guides for a student who is now engaging or engaged in a course of medical study.

First, I assume, as surely it is not too much to do in a Christian land, that he believes that glorious old book, the Bible, in its plain, natural sense, and is not ashamed to look his fellows in the face and say, "I mean that book to be my rule of life." Thank God, the time is pretty well gone by when religion was looked down upon with contempt, and when profane oaths and loose talk were considered indications of a manly spirit. The world is pretty well satisfied now that the heartily God-fearing man may be one of the most eminent in any walk of life, and is inclined to respect him accordingly. "Call out the saints," cried Lord Gough, when some difficult emergency occurred; "Havelock never blunders, and his men are never drunk." The student who will read his Bible as Havelock read his, will find it make him in his sphere what Havelock was in his—one of God's own heroes. He will find its instructions will make him a wiser and better, a holier and happier man. It bids him hallow his Sabbaths; and no one, I believe, has ever done this without finding that it has a most beneficial influence on mind and body, over and above its direct intention and tendency to endue us with preparedness for the coming eternity. In these days, when we so often meet with indications of failing nerve-power, I know no more necessary preservative to commend to the student who would preserve vigorous energy of mind and body, than the regular observance of Sabbath rest from secular business, as far as the calls of duty permit. The Bible frowns upon nothing but what is bad and base, and godless and unmanly; it commands to us whatsoever things are honest, just, pure, lovely, and of good report. Its intention is to bring back our alienated nature to God, and thereby to raise and ennoble it. All experience tells us how utterly degraded man becomes in proportion as he recedes from God and ceases to experience his influences. On the other hand, everything that draws us to God has the contrary effect. Hear what Bacon says. "Take an example of a dog, and mark what a generosity and courage he will put on when he finds himself maintained by a man, who is to him instead of a god, or *melior natura*; which courage is manifestly such as that creature, without that confidence of a better nature than his own, could never attain. So man, when he resteth and assureth himself upon Divine protection and favour, gathereth a force and a faith which human nature in itself could not obtain. Therefore, as atheism is in all respects hateful, so it is especially in this, that it destroys magnanimity, and depriveth human nature of the means to exalt itself above human frailty." This passage would lose to us much of its force and significance, if I did not add Julius C. Hare's comment upon it. He says: "Practically, every man is an atheist who lives without God in the world." To this practical atheism we are all far too prone. But I ask you to believe the testimony of some of the wisest and best of our race—that it is good for us to draw near to God; and to lay this thought to your minds—that in doing your daily work to Him, and regulating your lives by the desire to please Him, you are most truly ennobling your own nature, and preparing for your-

selves the purest sources of present and future happiness. Such conduct, be assured, is truly manly.

Next coming to speak of your studies, I feel myself rather at a disadvantage, because you are unable to pursue them in the way which I strongly believe to be the best. Of all crafts, none more than medicine absolutely requires that the learner should familiarise himself with things, with actualities, more than with words. You may read books and hear lectures to any amount, and yet be extremely unfit to treat a case of ordinary disease, perhaps even unable to recognise it. Of course, you must read; but, unless you see, and hear, and handle, and smell, the things and beings about which you read, your study will avail you little. Reading has this most essential advantage over listening to a lecture, that every passage can be well and quietly considered, while a lecturer must necessarily often pass on far more rapidly than many of his audience can follow. Do not think that I depreciate lectures; in their proper place, I think them most valuable; but the day when systematic knowledge could be advantageously imparted by these means has, I am convinced, passed away. For clinical teaching, they must ever remain the appropriate means; and to this I would limit them. In the present day, we have so many excellent standard works which contain really all that the student can possibly carry, that I do not see how we benefit him by compelling him to hear and read the same matter. And as for the illustrations, which are said very justly to be an important part of a good lecture, the student should have them brought before him in museums, dissecting-rooms, hospital-wards and out-patient-rooms, and *post mortem* examinations. I can quite understand that the indolent man finds it easier to sit and yawn on the benches of the theatre while the bones are being demonstrated, than to take a set in hand himself, and con them well over with Ward or Holden or Gray, till he has mastered their intricacies. But what sort of knowledge, let me ask, does the mere listener get, and how long does it stay by him? So with all the other subjects, except perhaps chemistry, where demonstrations of the properties and qualities of bodies can be made with evident advantage and economy to a class. Even here, however, personal work in the laboratory is indispensable to the man who wishes to attain any real knowledge of chemistry. What our examining boards should require is, simply that a student should show that he has attained a competent knowledge of the things he is required to learn; and they should leave it very much to the student himself to acquire this knowledge in the best way he can. What our schools should do, I conceive, is to provide the student with all means, aids, and appliances, for acquiring knowledge; and to test at short intervals (say three to six months) the amount of progress he has made.

The scheme which I advocate, if fully developed, involves the appointment of suitable persons to act as tutors to the student in the several branches of study. Just as it is in the dissecting-room, where the value of the prosector's assistance is well recognised, so it would be in the museums of physiology, pathology, and materia medica. Under such a *régime*, any student who really wished to work would make sure progress, and would daily gain knowledge that would stay by him. Not a trifling advantage of this plan would be, I think, the doing away with all those abominable schedules, which are no small botheration both to student and teacher, and are almost useless, and sometimes, I fear, not over truthful, documents.

But I must now return from Utopia to hard reality. We have not got such a mode of education as I have sketched, and perhaps we never shall, unless the students themselves petition for it; so it only remains

to do the best in our present case. The point where I think there is most room for improvement with many medical students is, that they are not enough in earnest about their work; they spend quite enough time over it, but they do not use that time to the best effect; they *potter* at their work instead of grappling it with hearty energy. I know that it may fairly be said that the student of medicine, unlike his fellows in other professions, cannot always find his work ready to his hand; that he cannot examine the relations of an artery, watch the effects of a drug, or study the symptoms of a disease, at the time when he wants to do so, and that, in consequence, his attention is apt to get distracted and languid. But, admitting that he has this difficulty to contend with, I fear it is quite undeniable that the opportunities, when they do come, are often not used as they should be. I wonder how many extremities in the dissecting-room are thoroughly worked through; the origins and insertions of every muscle clearly seen, and those of the large vessels and nerves carefully studied. What is the percentage of students who take notes in the wards and observe cases, so that they may abide with them as life-long lessons? I fear the shortcomings in these respects are too evident to admit of any doubt. Is the knowledge which the student gets, or imagines he gets, as he saunters round the wards, every now and then chatting with his neighbour, to be compared with that which he would obtain if he set himself to the careful study of cases with his note-book? Let us hear what Sir B. Brodie thought on this matter. He says, in his *Autobiography*: "My custom has been to take short notes at the bedside of the patients in the day, and to expand them with the aid of my memory in the evening. After an experience of nearly fifty years, I am satisfied that no one can be well acquainted with his profession, either as a physician or surgeon, who has not studied it in that manner. It is only by these means that a case can be thoroughly and scientifically investigated, or that that minute and accurate knowledge can be obtained of it which is necessary to a right diagnosis. I have always, during the many years in which I was a teacher and hospital surgeon, endeavoured to impress on the minds of my pupils the necessity of making and preserving such written records of their experience; and I have often been pained to observe how small a proportion have followed the advice I gave them. The great mass of students, whose period of professional education is limited, are so occupied by the great and (as I think) unnecessary number of lectures which they are now required to attend, and in running from one classroom to another, that they really have neither the leisure nor the physical powers necessary for pursuing in any efficient manner the practical study of disease in the wards of the hospital." Of the truth of the above remarks there cannot be two opinions; and, for my part, I think it is a cause for much regret, that clinical study is not much more diligently pursued in our out-patient rooms as well as in our wards. I agree entirely with the dictum of the great French therapist: "From the day when a young man selects medicine as his profession, he ought to frequent the hospitals. Il faut voir, toujours voir les malades."

But, turning from these regrets, let me bear the most glad testimony to the number of really excellent men whom St. Mary's School has produced. I may claim perhaps, beyond my colleagues, to speak strongly on this point; for most of those to whom I refer were educated at a time when I was taking no active part in instruction, and, therefore, my testimony has the weight of that of an impartial observer. Of many of those who came under my notice as clinical assistants during the long years when I had

charge of the out-patients, I can truly say that it was a real pleasure to associate with them; and that certainly as regards their work and their demeanour, they were, like the chevalier of old, *sans peur et sans reproche*.

Follow, I pray you, their examples, and imbibe their spirit. The true temper of a student, as I take it, is a downright earnest resolve that he will accomplish the work before him, and a feeling akin to contempt for indolence and shirking. What, indeed, can be more contemptible, in a calling which concerns itself with the care of human life, than the neglect to obtain a competent knowledge of the means by which we are to be useful to others, and to avoid the stigma of being drones in the working hive. Truly, he who is guilty of such neglect will verify the old Greek saying, "The avenging deities have leaden feet, but iron hands." The retribution for wasted time and lost opportunities may come upon him slowly, but come it will; and, when it has him in its gripe, repentance is too late. I will not believe that any of you will ever earn for yourselves such sad regrets; but it may not be amiss if I press on your attention the assured truth, that one of the laws of the existing constitution of things is *present sacrifice for future gain*; and that this rules the several stages of this life in their relation to each other, as well as the whole of this life in relation to the next.

Lastly, I would say a word of advice as regards recreation. Do not think it out of place that I should advert to this matter. I am deeply persuaded of the importance of innocent cheerful relaxation for all of us, but especially for the young. I believe it impossible that our brain-machinery can continue in full and energetic play, unless the nerve-power, which is consumed by mental effort, be restored by some of those *délassemens* which we will term *recreations*. This monition is often most needed by our best workers, who, from the highest motives, are apt to toil on too closely until their health becomes seriously impaired. I would impress on all of you that the goal of excellence in this or in any other calling is not so well—if at all—to be reached by fierce sudden spurts, as by well sustained unflagging efforts, and these cannot be put forth by an enfeebled and suffering system. The men who have proved the best statesmen in India have often been keen sportsmen, who gained in tiger-hunting the nerve and resolve which subsequently stood them in good stead in serious political emergencies. I cannot doubt that the youth who trains his muscles and nerves to a skilful use of the bat, the oar, or the rifle, or practises any athletic exercise, will, if he be at the same time a conscientious worker, prove a better physician or surgeon than the one who has neglected to cultivate his bodily energies. The brain, which is dulled with incessant work, though it may be more replete with learning, is incapable of those quick keen intuitions which often lead to correct diagnosis, or suggest the right mode of treatment in difficult emergencies. Deal, however, honestly with yourselves, and take care that the relaxation you give yourselves is earned by downright honest work. Here comes in the worth of earnest activity in the economy of time; it accomplishes so much more in an allotted period than half-hearted languid labours that space remains for recreation or other matters. Let me remind you of the reply made by a man of great attainments to a friend, who asked him how he had been able to accomplish so much. "Oh," said he, "I have no particular plan; when I have got anything to do I go and do it—that's all!" Contrast with this the confession once made to me by a man of great ability, that he always felt disposed to defer anything to the morning which could by possibility be left undone that day!! I

suspect this latter tendency is very much ingrained in human nature, and requires watching against in itself.

And now, in conclusion, let me observe that I set before you no unattainable aim—nothing that does not approve itself as reasonable and right to your own convictions. I invite you to no high soaring flights of earthly ambition. I have no mind to stimulate your energies with visions of great fame, wealth, and eminent position. These things may or may not come according to the appointment of the Ordainer of all things, but they are not very likely to be the lot of any of us, nor are they things to be passionately desired. The thirst for glory and distinction is, I know, no mean incentive to effort, but the sense of duty is a mightier. During the sternest part of the hard fought day at Waterloo, the Duke said to the soldiers of a square, "Stand fast, men, we must not be beaten; what would they say of us in England?" The noble fellows replied, "Never fear us, sir, we know our duty." Here was no ambition, but the simple strength of moral principle in men of humble rank, and we know that that enduring energy carried the day. So I would have it with you. Few of us may be very distinguished here—all may win glory hereafter. What we may all do, and what I call on you to do, is to be workers in God's world, standing on the side of the brave, the good, the loving, the true, resolve to do your duty in fidelity to your baptismal vow, fellow-helpers with Christ and His angels. This is real manliness; this is worth living for. Gentlemen, be thus manly.

MISS GARRETT, on Thursday, Sept. 28, passed her final examination, and received a licence from Apothecaries' Hall. She is about to deliver a course of lectures on Physiology exclusively to women at the Working Women's College, Queen Square.

PROSTITUTION UNDER MILITARY LAW. Two years ago, when General Rosecrans commanded the army of the Cumberland, syphilitic disease prevailed to such an extent as to disable hundreds of his soldiers. In the month of July, the General ordered all the abandoned women out of the state, and a whole cargo of unfortunates were shipped North. The boat touched at Louisville, but was ordered away by the authorities. It then attempted to land its freight at Cincinnati, but failed. It anchored in the river a few days, and soon after departed for Nashville, where it subsequently arrived and unloaded, costing the government several thousand dollars. But Rosecrans was not to be frustrated. His men were not only being made unfit for service, but a great number of them had been absolutely ruined by their unlawful companionship with lewd women. As the terrible evil could not be annihilated, it was at once resolved to legalise and systematise the avocation of prostitution. Hospitals for the reception of diseased women were speedily built, examining physicians appointed, etc., etc. The result claimed for the experiment was, that in General Sherman's army of 100,000 men or more, but one or two cases were known to exist, while in Rosecrans' army of 50,000 men, there had been nearly 1500 cases. The women were examined once every ten days, paying two dollars for an examining fee, and five dollars a month to ply their avocation. The money was appropriated to hospital uses, and provision thus made for the sick of this class. The institution was nearly self-supporting, the entire expenditure of the hospital for ten months being 6,154 dollars, to meet which the fees collected from abandoned women amounted to 5,900. Such are the statements made by a correspondent of the *New York Times*, dated New York, N.Y., (Philadelphia *Medical Reporter*.)

Introductory Lectures.

QUEEN'S COLLEGE, BIRMINGHAM.

THE Introductory Lecture was given by Dr. HINDS. He said there was no future of progress for the profession, or of nobleness or of respect from the wisest and most scientific men, except from the faithful and earnest cultivation of scientific knowledge. Scientific discovery had raised the profession of medicine to its present standard, and scientific discovery must raise it still higher. The profession were bound by a great obligation to adopt and make use of every improvement which the sciences bearing on medicine might evolve. He did not expect that medicine could be so perfected as to be free from hypothesis and conjectural reasoning, but medicine was immensely susceptible of improvement and progress from science. Science had redeemed it from its condition in the dark ages of the world. It was to science that it must look for its future advancement. There was not one science on which modern medicine was built that could be assumed to be perfect. How immense then was the field of improvement which lay open to the scientific practitioner and the student of medicine. They must not sink into the position of mere disease-curers. They had a still higher aim and interest as disease-preventers—as exponents of the laws of health, both of mind and body, and also of laws which bore deeply on the moral welfare of the whole community. At the commencement of a medical session it was usual to take a good deal of latitude—to allude to matters of general interest between the profession and the public; and he might without impropriety revert to certain strictures which had appeared in the public press on the question of medical etiquette. The Lord Justice Clerk, in a late trial, declared that he cared not for professional etiquette, and that “there is a rule of life and a consideration” far higher than professional etiquette and professional rule, “and that is the duty that every citizen of this country, that every right-minded man owes his neighbour, to prevent the destruction of human life in this world”. In following up this stigma cast on medical etiquette, the *Times* declared that “the mysteries of medical etiquette have seldom been more unfavourably exposed to public criticism than on the occasion referred to”. The *Times* further observes:—“Most of those who have been long in the doctor's hands must have become conscious of certain sentiments and traditions which are not dictated by the interest of the patient. The use of some particular remedy is discouraged because, however successful, it savours too much of some obnoxious ‘quackery’. A physician called in to give a second opinion does not like to change the method of treatment too abruptly, lest he should damage the credit of the family apothecary, whom he knows to have mistaken the case. Smiles and compliments are exchanged during consultations at the bedside, when the sequel proves that a difference of opinion involving a question of life and death really existed between the doctors. These are familiar instances of what we mean, and they indicate the existence of an unwritten code governing the medical profession, of which a sense of duty to the patient is not the only principle.” Such was the language of the *Times*, and was only a specimen of the strictures launched against our profession and its code of honour by that journal. The well-being of his patients was the great end—the *summum bonum* of the practitioner; but should a sense of duty to his patients be the only governing principle? Were there

no collateral duties of any kind or degree? Was it ever required of us to do evil in order that good might come, under the pretence of a sole duty to a patient? And who would suffer the worst, if such a practice were tolerable? Most assuredly it would be the patient himself who would suffer. Even the *Times*, amid much abuse, was constrained to acknowledge that it would not “be fair to deny that the public benefits in some respects by the *esprit de corps* of professional men.” But what is this medical etiquette that it should be favoured with such dignified rebuke and condemnation? Are these traditional rules or written laws? Is it an inexorable routine? It is no such thing. It is none of these. Professional etiquette has no principles or laws for its votaries but the principles of honour, the courtesies which an educated, an honourable, and a high-toned and human fellowship will dictate and demand. Whoever claims to act on the principles of medical etiquette and transgresses any one of these principles, shelters himself under disguise, and mistakes his duty both to himself and his fellow-men. Dr. Hinds then referred to the establishment of a medical college for women at New York, and said the way in which this new movement would be met by the profession in this country would depend very much on the way in which it was met by the public. If women could fully qualify themselves for medical duties and responsibilities, and to the satisfaction of the public, it would be very hard, if not useless, for the profession to make any efforts at obstruction. But there was another question: Is the highest class of female mind capable of assuming the duties and responsibilities of professional life? Are professional responsibilities consistent with the female character and the duties of the sex? He believed it to be hardly so. Many of the humbler duties of the practitioner might be aspired to by women, no doubt; but he believed, looking at the character of the female mind, that all such ministrations would be exceptional; and that, the more was attempted in this way, the more exceptional would these ministrations become. Such being the case, it certainly would not be honest in the profession, or in the authorities who govern that profession, to offer encouragement in the way of promotion in reference to a movement which they believe must, in the highest sense of the term, result more or less in failure.

The lecturer then went on to exhort the students to work. A student of medicine, if he is to be worthy of the name, and worthy of his high destiny, must rest his hopes and his pretensions on labour. The road to professional success was work. Even genius without work was almost a barren waste. Dr. Hinds referred, as instances of position derived from work, to Lord Bacon, John Hunter, Faraday, Sir Roderick Murchison, Hugh Miller, Owen, Carpenter, Sir Benjamin Brodie, Sir Charles Hastings; as well as, among politicians, to Earl Russell, Lord Palmerston, Sir R. Peel, Lords Brougham and Lyndhurst, Richard Cobden, and Benjamin Disraeli. Professional success should mean considerably more than mere pecuniary success. It certainly did to those who seek a useful, dignified, and happy life. But, besides a host of other drawbacks, was there not the ingratitude and selfishness of patients? Medical life was pre-eminently active and social, and demanded patience, forbearance, good temper, and good manners. In conclusion, Dr. Hinds made some remarks on the present and prospective status of this College. The students of this College had always held a high place. They were spread over the Midland Counties, and were found in various parts of the world, pursuing an honourable and many of them a distinguished career. The clerical and medical professors had often been considered

to be kindred professors, and since it was the will of the founder to unite them, there could be no reason why they should not be linked together in the bonds of friendship and a common aim, and work harmoniously together in the promotion of our special and legitimate purposes. He congratulated the College in having the Rev. Mr. Espin as the administrative head; and expressed the obligations of the professors to the Dean of the Faculty—Mr. Sands Cox—and to the Press; and concluded: "Now, with all our best and tried friends still with us; with the press to aid us with its influence and good services; the students with us, of course, and the public also with us; with a renewed, earnest, and faithful determination on the part of the professors to aim at the highest phase of instruction, and of teaching power, and means,—with these things in our possession and in our hearts, we conceive our prospects are truly encouraging, and on these grounds, therefore, we rest our hopes and our claims for a future of increasing usefulness and increasing prosperity."

WESTMINSTER HOSPITAL.

MR. BARNARD HOLT, Senior Surgeon to the Hospital, delivered the Introductory Address. He inculcated the absolute necessity of a sound preliminary education, to enable the student not only to appreciate that which he has to learn, but to fit him for the position which every member of the medical profession may hope to attain. But even the fortunate possessor of the most comprehensive preliminary education had much to effectuate by his own industry. There was an education derived from self-discipline and reflection that no school could bestow. The more cultivated the mind of the practitioner, the more his intellect was sharpened by rationalistic exercises, the more his moral perceptions were developed by a vigilant conscientiousness, the more his nature was softened by an indulgence in the refined pleasures of taste, so much the more efficient would he be in the practice of his art, the greater would be his perspicuity in discriminating nice shades of disease, the richer would be his invention of resources, the more persevering his zeal for the welfare of his patient, and, above all, the more liberal and just would his bearing be towards his professional brethren, whom his enlightened understanding would have taught him to regard, not as rivals, but as colleagues and allies in the great crusade against pain, disease, or death. Mr. Holt then alluded to the students' reasons for selecting the medical profession; and impressed upon them the necessity of exerting themselves to the utmost, and losing no opportunity of gaining practical knowledge by attendance in the wards. Addressing the students, he said: You are about to enter our profession, a profession which, to practise it as it should be practised, will sorely try your self-denial, yet a profession of the highest honour, a profession of the most sacred trust. Do you enter it for emolument, for fame, or with the desire of doing good; or, I might add, in order to combine a competency with the high feeling of the benefits which by a severe course of study you may confer on your fellow creatures? I am afraid, as a general rule, these inquiries are never made. It is a very difficult thing in the lottery of life to bring the young mind to consider seriously all the bearings of the profession he selects. It may be that you enter our profession because your father is already a worthy member of it; it may be that your parents desire to provide for you a competency, which you may obtain by the exercise of our honourable profession; but whether it be the one, or whether it be the other, let

me beg of you that you will avail yourself of every opportunity to become proficient. The lecturer then dwelt upon the indivisibility of medicine and surgery, which he regarded as one science; and, after giving a brief history of the progress of surgery, alluded pointedly to the present state of the profession, and the inclination of the public mind to specialities and special hospitals, which he severely criticised, and said that, although medicine and surgery are essentially one science, the great division into physic and surgery was not without its advantage; that although it in no manner absolved the physician or surgeon from becoming acquainted with all the details that appertain to a thorough knowledge of his profession, yet it enabled him to accumulate a larger experience in the branch he selects than if he practised generally. The surgeon in general practice had but little opportunity for that deep reading and contemplation so necessary for him who was desirous of occupying the highest rank. The lecturer then dilated on the necessity of a thorough knowledge of anatomy and physiology as the basis of all sound professional principles, and inculcated the necessity of clinical study as superior to systematic lectures. The book of nature was the book for study, and by it, and it alone, could the practitioner be successful. In conclusion, Mr. Holt said: Industry and perseverance are necessary to success in every line of life, but most especially in the attainment and practice of a noble art which puts to the proof the rarest of the human virtues, and has occupied the thoughts of some of the most gifted of our race. Our profession is, indeed, a noble calling; in every branch it affords occasions of self-sacrifice, and demands the exercise of the highest powers. The physician, by his varied learning, the surgeon, by his disciplined skill and fortitude, and the general practitioner, in his wide field of usefulness, if he fail in the achievement of fame, which is but the lot of the few, he is sure, by the conscientious discharge of his duties, not merely to win the hearty respect of his species, but to command that perfect self-contentment which is the constant attendant of an approving conscience, and the very core and essence of happiness here and hereafter.

LONDON HOSPITAL.

MR. WALTER RIVINGTON, Assistant-Surgeon to the Hospital, delivered the Opening Address. The medical schools, he said, were assembling under the impulse of a great moral force. Underlying almost every form of activity, amid every diversity of mind, there was this common bond of union—attraction to some real or fancied good. The good by which medical students were attracted was success in their studies, success in their examinations, success in their future careers. By success he meant real improvement, real usefulness hereafter. How was this honourable success to be obtained? Essentially in the same way as in every other profession. Ability, labour, and character, were the passports to an honourable success. Ability without labour was the talent wrapped up in the napkin. Ability without virtue would only work. "*Aut Cæsar aut nullus*" was a fine ambition, if Cæsar was to be good as well as great, but glittering as the prize might be, it was better to die "*a mute inglorious Milton*" than the author of a "*Don Juan*"; better to live a village Hampden than a Napoleon Bonaparte. Real usefulness, not display, was the test of success. But merit might pass unrecognised, be purposely neglected, might want its occasion for display. The very qualities and discoveries which write names indelibly on history's fairest page might produce pre-

sent condemnation and contumely. The revival of the ligature for wounded arteries exposed Ambrose Paré to persecution. Harvey's discovery of the circulation of the blood excited an envy which arrested a circulation of his own, rather important—his fee circulation. Jenner was subjected to misrepresentation for his immortal discovery of vaccination; and though a tardy justice reared his simple statue in the shadow of a Nelson's stately column, he will never be honoured enough till he find an equal tomb in Westminster Abbey. On the other hand, very inferior abilities, industry, and integrity, secured the magic key which unlocked the gate of worldly wealth and favour. And if money is to be your chief good, the sole test of success, there was small occasion for trouble or for toil. A little knowledge retailed with judgment and discreetly draped in politeness and pretence, would answer every purpose. Success would the sooner crown the practitioner's efforts if he stole a few leaves from the time-honoured text book of quackery. Patronage, pushing, with ingenuity, impudence, and advertisement, would each do much. But before adopting this course, the students should ask calmly, what is the real value of money that is not legitimately earned, what the real value of reputation that is not thoroughly deserved? What has power, what has favour, what has wealth, ever given to supply the loss of honour or the repose of conscience? The lecturer then quoted Sir Benjamin Brodie as an example of perseverance achieving a high success without extraordinary powers; impressed on the students the necessity of work for all alike; the duty which devolved on them of discharging truthfully and manfully the debt which they were incurring; and urged them to acquire, if possible, a love for their calling resembling the devoted love for their arts of the painter and of the sculptor, for such a love fulfilled all law. He referred to the motives with which the students might be entering on their professional studies. They had different talents, different feelings, different motives, different desires; yet the same laws of success applied equally to all; the same paths, the same rules of conduct, the same dangers. These he would endeavour to point out, and would endeavour to give them such general directions for their sedentary as would afford best prospects of an abundant harvest, that ability might not be misdirected, labour not thrown away, and character shielded from injury and tempered for future trial. After giving his opinion as to preliminary acquirement, and recommending matriculation at the University of London, the speaker showed the importance of learning theory and practice together, and keeping the end of all medical knowledge in view—the treatment and prevention of disease. For this purpose they must work with equal zeal in the college and the hospital. Lectures were not to be neglected, and no cry was to be raised that they learnt nothing from them till they had asked themselves confidentially if they really endeavoured to learn, and to supply shortcoming by augmented attention. Observation must be begun at once without regard to the primary difficulties, the strangeness of cases, the uncouthness of the sesquipedalian terms of medicine. After urging them to attend the out-patients in their first and second years, and giving some fitting advice about their conduct in the wards, the speaker warned them against the dangers which surrounded them. Neither trivial nor few, there were dangers to manners, morals, mind, and religion; danger of acquiring roughness and abruptness from seeing so many poor patients, to whom but a short time could be allotted, and who must be kept in order; danger of losing delicacy of thought towards women, and disregarding woman's virtue and their

own; danger of carelessness from the unavoidable inflection of pain, loss of sympathy from the sight of distress; danger of regarding death as a mere professional issue. Familiarity with pain, disease, and death, rendered the medical profession hurtful to cold and careless men, who became more indifferent with every repetition of experience and passive impressions. Add the means and opportunities of ill, and no safeguard but the risk of detection remained against the production of a Palmer or a Pritchard. The dangers to mind were party spirit, and undue deference to authority for example, towards a book, a teacher, or a newspaper. Against implicit trust in newspapers he specially cautioned them. Papers might oppose desirable improvements, or advocate injudicious alterations. He was not arguing against privilege or for the suppression of opinion. Criticism was the necessary ventilation which purified the moral atmosphere of public places, public papers, and public men. England expected every reader to keep his intellect as free as she kept his body, and not to hand it over bound hand and foot to some Veiled Prophet of Khorassan, who would deride them behind the mask for their credulity, and call them dupes for their pains. To avoid the errors of which he had been speaking—over-deference to authority, the snare of party spirit, blind adherence to system—they must earnestly aim from the rising to the setting sun to cultivate a thorough love of truth. Truth knew nothing of an expediency at variance with herself. Truth never winked at pious frauds. A genuine love of truth had no regard for consequences, for truth undecieved as well as avoided deceit. Truth raised no undue expectations, never published delusive statistics or picturesque cures. Truth was altogether humane, exposed abuses fearlessly, nor would ever allow murder to sink for protection behind the distorted form of etiquette. Truth acknowledged error, and made it a beacon light. Truth spoke before kings, and was not ashamed. Truth was not daunted at the loss of influence, the loss of friends, the loss of fees, the dread of misrepresentation, the dread of ridicule, the dread of public or private criticism, the dread or loss of anything in the world; for "truth," as Bacon finely observed, "only doth judge itself, and howsoever these things may be in men's depraved judgments and affections, teacheth that the inquiry of truth, which is the lovemaking or wooing of it, the knowledge of truth, which is the presence of it, and the belief of truth, which is the enjoying of it, is the sovereign good of human nature." "If," said the lecturer, "you become imbued with this beautiful doctrine, that truth is the sovereign good of human nature, a good to which it were well if not only yourselves but all men universally were attracted, you will have a grand principle to guide you throughout the term of your lives on earth, obeying the Horatian maxim to swear allegiance to no master—no master but truth; you will be endowed with a manly independence of thought and action, which, without interfering with the meed of respectful concession to those who are older and wiser than yourselves, will stimulate you to search and see if those things which you hear and read are as you have heard and read them. Ability will be proved and ripened—labour will be an easy yoke—character will be purified and refined." After bestowing other useful advice on the pupils, the lecturer said he believed in the motto of the hospital, "*Homo sum, humani nihil a me alienum puto*." These were the words of a Pagan, and yet they might have issued from the Mount of Olives, so richly were they laden with the fragrance of that catholic spirit which breathes for all time in the benevolent morality of the Christian religion. In conclusion, he again exhorted his hearers to love truth as precious

above all things, and to love a profession which makes truth its search. And when their parts in the world's "broad field of conflict" have been sustained, let death come and meet them at home or abroad; let the busy reaper cut them down on land or at sea, in the battle, the expedition, the tempest or the wreck, on the mission of mercy in the torrid desert, amid the inhospitable ice—far from human help or in the hushed chamber, solaced by the ministry of friendship and of love, in the bud of youth, in the flower of manhood, in the fruit of age which, like the full ear of corn that is ripe for the sickle, bends to the ground from which it sprang—their lives noble, kind, humane, courageous, truthful, gentle, generous, just; on earth peace and goodwill to man—each and all equally will have been brought within the full scope and meaning of the graceful exhortation of the bard—

"O'er parent knees, a naked, new-born child,
We gaze, & thou art 'st, while all around thee smiled,
So late, that, sinking to thy last, long sleep,
Thou then may'st smile, while all around thee weep."

ST. THOMAS'S HOSPITAL.

THE Introductory Address at St. Thomas's Hospital was delivered by Mr. W. M. ORD, M.B., Dean of the Medical and Surgical College. He said that how best to do the daily work was the great problem of our life, the problem which must constantly occupy the most earnest attention of men conscious of the true meaning and teachings of religion. For to do the daily work well, for the sake of the work, and not of its results, from sense of right, and not for man-pleasing, was an act of faith, of love, and of conscience. Men were not slow to recognise in their fellows the energy and the alacrity in daily duty which have their source in the deeper and nobler feelings—service not of the letter but of the spirit; not of rule, but of interpretation, and hence of necessity progressive. And seeing that men and things were nowadays estimated and had power according to their actual worth and benefit to society; seeing that the present high position of the liberal professions was due to the earnestness and sincerity with which they had discharged their functions towards society, it was natural that, standing in the portals of the academic year, they should review their past and its results, and compare their progress with their opportunities. Those who had seen the plans of the new hospital would, he thought, agree with him, that they declared themselves, even on slight examination, to be the offspring of wide care and thought. Those who know something of the history of these plans would know with what care all the good and bad points in the old building had been considered, with what industry comparison and inquiry had been instituted with reference to nearly all important hospitals at home and abroad, and with what readiness advice and suggestions had been received from all persons whose opinions appeared to be of value. Then in the filling of the building would come the consideration of its administration. Here, again, things effete, obsolete, or injurious must be swept away, and the reorganisation would be a task worthy of the energy of the men who had so well discharged the other part of their duties. The school, at first sight, suffered by the present eclipse. But he believed that success lay ready, on condition that they carefully examined and criticised their work, and fitted it to present requirements. In the hands of the lecturers, working in hearty oneness, the school might be expected to flourish in the spirit of its former dignity. He thought that the efficiency and results of clinical teaching

have not been in proportion to the opportunities of the hospital. It would be for the lecturers to turn to good account sources of knowledge and progress now little used or unnoticed. By the recent appointment of Dr. Thudichum they had received a colleague well known for ability and zeal in the path of scientific research, who might be expected to make fruitful many of the hints and suggestions afforded by the cases under care in the hospital. The example once set, and the spirit of inquiry aroused, it might be hoped that St. Thomas's might be able, from year to year, to make valuable additions to the sum of solid, well-founded scientific knowledge. The manner in which the students of the hospital had encountered the tests and searchings of the examining bodies might be regarded as a measure of the efficiency of the lecturers, provided that examinations were always conducted so as to estimate thoroughly the fitness of the candidate for the work before him. A candidate's knowledge should be of fair extent; let him, therefore, by all means be questioned on facts, and even on minor facts, but let him be questioned so as to ascertain his comprehension of the relation of these facts to others, of the laws which they illustrate, and of their bearings on practice. Only in this way could a distinction be made between the candidate who had been crammed for the particular examination, and the legitimate aspirant to whom the examination was an initiatory test and not an end. That this plan was now much adopted must be conceded; yet one saw still examination papers which seem merely intended to test the pupil's memory, and his memory, too, of facts which he would certainly forget as soon as the examination had passed out of sight. And teachers had need of more than mere knowledge and earnestness of purpose; an intelligible and, as far as may be, attractive way, and by encouragement of free questioning we must learn how far we fulfil this and how we amend our instruction. The lecturer advised the students to be not merely listeners and careful note-takers, but also to seek by reading and thinking to fill in and connect the blanks of the outline. But reading and thinking must never take the place of healthy exercise of the body, of the training of hand and eye in operation and observation. Honours and prizes, in reading for which men often forget the rest of their duties, would be productive of harm rather than good if they are thus misused. "Besides, what seems immediately to concern your profession, you have certain qualities to cultivate—the delicacy of manipulation and the firm moral courage which, typified by the lady's hand and the lion's heart, are said to be necessary to surgical success; and the imaginative quality which, typified by the poet's mind, is not less necessary to the diagnosis of disease, the care and management of patients, and in all scientific investigation. Study tenderness and avoid harshness, strive to understand and sympathise with your patients, be generous-minded to your professional brothers, avoid all conscious lucre seeking, and remember, finally, always and everywhere, on whose strength you rest, and to whom you have to render account. So may you verify for yourselves the stirring words of the great poet of the age, who, answering the dreamers of the golden year, sings thus:—

"Old writers pushed the happy season back.
The note feels they—we forward—dreamers both:
You most, that in an age when every hour
Must sweat for sixty minutes to the death,
Live on, too loose as if the goddess, rapt
Upon the teenage instant, should not dip
His hand into the bag; but well I know
That unto him who works, and feels he works,
This same grand year is ever at the doors."

MANCHESTER ROYAL SCHOOL OF MEDICINE.

THE Winter Session at this School was opened by Dr. J. E. MORGAN, Lecturer on Pathology and Morbid Anatomy. He said that he did not propose to enter into a disquisition on the relative importance of the different courses of lectures. He exhorted the students not to be discouraged by considering how wide was the range of subjects; how vast the array of ascertained facts on which they depend; how strong the flood of light which modern research has shed around them; but, resting satisfied with humbler aspirations, to emulate the most distinguished of their teachers and fellow-students. Though it was impossible to anticipate that in the course of three short years their knowledge of the sciences should be either extensive or profound, they would still be able, by diligent application to work, to acquire a stock of valuable information sufficient to qualify them for the successful prosecution of their calling. The course of study must be systematic; they should cull from every department of science the lessons bearing on medicine. But direction would be needed; and such direction was provided in their various courses of lectures; but how few were there who thoroughly appreciated the value of lectures. It was held by many that, students left to select their own subjects, and to pursue the studies after their own fashion, all that sum of knowledge, which is acquired usually by diligent application, would flash upon the minds in some agreeable and mysterious manner. But, if there were any subjects especially adapted for this mode of instruction they were those bearing upon the profession of medicine. The series of lectures, Dr. Morgan said, which he attended at a London Hospital were as a whole infinitely more attractive, and far more calculated to awaken general interest than those at which he was present at the University of Oxford. Anatomy, physiology, chemistry, all those sciences to which students were expected to devote attention, admitted of being illustrated by diagrams, specimens, and experiments. Such illustrations varied the monotony of your work; they relaxed that strain upon the mind which its continued application to the more abstract sciences was so liable to induce. He then went on to observe, that students did not make sufficient use of the hospital wards. To surgical cases they were generally willing to devote a certain portion of time; but then they appealed to the eye; their progress could be watched from day to day. This, however, was not enough. In the active duties of their profession, his hearers would probably be called upon to attend ten medical cases for one purely surgical. The study of disease at the bedside was a labour to which they could not apply themselves too soon. The knowledge of disease must be acquired at the bedside. "Student's Manuals," "Physician's Vademecum," and "Young Practitioner's Guides," might possess a certain value; but ten cases carefully recorded, and intelligently followed through all their phases, were of more value than the whole series of such works that ever were written. Dr. Morgan said that he was no advocate of excessive study. Five or six hours' honest work per day, steadily maintained for three years, would well qualify them for the duties of their calling. He then proceeded to offer to the students a few remarks on the profession which they had selected, on the prospects which it held out, and on some of the difficulties and trials by which their future career must be chequered. "If any," he said, "whom I now address are men of high-strung ambition—men who sigh for the high places on earth—men moulded in that cast in which great statesmen, great lawyers,

and great soldiers are formed, then I warn you that you are entering a profession which will not satisfy the cravings of your ambition. The practice of medicine differs from the other learned professions more especially in this; that its distinguishing characteristic is contained in one word—work, quiet unobtrusive work. The most celebrated men in other great walks of life are pressed onwards by the force of talents which come home to and can be appreciated by educated public opinion. The gift of eloquence, often associated with ambition, whether heard in the pulpit, at the forum, or within the Parliament House, will catch the popular ear, and ere long separate the favoured possessor from the rest of his compeers. For such gifts our profession offers no scope. Displays of this kind are opposed to the whole spirit of its teaching. Close observation, the wisdom which profits by past experience, a profound interest in the mysterious workings of disease, and a keen sympathy for the sufferings of our fellow-men—these qualifications we should seek to acquire; they will be more valuable to us in our calling than the eloquence of a Demosthenes or the conquering genius of a Napoleon." But the profession possessed within itself attractions peculiarly its own. The life it holds out was pre-eminently an useful life. Even in a material point of view the prospects of the industrious student of medicine were certainly no less promising than those of his contemporaries in the remaining learned professions. The lecturer then went on to consider the solidity of the foundation on which the profession of medicine rested. Presuming that the students were just entering on practice, after having by diligent study made themselves well qualified practitioners, he would consider whether the teachings of their profession did indeed rest on that sure basis of scientific truth which would infallibly carry conviction to their own minds, and by giving them confidence in themselves win for them the confidence of others. The possession and retention of this confidence arises from the consciousness that the patient researches of many observant men have so opened up the mysterious workings of disease that what before was dark and obscure is now light, and that under the directing rays of this light we also are illumined on our path, and are enabled in the great majority of the cases which come under our observation to lay our hand on the very root and source of the malady. "Study the writings," he said, "of the late Dr. Graves, Laennec, the treatise of Frerichs on *Diseases of the Liver*, and the admirable works of Dr. Stokes, of Dublin, on the *Heart and the Lungs*. Follow the workings of minds like these, study the chain of reasoning that determined their opinions, accompany them in their after examinations, and you will arise from the inquiry with a feeling of profound admiration for the sagacity and judgment displayed in their writings. It is by this standard, by this skill in accurate diagnosis, that your general qualifications will be estimated by the more scientific members of your own profession." But this last was one which the initiated only could apply. The great mass of the public estimated the acquirements of the practitioner by a more deceptive standard; by his skill in effecting marvellous cures, in arresting the course of disease, and in restoring shattered health. Modern pathology had revealed, with the most minute accuracy, the destructive changes which accompany disease. But had our more intimate acquaintance with the changes on which various diseases depend rendered the diseases themselves more amenable to treatment? But though modern researches did not justify us in guaranteeing marvellous cures for the various ailments, we had still during the last fifty years steadily advanced in our acquaintance with disease; and our treatment

had grown more scientific. There was less theorising—more observation. Attention was paid, not to the mere name of a disease, but to constitutional vigour, in which the widest differences existed between one man and another. As an example, the lecturer referred to the manner in which the character of that inflammation is determined by the character of the blood. He believed that nothing had exercised a stronger influence in retarding the progress of the healing art than the indiscriminate advocacy of particular modes of treatment. No foredrawn conclusions would ever avail, but reliance must be placed in the watchful intelligent study of each particular case. This spirit of attentive observation, this more extended knowledge of disease, has effected much for suffering humanity. Not many months ago Europe was startled by the announcement that a desperate malady had burst out with alarming intensity in St. Petersburg. How were the fears allayed which arose out of that visitation? Not by the daily bulletins of death and disease, not by the unwonted symptoms which attacked the sick, but by that knowledge of the causes on which the affection depended, of its past history, of the conditions which influence its production and diffusion. Dr. Morgan trusted that none of his hearers would ever permit the enticing allurements of worldly interest to draw them aside from legitimate practice. Members of the medical profession were at liberty to follow that line of treatment which they considered best suited for the relief of their patients. One check, and one only, the general spirit of our profession imposed. "If we would retain the character of honourable men, we must forbear countenancing secret remedies. There should be no mystery in the healing art. We who practise it have one great object in common—one paramount duty—the relief of suffering. To this object we should cheerfully devote our meagre jottings. Our experience is too narrow to test fully the value of any discoveries we may make; besides, we are biased in their favour. But let them be confirmed by the general voice of the profession; then we too shall have added our store to that temple of knowledge which is being piled up, and is assuming year by year more stately and majestic proportions." He concluded by exhorting the students to study the examples which the medical profession afforded of devotion to duty.

MIDDLESEX HOSPITAL.

DR. HALL DAVIS delivered the Introductory Address. He said that, if there was one day in the year more important than another as an epoch in the life of a medical man, and as one giving rise to associations of the deepest interest, it surely was that day on which the various schools of medicine assembled in their several colleges to inaugurate a new session of medical studies. It was on that day that the country sent up fresh candidates to fill up the vacancies yearly occasioned in the ranks of the profession by death, or by the infirmities of sickness or of old age, and to meet the increasing demands for medical aid in our home and colonial possessions. Thus, by the fresh infusion of young life, the profession was renewed and sustained from year to year for the continuance of its high and noble purposes in contributing, under Providence, so importantly to the welfare and happiness of the human race. The profession on which they were about to enter—that of medicine—was truly a noble calling, and one which, in its rude beginnings, no doubt sprang out of a natural desire implanted in man as an instinct to relieve the pain and suffering of his fellow-creatures,

and therefore almost as ancient as the creation of man, but, as a distinct profession, founded by Hippocrates, the Father of Physic, more than two thousand years ago. Since that remote period, however, through succeeding generations up to the present time, the power of medical science and art, curative and preventive of disease, had, under the blessing of Divine Providence, been wonderfully extended by the intellect and persevering industry of man, and more remarkably so through the developments and valuable application of science during the last three hundred years. As an instance of an important accession to medical knowledge within that period, he might mention the discovery in 1628, by the illustrious Harvey, of the circulation of the blood—a discovery which might with perfect truth be said to have effected a complete revolution in medical science. Another memorable discovery which formed an important era in medicine, since it had been the means of conferring a great blessing on the human race, was that of vaccination by the immortal Jenner, of the history of which the lecturer gave an outline.

The lecturer also adverted to the discoveries of Hunter, Cuvier, Laennec, and other great lights who had adorned the profession, and condemned the prize system which prevailed in some schools. He then proceeded to urge that the government of this country should reflect on the value of medical services to the welfare of the army and navy. If they would secure for those two powers the most efficient medical skill, the ministers and other authorities in these departments should hasten to redress grievances which, by deterring the best men as a rule from entering them, could not but act most prejudicially to the interests of those services. The regulations complained of as affecting the medical officers of the army were principally as follows:—The important gift of precedence, according to the relative rank of the medical officers, and the advantages attaching to the rank with which it corresponds, does not exist in regard to medical officers presiding at mixed boards. It was ordered by the Royal Warrant of 1863 that relative rank shall not entitle the medical officer to military command of any kind, nor to the presidency of courts-martial, courts of inquiry, committees, or boards of survey, but when the presidents of such courts, committees, or boards shall be junior to the officer of the civil department, then such member of the civil department shall attend as a witness but not as a member. The medical officers feel that this non-recognition of the privileges which their rank should give them seriously prejudices their position in the army, and that it is detrimental to the interests of the service is manifest, said the lecturer, from the following considerations:—The results of excluding medical officers from presiding at mixed boards is this, that the senior medical officer, the man of experience, is distinctly excluded from sitting as a member at all those boards at which food, clothes, water-supply, quarters, and ventilation are subjects for investigation. The senior medical officer is, in fact, excluded from sitting at the board unless there happen to be a combatant officer senior to him in rank, a circumstance of rare occurrence. The position of the medical officer at mess is ambiguous, and often a very painful one. It does not depend upon the relative rank, but upon the will of the commanding officer, and consequently differs in various regiments. Some commanding officers permit medical men to hold their position at mess according to relative rank, other commanding officers refuse to do so. By the Queen's regulations of 1859 medical officers were removed from the regimental staff to the civil departments, although they belong to the regimental staff by every definition of the term.

They wear regimental uniform, they have special regimental commissions for which they pay, they subscribe to mess and band. One result of placing them in the civil department was, that medical officers for a time were deprived of funeral military honours. These, however, were restored by special order, but can even now be denied by commanding officers who may choose to follow strictly the Queen's regulations. With regard to the position of medical officers in the navy, the lecturer quoted from a pamphlet published by Dr. F. J. Brown. The lecturer referred to the fact that at a meeting of the Royal College of Physicians, held on the 6th of June, it was resolved that a president and censors of the College should consider the best mode of using the influence of the College to induce the War Office and the Admiralty to improve the position of the medical officers of the army and navy; and, that on June 26th the letter prepared by the president and censors was submitted and approved by the College, and subsequently forwarded to the Minister of War and the First Lord of the Admiralty.

LIVERPOOL ROYAL INFIRMARY SCHOOL OF MEDICINE.

THE Introductory Address was given by Dr. Rawdon, Lecturer on Pathology. He commenced his address by referring to the various circumstances which made the first day of the session peculiarly interesting, he bade the students welcome to the school, and expressed his hearty wishes for their success in their studies, as well as in the profession which they had chosen. He exhorted them to unremitting application to their studies, reminding them that the time allowed was not at all too long. He impressed on them the importance of system and method in the arrangement of their studies, and advised them as to the best mode in which they were to be pursued. Having referred to the pleasure which he himself felt on looking back to his student days passed in that school, Dr. Rawdon proceeded to touch upon the resignation of Mr. Fletcher, the lecturer on physiology, in consequence of ill-health, which, he said, was a source of general regret, and to the appointment of Mr. Harrison to the position. He then touched on the high and solemn character of the duties devolving on members of the medical profession, observing that in their hands were, to a greater or less extent, the health and happiness of their fellow-creatures, among whom they would, in accordance to their degree of ignorance or knowledge, cast misery or diffuse blessings. After touching on the sciences of anatomy, physiology, and pathology, he dwelt briefly on the advantages which medical students might derive from the obtaining of clinical clerkships and dresserships. Dr. Rawdon expressed his approval of the plan lately adopted by the lecturers on anatomy of conducting the weekly and prize examination on the dead subject, and thus testing the student as to his practical knowledge. He cautioned them against any intermission in or neglect of their studies under the delusive idea that by a few weeks of hard and forced application, previous to their examination, they could make up for lost time. Even if students did succeed in obtaining a diploma by such a course, they would be unfit for the practice of their profession. He also condemned the practice of "grinding", which, he said, was happily dying out, in consequence of a more efficient system of examination having been adopted. With a view of showing the great advances made in medical science in modern times, Dr. Rawdon quoted extracts from several medical works written in the sixteenth and seventeenth centuries. The earliest

book to which he would refer was *Guido*; his *questionaries of chyrurgerie*, bearing date 1579, and having the following title page:—"A worke both learned and profitable for chirurgions, the like whereof before this tyme hath not bene printed." At the commencement the author gives "a prayer necessary to be sayde of all chirurgions," in which, after referring to the Fall as the cause of mankind's infirmities, he praises God for "having given vertue unto trees, herbs, roots, beasts, fowles, fishes, wormes, stones, and metals, to the help of thier greifes." In a work by "The reverend Master Alexis of Piemont," as he was termed, and about the same date, was the following title:—"The maner and secrets to conserve a manes youth, and to holde backe old age; to maintaine a man alwayes in health and strengthe, as in the fayreste flower of hys age." Don Alexis, the author, was once required to treat a number of soldiers of the Emperor Charles the Fifth's army for dysentery, and the following, he said, was most successful, though Dr. Rawdon remarked that he had no great notion of Don Alexis's veracity—"First, I caused them to eate wel, and then on ye morning I gave them a vomit, and then every day after they had eaten I caused them to goe into the water of the sea, and there to remaine four or five hours." In a book by Peter Lowe, dated 1612, it is said, in reference to the amputation of fingers and toes, "Some for this purpose doe use a sharp chizell and a mallet, laying the member on a blocke, and so cuts it off." Dr. Rawdon next referred to the progress which of late years had been made in medical and surgical practice. The student had now, he said, the opportunity of learning his profession from several professors, and he acquired a more extended knowledge of medical science by listening to the discourses of men of opposite views. Nor should they under-rate the aid furnished by the extensive medical literature of the present day, whilst collateral science had also contributed to this end, chemistry and the microscope having rendered assistance in the study of physiology. Still it was necessary to progress, for, although their knowledge was constantly being increased, there yet remained something to be completed.

ST. GEORGE'S HOSPITAL.

THE Winter Session of this Hospital was opened by an Introductory Address from Mr. G. D. Pollock, one of the surgeons to the hospital, and surgeon to the Prince of Wales.

Mr. Pollock said it was but a century since St. George's Hospital, from being a small infirmary in Petty France, Westminster, and subsequently in Chapel Street, has risen to the rank of a metropolitan hospital. Since that period it had flourished, and had given to the world of science some of its most distinguished ornaments. William and John Hunter were actively connected with the institution, both in its wards and dissecting-rooms. To the former the medical profession is indebted for many important discoveries in anatomy, surgery, and midwifery, and for valuable pathological researches. To the latter they were under higher obligations still. John Hunter eclipsed his brother by the ability with which he handled some of the most abstruse points of physiology and anatomy. He became, indeed, in all civilised countries a beacon and a guide in the treatment of disease. Dr. Jenner, the discoverer of vaccination, Dr. Baillie, the great writer on morbid anatomy, and Mr. Cheselden, were pupils of the hospital. It was the eminent man last named who introduced the difficult and dangerous operation of lithotomy, an operation which was further perfected

by Sir Cæsar Hawkins. Besides these, there might be enumerated as belonging to St. George's Hospital, Sir Everard Home, the comparative anatomist; Dr. Pemberton, Dr. Heberden, Dr. Hope, the discoverer of many new points connected with diseases of the heart and circulation; Dr. Wollaston, the accomplished chemist; and Dr. Young, the natural philosopher. He would not mention in detail the more modern celebrities who had been educated at this school. When, however, it was considered that it had produced such men as Sir B. Brodie, Mr. Keate, Mr. Cæsar Hawkins, Dr. Seymour, Dr. Robert Lee, Dr. Bence Jones, Sir Charles Locock, Mr. H. James Johnson, Mr. H. Charles Johnson, Mr. Prescott Hewett, and Mr. Tatum, it was no wonder that the governors of the hospital and the public generally looked with interest at any event which called together the supporters of such an institution.

There was ample material at St. George's, as elsewhere, for success, if work was the basis upon which the pupils decided to rely; and he illustrated his statement by drawing attention to the circumstance that John Hunter, Dr. Baillie, Edward Jenner, and Sir Benjamin Brodie were all workers and pupils at St. George's. He drew particular attention to Jenner's labours; his patient industry—his untiring determination to work out the true value of his ideas on vaccination. He dwelt especially on the circumstances that Jenner refused liberal inducements to travel, but acted on a long determined intention to practise in his native town—in a remote country district. Jenner showed how much may be done by those engaged in country practice. He was a great and patient worker, and for more than twenty years did he labour at his subject before he satisfied himself of the intrinsic virtues of vaccination. Jenner was not to be compared to Hunter in some respects. He did not possess those remarkable intellectual qualities which made the latter so eminent in physiology and science; but he was a keen observer of nature. He seized a mere hint given him, turned it out, followed it up to its source, and converted it into a magnificent prize, which establishes him among the greatest and the most unselfish benefactors of the human race. Mr. Pollock added that a school indebted to the genius of Hunter, strengthened by the researches of Baillie, conspicuous by its association with Jenner's illustrious name, and enriched by the works and teachings of Brodie, was one worthy of the best exertions of the pupils. Mr. Pollock drew attention to the rich collection of preparations formed by Brodie, Cæsar Hawkins, and others, in the Museum, and of the facilities afforded in the part of that institution for prosecuting the study of morbid anatomy. He especially drew attention to the importance of studying disease in the wards, and strongly urged the great necessity of looking at disease at the bedside, watching its progress, or noting its fatal consequences in the dead-house. He then drew a short review of the improvements in medicine during the thirty years which he had been connected with the hospital, and pointed out that much yet remained to be done for its advancement. He then spoke of the importance of sanitary science. Fever, cholera, and diphtheria were often latent in our homes from sanitary measures being misunderstood or neglected. These diseases broke out with violence when the occasion arose, unchecked by experience, and in spite of the warnings of medical men. The frightful loss in the Crimea by disease and privation was to be mainly attributed to the onset to an indifference and ignorance of the most common sanitary precautions. Mr. Pollock went on to say, that he considered private practice preferable to employment in the public service. In the former position a medical man had the stimulus

of private enterprise and the prospect of independence. In the latter he was free from anxiety, but with a very small, though certain pay. The government did not do justice to themselves, nor to those who enlisted in their service. From a mistaken notion of economy, they restricted the duties of the medical officers, and the result was a large mortality among the troops which might be avoided. The lecturer said in conclusion that the pupils should take for their motto, "Work and duty"; and he urged them to strive to make their professional conduct such that their opinions, their judgment, and demeanour would be universally respected and beloved.

British Medical Journal.

SATURDAY, OCTOBER 14TH, 1865.

CHOLERA.

DR. MAURIN of Marseilles publishes, in the *Gazette des Hôpitaux*, a history of the present visitation of cholera to that city. The doctor says that, with very few exceptions, the disease attacked only those of the lower classes used to commit excesses in food or drink. Barely ten notable persons were carried off by cholera. Out of the 1500 fatal cases, it has almost always been possible to ascertain the predisposing cause. Dr. Maurin also describes the prophylactic measures which have proved successful. They may be thus summed up—Good food, cleanliness, both of houses and persons—soap and water for the latter and whitewashing for the former. Dr. Maurin says:

"The commencement of 1865 was marked by frequent rains, mild weather, a great prevalence of influenza and intermittent fever. In March, the influenza epidemic began to decline; but the intermittent fevers showed no material diminution, although the temperature was warm and dry. The whole of the summer was marked by excessive drought. From the month of June, the prevailing winds were from S.S.W., the heat being on an average about 86° Fahr. The streets in the old quarters and in the suburbs of the town are very badly kept. The tortuous thoroughfares of what is known as the old town are too narrow to admit watering-carts; and the refuse is only removed when the gutters are swollen after rainy weather. In the suburbs, the streets are not yet levelled, and there are no drains at all; some of them are even destitute of gutters, and the residue of the winter rains formed stagnant pools. Moreover, the police has ascertained the fact that not less than a thousand of those utensils, which gave rise in Edinburgh two centuries ago to the cry of '*Garde à l'eau!*' were very nigh emptied out of the window. Fruit was very abundant this year. Meat and other necessaries, on the contrary, were very dear. The poorer classes, whose chronic state of destitution was increased in consequence of the stagnation of business, fed almost exclusively on raw trash throughout the months of May and June. Above all, the Italian colony at Marseilles, which numbered about 25,000, crowded in unhealthy lodgings in the centre of the old town, and in the suburbs, indulged in melons, pistachio nuts, water fruit, raw tomatoes, and pastes,

which constituted their habitual food. It was under these conditions that the cholera made its first appearance in June, about a fortnight after its outbreak at Alexandria; whether it was introduced by refugees or atmospheric currents must be reserved for further discussion. I confine myself for the present to record my opinion that both those causes contributed to the development of the epidemic at Marseilles. There were a few victims in the course of June in the centre of the old town, a very hotbed of pestilence. The agglomeration of population drawn together by the processions still further favoured the spread. The national *fête* of August 15th (by drawing together large crowds) appears to have given it fresh intensity. Towards the end of August, a capital execution was to take place in one of the squares of the city, the Place Sebastopol. For ten days running, large crowds congregated there to see the work of the guillotine, and spent the whole night *al fresco*. The mortality rose to twenty *per diem*. On Sept. 1st, the fair of St. Lazarus began, and for a whole fortnight was attended by a large concourse. The district where it was held had up to that time been spared; but two days after its opening, cases of cholera were reported from it (and the mortality rose from thirty to sixty *per diem*). The fair was closed on September 15th; the epidemic decreased. Was there a coincidence between these facts and the increase of the epidemic, or were the agglomerations of people the cause of the spread of a disease which, from its slow progress at the outset, did not seem likely to assume an epidemic character? I incline to the latter hypothesis. About 104,000 persons emigrated from the city to the neighbouring country places, where the local villas were crowded with men, women, and children. This overcrowding accounts for the great mortality in the districts where it took place."

A petition to the Emperor is at present being signed at Marseilles, praying His Majesty to establish a local sanitary administration to protect Marseilles, it having been for the seventh time visited by cholera. The petition states that it is easy to follow the passage of the cholera. It was brought from Asia by pilgrims who flocked to the Prophet's tomb in unusual numbers this year. It found in Egypt a population predisposed; it broke out violently among them, and they fled. Hospitable Marseilles received the fugitives without adopting sufficient precautions, and the cholera broke out. This is not an isolated fact. In 1835, the inhabitants of Toulon, flying from a violent epidemic, sought refuge in Marseilles. The cholera followed them, and made numerous victims. In 1837, the cholera appeared in Italy, and the steamboats of that country brought numerous refugees to Marseilles, where it was propagated that year for the second time. In 1854 and 1855, the regiments embarking at Marseilles for the Crimea propagated the cholera, which at that time prevailed in the north of France.

The *Moniteur* has published an important report addressed to the Emperor, drawn up by M. Drouyn de Lhuys and M. Béhic. It states that cholera has been imported into Egypt by the Mussulman pilgrims, and recommends the expediency of promptly calling together a Diplomatic Conference which

should propose practical measures for the better organisation of the sanitary service of the East.

"To save Europe from these periodical visitations of cholera, they consider it more efficacious to seek out the means of stifling the evil in its origin than to encounter it in its advances. It is requisite to adopt at the very point of departure a system of preventive measures. The Ministers find, in the information furnished by consular agents, confirmed by the reports of medical men, positive proof that the cholera was recently imported into Egypt by pilgrims returning from Mecca and Djeddah. It is true that the disease prevails every year among the Mussulman caravans; but the permanent causes of infection were more active during the present year. The affluence of the pilgrims at Mecca for the Feast of Sacrifices has been, from peculiar circumstances of the Mussulman creed, much more considerable during the present than in preceding years. Not less than 200,000 persons of every age and sex had gathered from divers Mussulman countries to perform those ceremonies; while the number of sheep and camels slaughtered, and of which the offal was left abandoned on the soil, is calculated at upwards of a million. Moreover, at former periods, pilgrims travelled overland, so that the journey across the Desert contributed to ameliorate the sanitary condition of the caravans by insulating and dissipating the morbid elements they carried with them; but now, in consequence of steam navigation, the accumulation is greatly increased, and is certainly one of the causes which promote the development of the epidemic. These circumstances of recent origin require, for the operation of embarking and transporting the pilgrims, a vigilance and control greater than those which have been hitherto insufficient. There is every reason to conclude that, if a system of vigilance existed at the outset, it would have been possible to extinguish, or to insulate, the centres of infection which successively spread to Syria, the coast of Asia Minor, and a part of Southern Europe."

The *Messenger du Midi* states that Dr. Tourette of Paris, who went to Toulon to try a new method of curing cholera with cold water, had died there of the fatal disease. Dr. Ginouves, also, a very distinguished physician at Solles-Pont, near Toulon, had died of cholera.

A medical commission, composed of four French physicians, sent to Alexandria during the cholera in that city, has separated since its cessation. Two of them, MM. Duvalier and Revillond, have returned to France, the latter affected with severe dysentery. MM. Horteloup and Davenne proceeded to attend the cholera patients at Beyrout and Damascus. M. Horteloup has since continued his journey to Saïda, where he was informed there was neither physician nor medicine.

Dr. Parkes has been requested by the Privy Council to report upon the existence of disease in Southampton, and also what measures had been taken for its prevention; and, further, to watch over the health of the neighbourhood, and report thereon daily to the Government. He has also been instructed to advise the authorities upon any measure, if he thought fit to do so. He has, therefore, advised that each medical gentleman of the town should

send in to the Mayor or Sanitary Committee every day a statement of any cases of deaths from diarrhœa or cholera. He also advised the Sanitary Committee to persevere in the extremely sensible plan which they were endeavouring to bring into operation. Medical men have been assigned to the several districts to act in conjunction with the members of the council.

At Paris, as at Southampton, there appear to have been isolated cases of cholera; but there is nothing in the shape of an epidemic. The disease at Marseilles now seems decidedly on the wane. Toulon is so far free from it, that the Mediterranean squadron is about to return from Ajaccio to the roads of Toulon. The accounts from Constantinople are also reassuring, the plague having almost died out in that city and on the coasts of the Black Sea and the Sea of Marmora. At Malta, happily, the cholera may be said to have ceased. Valetta and its suburbs have been free from cholera for nine days.

It is a fact worthy of note, that, while Constantinople, Smyrna, Beyrout, Jaffa, Ancona, Marseilles, Malta, Gibraltar, and other Mediterranean ports in communication with the infected city of Alexandria, have all suffered more or less severely from this extraordinary pestilence, Sicily, Greece, and the Barbary States (Tripoli, Tunis, and Morocco), which adopted an opposite course, have hitherto entirely escaped its infliction.

The *Gazette des Hôpitaux* says that the Hospitals Beaujon and Lariboisière only have continued to receive a certain number of cholera patients. The Hôtel Dieu and the Charité, where a special service has been organised, as also in Beaujon and Lariboisière, in the event of a possible spread of what is called "this little epidemic puff", have hitherto received but an insignificant number of sick. The malady seems to have no great intensity, and to have exclusively attacked those persons who were predisposed from anterior illness, privation, and the influence of the very worst conditions of health.

The cholera still holds its ground at Gibraltar. The total number of deaths there up to this time, we are told, is about 470.

"No part of Gibraltar has been left absolutely free from attack. But it has found its prey nearly altogether in the lower classes, and, among them, nearly altogether in those who had been subjected to poor food and foul atmosphere, or who had subjected themselves to the fruits of an irregular life—bad liquor, excessive drinking, personal uncleanness."

No case of cholera had occurred in Vienna up to the 7th instant, although it has already reached Trieste. The greatest efforts are being made by the "Cholera Commission" at Vienna to protect the city and neighbourhood from an attack of the pestilence.

THE CATTLE-PLAGUE.

ACCORDING to Professor Dick's last report, the cattle-plague appears to be diminishing considerably in Edinburgh. The sheep experimented on in the sanitarium have continued healthy; so that it is believed that the disease is not one which is communicable to sheep. It is still an open question, however, whether they may not become a medium for conveying the infection amongst healthy cattle; and a proposal made by Dr. Andrew Wood to put that matter to the test is about to be carried into effect.

Some experiments with regard to the treatment of the disease have been made by Professor McCall of Glasgow. He says:

"A place suitable for a sanitarium having been got ready, thirty-five old oxen suffering from the disease were driven into it. These I have treated; and up to this date, fourteen appear to have recovered, though I cannot yet pronounce them safe. On the 29th, a dairy of six cows all affected, and one cow from another dairy also affected, were taken to the sanitarium and treated, but five have died. I purchased one healthy cow, and had one fine prize cow, also healthy, given me for the purpose of putting them along with the diseased animals and treating them from the beginning. The cow I purchased has died; the other is suffering from plague, but as yet of a mild type. From the beginning, I have endeavoured to fortify her constitution by every means. I have also had five ordinary sheep; viz., two ewes and three lambs, and one African ewe sheep—in constant contact with cattle suffering under plague in its most severe form. They have been confined in the same boxes and eaten of the same food since Thursday, the 28th ult.; and I also inoculated (with the discharge from the eyes and nostrils of plague-stricken animals) the African ewe and one of the lambs in the beginning of the week. None of them have shown any symptoms of disease. I have also kept five dogs—viz., a Scotch terrier, two retrievers, a pointer, and a mongrel—at the sanitarium, and fed them almost entirely on the stomachs and intestines of cattle which have died from plague, selecting those portions which are most virulently affected. They have continued feeding on this since Monday, the 18th, and no symptoms of disease of any kind have shown themselves."

Dr. Andrew Smart of Edinburgh reports officially (*Scottsman*, Oct. 11) that he has obtained several instances of recovery under the use of laxative, stimulant, and tonic treatment.

The Prefect of Paris has issued most stringent orders to prevent the further spread of the disease.

All owners or keepers of horned beasts attacked are to make a declaration of the fact to the mayor, so that the animals may be examined by a veterinary surgeon. The animals are to be put apart, and on no account must the owners admit them to common pasture-ground or drinking-places. In places where the disease has appeared, the mayors shall summon owners to declare the number of cattle they possess, etc., in order to fix the indemnity allotted to those who may have endured losses. All communications with the cattle of localities not infected is absolutely forbidden; consequently, no animal belonging to an infected district, even those still healthy, shall be driven to the fairs and markets. The owners of healthy animals may, in the places where the disease

exists, sell them with the view to being slaughtered in establishments specially authorised, but only under conditions. On the very first appearance of the disease in any place, the authorities may cause the infected animals, and even those still healthy, to be slaughtered. Animals shown to be healthy which are slaughtered may be disposed of to the public consumer. In the rural communes, the animals that have died from the disease or are slaughtered shall be buried at a distance from all dwelling-places, in holes of at least two *mètres* deep, and covered with all the earth taken out of these holes. The hides shall be cut into shreds before the carcase is laid in the ground. As dogs may be the agents of the transmission of the contagion, these animals are to be tied up in the infected places, and those found on the public ways killed.

Mr. Frank Buckland, in a long letter to the *Times*, recommends the administration of chlorate of potash. Mr. Bartlett tried this agent at the Zoological Gardens in 1851, when the lions and other carnivora were attacked by a disease that threatened destruction to them; and, as he found it of service to the carnivora, etc., on that occasion, Mr. Buckland concludes that it may be of service to herbivora. Mr. Bartlett describes the symptoms of the lions, etc., as follows.

"Dulness and uneasiness, nervous twitchings, sneezing, serous discharge from the nose, mouth, and eyes, loss of appetite, great general prostration, followed by inflammation and ulceration of the throat, gullet, and nasal passages."

"The animals," says Mr. Buckland, "attacked by this disease during the epidemic of 1851 were—four lions, three lionesses, two tigers, two cheetahs, and four leopards; of these, one lion and one lioness died on the 20th of August, before the chlorate of potash treatment was commenced. Not a single death occurred after its exhibition, although the animals above-mentioned all suffered from the disease with strongly marked symptoms."

"The proper dose for an adult ox or cow would commence with half an ounce given morning and evening. On the following day, if the symptoms do not diminish, the dose might be doubled, decreasing it on the third day to the half-ounce; under any circumstances discontinue it on the fourth day, and give the system a day's rest; and then give smaller doses daily till the animal is convalescent. The best mode of administering it is as follows. Dissolve half an ounce of chlorate of potash in one quart of boiling water; add to this two quarts of cold water. The animal, being thirsty from the disease, will drink these three quarts, and then give him his full quantity of water; he will drink the water containing the medicine, if allowed to become thirsty, and voluntary drinking is far better than any drenching."

"Some time since, the horses of the Royal Horse Guards Blue were attacked with a complaint, the symptoms of which were general prostration, etc. Recollecting Mr. Bartlett's results at the Zoological Gardens with the chlorate of potash, I then suggested to my friend, Mr. W. Harpley, veterinary surgeon to the regiment, that he should try it with his horses. He did so, and was highly satisfied with the result."

Mr. Buckland's remedy, we may anticipate, will turn out to be as efficacious, and no more so, as all the other drugs which have been tried or recommended in the columns of that highly scientific and truthful journal, the *Times*.

The Commission appointed by the Queen to inquire into the Cattle-Plague consists of Earl Spencer, Viscount Cranbourne, the Right Hon. Robert Lowe, Dr. Lyon Playfair, C.B., Charles S. Read, Esq., Dr. Bence Jones, Dr. R. Quain, Dr. E. A. Parkes, J. R. McLean, Esq., Thomas Wormald, Esq., Robert Ceely, Esq., and Charles Spooner, Esq. The duties of the Commission are defined to be

"Fully to investigate the origin and nature of a contagious or infectious disorder, which is generally designated the cattle-plague, now prevalent among the cattle of Great Britain; and to ascertain as far as possible the mode of treatment best adapted for the cure of the affected animals; and the regulations which may, with the greatest advantage, be made with a view to prevent the spreading of the said disorder, and to avert any future outbreak of it."

The Commission has held daily meetings.

In reference to this Commission, "*F.R.S.*" writes as follows.

"If the Government has determined that the cattle-plague and other diseases shall be investigated scientifically, why does it not request some of those who are now actually working at the particular branches of science concerned to undertake the investigation? If any real advance in our knowledge be possible at this time, is it not more likely to be made by men who are practically acquainted with, and daily employing, the most recently discovered methods of investigation and most perfect instruments of research, than by those who have already gained reputation and position by work done many years ago, but who, in consequence perhaps of their time being fully occupied in very lucrative employments, have for some time past ceased to take part in scientific work?"

We are happy to be able to inform the writer that it is the intention of the Commission to appoint the very class of men to whom he refers to investigate the special scientific points of the cattle-plague requiring minute investigation. We have reason to know that the Government inquiry will be a most searching one; and we consider that the men selected for the purpose of superintending and guiding the inquiry are the right men for the purpose. They well know whom to appoint as scientific investigators, and are certainly able to appreciate the value of evidence as laid before them. Of course, the main question upon which the public require information, and the very earliest information, is as to the source of the disease, as to its contagiousness, and as to the means of preventing its spread. These are the points to which the Committee should give their best and earliest attention. In the meantime, they may commit to the charge of the many able observers, who are ready to undertake the work, the duty of minutely investigating the pathology of the disease. The Committee will, no doubt, recollect that every minute lost at the present moment is a most serious loss. It must also recollect that other governments have already taken the most stringent measures to arrest the progress of the disease. In truth, we should imagine that there is overwhelming evidence already given us as to the highly conta-

gious and highly destructive character of the cattle-plague. Such being the case, the question as to the origin of the disease in this country becomes a matter of quite secondary consideration—one which the Committee may investigate hereafter, more at their leisure. Having the virulent pestilence amongst us, the main point for us is to be informed how best we may be rid of it; and this, if we mistake not, is the very important problem upon which this Commission (if it be of any real service) will give us immediate information. The Commission should lay down such stringent rules as they consider requisite for the arrestment of the disease, and urge their immediate adoption upon the Government. This, as it seems to us, is their special business—*hic labor, hoc opus est*.

Professor Gamgee, at the Social Science Association meeting at Sheffield, gave an account of the particular manner in which the cattle-plague was, in his opinion, introduced from Russia into this country. His account is, we must say, very unsatisfactory. His explanation can scarcely bring conviction home to the unprejudiced mind, but rather excites unsatisfied difficulties. Professor Gamgee has to prove that a cargo of cattle landed at Hull introduced the disease into this country. At Hull, the cargo was divided. One half was sent to London, and propagated the disease; the other half did not propagate it. This last fact is accounted for thus. "We constantly find," he says, "in tracing contagious diseases among cattle, that, two farmers having bought a herd between them, one half purchased by one man remains in health, while the other half dies." But then it must be remembered that these cattle had the disease amongst them before they left Russia. One was slaughtered at Revel, and another was ill off Denmark; and, in fact, as he tells us, the cattle were landed at Hull, instead of at London, in order to avoid the doctors. Now, the disease being intensely contagious, and all these cattle being in close contact for six days on the deck of a ship, how comes it that half the cargo should have escaped the disease, and carried away no contagious matter? If such a fact could be proved, it would tend to upset the idea of the disease being contagious at all! As for the infected cattle, they "stood the London market on the 1st of June"; and nothing is said of their suffering from the disease at that time. How, then, did they spread it in London? "They must have communicated the disease to foreign cows near them, for it was these cows which conveyed the malady into the London sheds."

Two important links in evidence here totally fail:

1. The proof that the Revel cargo cattle exposed in London had the disease; and 2. That they communicated it to foreign cows. Professor Gamgee has here manifestly done his position great injury. He has, to all appearance, made his facts fit his theory;

viz., that the cattle-plague must have come from Russia. It is very probable, and more than probable, that the disease did come to us from Russia; but why strain facts to prove the point? If it be admitted that the plague amongst our cattle is identical with the Russian Rinderpest; that it is a highly contagious disease, a specific fever, a fever *sui generis*; we may accept the fact of its transmission to us, even though we cannot trace all the steps of its progress. If a case of small-pox break out in some secluded hamlet, no one believes that the disease took its origin there. We readily admit, that the person infected must have "caught" the disease from some one similarly infected, even though we are utterly unable to trace out the source of the contagion. And just so might we fairly argue in reference to the cattle-plague. If it be proved to be a specific fever, having the characters above spoken of, we may most reasonably admit its advent amongst us through contagion, although the method of its conveyance be not satisfactorily shown. Professor Gamgee injures his cause by overstraining the value of data in order to support it.

FROM a parliamentary return, it appears that an assistant-surgeon who now enters the army has no chance of ever becoming a surgeon. He must, at the present rate of advancement, wait about, at all events, forty years for his promotion. The words of the return are as follows.

"Return showing number of assistant-surgeons at present in Her Majesty's service, exclusive of the Indian army,—768.

"Return showing number of assistant-surgeons promoted to the rank of surgeon during the last three years:—

Year ending 31st March, 1863	16
Year ending 31st March, 1864	19
Year ending 31st March, 1865	20."

THE last number of the *Cornhill Magazine* contains an article entitled "Acquitted on the ground of Insanity, from a Mad Doctor's point of view." The article contains valuable information. The writer argues against the legal definition of insanity. We do not think, however, that the writer has made as good use of his opportunity as he might have done.

THE next—the forty-first—meeting of German Naturalists and Physicians for the year 1866 will be held at Frankfort. The celebrated palæontologist Hermann von Meyer, and Dr. Spiess, have been elected Presidents.

THE sum received by M. Nélaton for his visit to the Czarewitsch at Nice was 15,000 *francs*, and not, as has been absurdly stated 400,000. M. Rayer accompanied M. Nélaton to Nice, and received a similar fee.

Association Intelligence.

SHROPSHIRE ETHICAL BRANCH: ANNUAL MEETING.

The annual general meeting of this Branch will be held at the Raven Hotel, Shrewsbury, on Monday, October 16th, at 2 P.M.

At 4 P.M., the members will dine together; J. R. Humphreys, Esq., President, in the Chair.

SOUTH MIDLAND BRANCH: AUTUMNAL MEETING.

The next autumnal meeting of this Branch will be held at Market Harborough, on Thursday, October 26th, at 2 P.M.; GEORGE ASHDOWN, Esq., President, in the Chair.

Gentlemen intending to read papers or cases, are requested to give early notice, with the titles, to Dr. Bryan, Honorary Secretary, Northampton.

JOHN M. BRYAN, M.D., } Hon. Secs.
G. P. GOLDSMITH, }

Northampton, September 29th, 1865.

SOUTH-EASTERN BRANCH: WEST KENT DISTRICT MEETINGS.

The next meeting will be held at the Kent County Ophthalmic Hospital, at Maidstone, on Friday, October 27th. The hour of meeting and of dinner will be noted next week.

Dr. Woodfall has consented to occupy the Chair.

Papers have been promised by Matthew A. Adams, Esq., on "The Modern Methods of Dealing with Cataract"; and by Frederick W. Atkinson, Esq., on "The Treatment of Gonorrhoea in the Female".

FREDERICK J. BROWN, M.D., Hon. Sec.

Rochester, October 11th, 1865.

SOUTH EASTERN BRANCH: WEST KENT DISTRICT MEETINGS.

The first meeting for the ninth session, 1865-66, was held at St. Bartholomew's Hospital, Rochester, on September 29th; ADAM MARTIN, M.D., in the chair. Eighteen members and visitors were present.

New Member. Frederick Page Atkinson, M.B., Resident Surgeon of St. Bartholomew's Hospital, Rochester, was elected a member, subject to the regulations respecting confirmation at the Branch annual meeting.

The Treasurer and Honorary Secretary of the district were re-elected.

Communications. The following papers were read.

1. Two Cases of Abnormal Labour. (a) Concealed Internal Hemorrhage, complicated with Fibroid Disorganisation of the Os Uteri; Death. (b) Induration of Os Uteri; Incision of the Os; Recovery. By Wm. Carr, M.D., Blackheath.

2. Case of Tetanus in a Man aged 28; Death in Four Days. By F. P. Atkinson, M.B., Rochester.

3. Morbid Specimen of Trachea affected by Diphtheria. By John M. Burton, Esq. [The child, aged 5 years, died in five days of primary laryngeal diphtheria not extending to the pharynx. The urine was albuminous. The child escaped scarlatina that affected its family two months previously.]

Next Meeting. Dr. Woodfall was elected chairman of the meeting to be held at Maidstone in October.

Dinner. The members and visitors adjourned to dinner at the Bull Hotel.

WEST SOMERSET BRANCH: INTERMEDIATE MEETING.

THIS meeting was held, in pursuance of a resolution passed at the last annual meeting, at Clarke's Castle Hotel, Taunton, on Wednesday, October 4th, at 5 P.M. There were present—HUGH NORRIS, Esq., President, in the chair; and eleven other members.

Dinner. A good dinner was first disposed of; and then the professional business of the meeting was proceeded with.

New Members. Fenwick Metcalfe, Esq., of Bishop's Lydiard, was proposed as a member of the Branch; Dr. James Hill, of North Curry, and James Wookey, Esq., of Wellington, were proposed as members of the Branch and of the Association.

Communications. The following papers were read:

1. On Dropsy after Scarlatina. By W. Legge, Esq.
2. On a Visitation of Endemic Typhus Fever. By H. W. Randolph, Esq.
3. A Case of Embolus. By Hugh Norris, Esq.
4. A Case of Placenta Prævia. By Hugh Norris, Esq.

A pleasant and instructive evening was concluded after the full and free discussion of the several communications, by votes of thanks to the contributors.

Correspondence.

IS ALCOHOL FOOD?

SIR,—An article recently published in a contemporary, on the subject of the "Physiological and Therapeutical Action of Alcohol," containing some forcible animadversions upon the leader entitled "Is Alcohol Food?" which appeared in your JOURNAL a short time ago, would scarcely require any answer, were it not for the fact that it contains certain statements and misrepresentations which appear to be as extraordinary as they are unwarranted. I would, therefore, claim the indulgence of a portion of the BRITISH MEDICAL JOURNAL to point out the misrepresentations which have been made by the writer in question.

Dr. Anstie states that your leader contains the following quotation:—"That the administration of alcohol in acute diseases by Dr. Todd is not only by the researches of MM. Lallemand, Duroy, and Perrin, shown to be devoid of a scientific basis, but that the practical experience of the leading medical practitioners has condemned it as unsuccessful in actual treatment." I have again looked over your leader in the JOURNAL, but can find no such assertion. Indeed, the only reference you make is, that the data which guided Dr. Todd in his administration of alcohol were shown by the best scientific inquirers to be unwarrantable assertions; and the best authorities, such as Drs. Edward Smith, Parkes, and others, had come to the conclusion that alcohol was not food. To say the least of it, this sort of scientific warfare seems like raising up a giant of straw, purposely to have the pleasure of knocking it down again;—a practice more amusing to the writer than edifying to the reader.

The article in question contains also another misrepresentation, when it makes you say "that the employment of alcohol in the acute forms of disease has proved to be useless or mischievous in the hands of recent practitioners." I must again refer your readers to your leader, to convince them that the writer in your contemporary has not only drawn too largely upon his imagination for his facts, but per-

verted from its true meaning the language used by yourself. In scientific discussion, where the elucidation of truth is the great object of inquiry, it can scarcely be said that this kind of misrepresentation is creditable.

The most serious accusation against you is, that you have hinted that the medical practice with which Dr. Todd's name is identified has favoured the spread of drinking habits amongst patients. Your leader really states that it would not be difficult to show that the practice of modern alcoholic treatment of disease, mainly introduced by Dr. Todd, has produced a large amount of evil, physical as well as moral. I believe that there are few medical practitioners who have carried out the stimulating plan of treatment, as well as others, who could not point out many cases of drunkenness which have arisen entirely out of their alcoholic treatment of disease. Indeed, it is too true that even men who have been total abstainers for years, have occupied a prominent place on the temperance platform, have been most earnest in their appeals to reclaim the drunkard and most zealous in their efforts to put down the drinking customs of society, have fallen victims to alcoholic liquors *medicinally* prescribed by their medical attendant.

The writer of the article frankly admits that, since the death of Dr. Todd, a certain reaction has taken place against his practice in regard to the administration of alcohol in acute diseases. But that a certain amount of terrorism has been attempted, and efforts made to frighten the profession from persistence in the employment of alcohol; and that the arguments by which the desired change was supported consisted merely of theoretical fancies about "stimulation", which have no basis in observed fact, is very like the "tall talk" which occasionally comes across the Atlantic—more amusing than truthful. Professor Gairdner of Glasgow, Dr. Wilks of Guy's, and numerous other writers, have given the *coup de grace* to the alcoholic prescription of alcohol. Their elaborate papers and reports have cut away the remaining ground upon which the writer appeared to stand so proudly. Even the editor of the *Lancet*, who had been a sort of wet-nurse to the alcoholic bantling, seems desirous of giving up his charge, and takes great credit to himself for having suggested doubts as to whether the therapeutical fashion of stimulation would bear scrutiny. He, on behalf of the profession, recants, and says: "Judging from the London practice of the last few years, a cursory and casual observer might think that alcohol was a remedy of specific power, the triumphant introduction of which was to make Dr. Todd as famous as vaccination made Jenner, and chloroform Simpson. We are not surprised to hear of the FAILURE of this plan!"

There are a great many medical men, in addition to those named, who for years have treated disease without having had recourse to the employment of alcohol at all, who could not now be persuaded to prescribe it, on account of the success attendant upon the disuse of it. These established facts outweigh all the abortive experiments of M. Baudot about alcohol being food, and the very plausible but absurd theories of the writer in question, who now admits that, if alcohol is not food, it must be physic!

Moreover, the writer is evidently offended that you, a reader only of other men's opinions, should pronounce a settlement of the general question—in fact, give the "last verdict of science" in favour of the conclusive experiments performed by Lallemand, Perrin, and Duroy—without having taken into consideration the value of his experiments and researches, which are now being conducted. For this grave

offence you stand charged as a criminal at the bar of the medical profession; and, whether you will be condemned or acquitted by its members, time will show. The scientific conclusions at which the writer arrives, relative to the administration of alcohol in acute diseases, will form matter for another letter. At present, I write to show that your article has been attacked upon false data, fearing that the general readers of the *Lancet* might be misled in their judgment of the real merits of the case.

I am, etc., H. M.

October 2nd, 1865.

THE MEDICAL PROVIDENT SOCIETY.

LETTER FROM ALEXANDER HENRY, M.D.

SIR,—Mr. Steele has laid before the members of the Association his objections to the Medical Provident Society. As he has had ample opportunity of studying the Rules of the Society, it may be inferred that his letters contain all the objections—at least the principal ones—which he can urge against the Society and against the details of its management. Mr. Steele's objections, however, by no means prove the Society to be so unworthy of the support of the profession as he would have us to believe that it is; and these objections are in several instances all the weaker, in that they are founded on misreading or misinterpretation of the facts relating to the Society, and of its Rules.

Mr. Steele assumes that the Society was not called for, because "it was not originated by the special class for whom it is adopted." Inasmuch as, so far as I am aware, no one has ever laid down any restriction as to the social position of the members, I do not know how to define the class to which Mr. Steele alludes. The supposition that the Society is intended as a mere eleemosynary institution for our "poorer brethren", as Mr. Steele calls them, or that it has been formed for any one class more than another, is altogether incorrect. When a candidate applies for admission, no inquiry is made as to his pecuniary circumstances; no invidious distinction between "rich" and "poor" is admitted; nor is any class of members of the profession marked out as dependent.

According to Mr. Steele, the existence of an auxiliary fund formed by voluntary contributions gives the Society an essentially eleemosynary character. If this view be correct, the term "eleemosynary" must be applied even to those institutions which confer their benefits on persons only who have contributed to their funds, and who have, under certain specified conditions, a legal right to a fixed proportion of those funds from whatever source derived; while those who have the disposal of the funds have no power of dispensing them to any persons whose condition may be in all respects the same as that of the actual recipients of benefit, except only that they have not purchased their right by contribution. I have always thought that the obligation of charity is moral and not legal; that in its performance is implied perfect freedom of action on the part of the donors, and complete dependence on the part of the recipients of bounty. I quite agree with Mr. Steele, that the principles of providence and benevolence ought to be kept distinct; and would, theoretically, go with him in the view, that every provident society should be *ab initio* self-supporting—entirely maintained by the contributions of those who are entitled to its advantages. But in practice, the matter is very different. Unless the annual premiums of a mutual insurance society be made so high as to be beyond the reach of many of those for

whom it is intended, it is not, in its early days, proof against all risks that may possibly occur, although the premiums are amply sufficient to meet *probable* risks. On this ground, life-insurance companies, when first established, take care to provide something in the shape of a reserve fund, from which extraordinary demands may be met—and surely Mr. Steele will not say that a life-insurance company is a charitable or eleemosynary institution. It is on this ground, too, that the Directors of the Medical Provident Society instituted, and that Mr. Finlaison urged, the formation of an auxiliary fund. To say that this fund has arisen from any want of confidence in the sufficiency of the premiums, is quite erroneous. It was commenced, and had made good progress, before the rates of annual premium were agreed on; and, as to the supposition that Mr. Finlaison recommended a reserve fund to be formed because he doubted the sufficiency of the premiums, it would be an insult to him to suppose that he deliberately certified their safety, and also expressed by letter his approval of them, while he did not believe that they were sound. His real reason for urging the formation of the fund was, that extraordinary circumstances might occur which might render it necessary. The formation of the fund was, in fact, as he expressed it in a letter to me, a measure of “super safety”. Mr. Steele’s professional experience must tell him, that the adoption of measures of precaution does not necessarily imply a want of confidence in the sufficiency, if events follow their usual course, of the ordinary means employed.

Mr. Steele says that “registration under the Act, and the certificate of an actuary, confer no financial security beyond that of many other similar schemes which have come to grief.” This may be admitted as a mere negative statement; and it may be said with equal correctness, that the most skillful performance of a surgical operation does not *per se* insure the safety of the patient. Yet Mr. Steele will readily admit, that such skillful performance is highly advisable as a preliminary step; and in the same way the registration of the Society and the actuary’s certificate were necessary preliminary acts to place the Society on a sound basis. In both cases, the ultimate success depends on the after-management; and, in the case of provident societies, there are certain conditions which have been shown to be the main causes of failure:—inequitable arrangement of the annual premiums; insufficiency of the premiums to insure the advantages promised by the societies; or misapplication of the funds. Mr. Steele says that “sick-clubs require less subsidising in their early stages than when, a few years later, their liabilities become greater; and therefore the Society . . . must always be greatly dependent upon benevolence.” This statement is far too absolute as it stands at present. I cannot see how such an increase of subsidy should be required, except under the operation of one or more of the detrimental conditions above mentioned; and none of these causes of failure exist or are likely to exist in the Medical Provident Society. It is, then, difficult to understand how, in a Society which limits its operations to cases of temporary sickness alone, the liability in proportion to the income can be greater in the course of years, with a constant increase of members, than it is in the commencement of the Society. Actuaries lead us to believe that, all other circumstances being favourable, the safety of a mutual insurance society increases with its numbers.

Of the management expenses, Mr. Steele can only say that they may become a serious item; and he objects that they are not defined. Those expenses could not be defined; and the estimate for them could

not form a part of the tables of annual premiums: first, because the tables are intended to indicate the sums required to ensure certain benefits—and with this alone the actuary has to do in his calculations; and because the Friendly Societies Act expressly requires that the management expense fund shall be kept distinct from all other monies paid in for the expressed objects of the Society. Mr. Steele may rest satisfied, that the Directors of the Medical Provident Society will exercise every care with regard to the management expenses that is compatible with the efficient working of the Society.

Mr. Steele’s implied comparison of the Medical Provident Society, in its connection with the Association, to a society in Liverpool which came to grief although especially patronised by the clergy and gentry, is incorrect. There is no such “patronage” exercised by the Association towards the Provident Society as is denoted by Mr. Steele in the case of the Liverpool society. In the latter case, if I understand Mr. Steele rightly, certain of the gentry and clergy of Liverpool undertook, from motives of benevolence and without any possibility of being beneficially interested, to guide a certain provident society of working men in a correct path. Why this society failed, Mr. Steele does not shew; and we cannot admit his *post hoc* as the actual *propter hoc*, without being acquainted with all the circumstances. In the case of the Medical Provident Society, the Association has simply expressed its approval of the formation of such a society, and has consented to supply that which it would otherwise have been much more difficult to find—a well selected Board of Directors to give the Society a fair start. The Association is made up of men for whom the Society has been formed; and any member of it—subject to the conditions laid down in the Rules—can become a member of the Society. The Association has not exercised, and cannot exercise, any such class patronage as that to which Mr. Steele alludes.

Mr. Steele’s historical accuracy is at fault, when he speaks of the committee appointed at Cambridge as having exceeded its functions. No committee with mere provisional powers was appointed at Cambridge. A committee was appointed at the meeting of the Association at Bristol in 1863; and this committee, fulfilling to the letter its functions, made the inquiries which it had been desired to make, reported thereon to the Association at Cambridge, and thereby and then ended its functional existence. The Cambridge meeting adopted the recommendations of the Committee, among which were some to the effect, that the Provident Fund should be at once commenced; that directors should be appointed by the Branches of the Association; and that the Board of Directors should prepare detailed rules and bye-laws as soon as possible, and circulate them extensively in the profession. The Directors (if it is to them that Mr. Steele refers when he speaks of the Committee appointed at Cambridge) received from the Association power to act; and they have done what the Association authorised them to do.

I have equal difficulty with Mr. Clay in understanding what Mr. Steele says about the “British Medical Parliament” and a misunderstanding of the “Friendly Societies Act.” That the Report of the Society was not discussed, was an error not originating with the Directors. The Chairman, I know, was anxious to give an opportunity of discussion; and the Directors on the following morning passed a resolution calculated to prevent a repetition of the mistake. Mr. Steele regards this *contretemps* as an “ominous hitch”, which clearly presages the probable fate of the Society. Has Mr. Steele, in the course of his reading and experience, never met with instances

where much more "ominous hitches" have occurred in the commencement of undertakings, and where nevertheless the undertakings have not come to grief, but have gone on to success? It would, indeed, be a great impediment to progress, if men allowed themselves to be discouraged by every such comparatively unimportant mischance as that to which Mr. Steele refers.

Mr. Steele comments on the peculiar unfitness of the Directors, arising from their avocations and their "nomadic life". Do the callings of the managers of the successful societies which Mr. Steele mentions, render them specially qualified for directing the affairs of the societies? Whether they do so or not, it is not easy to see what a man's avocation has to do with his capacity to manage a provident society, any more than with his capacity to criticise its rules. Mr. Steele has lost sight of the fact, that provision has been made in the Rules of the Medical Provident Society for the appointment of an Executive Subcommittee to manage its ordinary affairs. A sufficient number of members of this Subcommittee are resident in London and the neighbourhood, to ensure the advantages of a "central resident board".

Mr. Steele's objection, that those who contribute to the Medical Provident Society will act for the benefit of others rather than for their own, is, at first sight, founded on a very limited view of the duties of man to man. But has he not uttered a very hopeful prophecy, in striking contrast to the melancholy forebodings which fill his letters? How can we understand the expression, that the majority of the contributors will "not be providing for their own sickness", except by supposing that they will never be sick? If the prophecy could be trusted, Mr. Steele would justly have the credit of pointing out a very strong reason for joining the Society.

The objections contained in Mr. Steele's second and third letters, I must reserve for comment on another occasion.

I am, etc.,

ALEXANDER HENRY.

14, George Street, Portman Square, W., October 14th, 1865.

THE CHARTER OF THE ASSOCIATION.

SIR,—I desire to direct special attention to a matter of considerable importance to the Association. At the annual meeting, it appears that *carte blanche* was given to the Committee of Council to obtain a Charter of Incorporation, the cost of which was estimated at about £400; and, in answer to the suggestion that there might be a financial difficulty in the matter, it was stated that the Treasurer's balance would be larger at the end of next year than it was at the close of the present year; and that, moreover, if any additional pecuniary aid were called for, there would be no difficulty in raising the sum required by subscription. Unless I am misinformed, one member promised £50 towards this object; and two leading members of our body said that they could raise the sum required in a week.

Now, I do not wish to put any obstacle in the way of obtaining a Charter, which, we are told by those who should know all about it, will confer very great advantages upon the Association; but what I do earnestly commend to the serious consideration of the members of the Association is, to make themselves quite safe on financial grounds. Whatever the benefits of a Charter may be, they will be purchased too dearly at the cost of the solvency of the Association. Although I have been a member for nearly twenty years, it is only recently that I have had the satisfaction of knowing that the balance is on the right side of the ledger; and I would rather (and here, I trust, all

will go with me) forego the Charter than slide back into insolvency.

Before, therefore, the Committee of Council incur any serious liabilities in this matter, let us hope they will, in the first place, be well satisfied that the actual expenses will not materially exceed the estimate; and, secondly, that the promised subscriptions—£50 down, and the balance in a week—are not mere figures of speech, but tangible securities. Let us be just before we are generous; and assure ourselves that we can pay our way, before we indulge in the luxury of a Royal Charter.

Our income, in round numbers, is something under £3000. Our JOURNAL, which must be maintained, costs us somewhat over £2500, leaving a balance of not more than £500 for executive expenses, which are not less than half that sum;—leaving, therefore, not more than £250 for all contingencies, and to maintain a respectable balance in the hands of our Treasurer. This rough calculation, which I believe is more favourable than a rigid analysis would give, shows that we cannot honestly incur an extraordinary expenditure of £400, unless we are prepared to sacrifice the JOURNAL, or to pledge our credit; the first of which alternatives would be seriously detrimental to the progress of our Association, and the second highly discreditable to its character. Before any considerable outlay is incurred, a subscription should be opened in these columns, to enable the Committee to ascertain what they will have to depend upon, without impoverishing the already moderate surplus in the hands of the Treasurer.

I am, etc., AN ASSOCIATE.

Medical News.

APOTHECARIES' HALL. On October 5th, 1865, the following Licentiates were admitted:—

Brewer, Henry Melvil, New, 17, Monmouth-street,
Leam, Richard Pinholes, St. Peter's Road, Mile End
Jolly, Robert, Albany Street, Edinburgh
Myers, Charles John, Tottenham, Middlesex
Norrish, John, Farnstock Street, Plaistow
Reagers, Henry Collins, New, at Ragged, Bucks

At the same Court, the following passed the first examination:—

Bowkett, Francis Edward, London Hospital

DEATHS.

BAIN, William, M.D., Surgeon of the District Military Prison, Cork, at Cork, on September 25.
FELTON, ON OF THE Royal College of Physicians, and of the Royal College of Surgeons, on October 4, at his residence, 1, St. James's Place, London.
FROST, William Pinholes, M.D., at Westonsuper-Mare, on October 2.
NIGHT, David, M.D., after a long and painful illness, at his residence, on October 5. Friends will please accept this intimation.
POTTER, F. H., M.D., at his residence, at St. James's Place, London, on October 5, aged 59, on October 4.
SPENCER, John Colles, Esq., Surgeon, at Rathwick Hill, on October 5, aged 64, on October 5.

MR. BLAKE, M.P. for Waterford, has been elected an honorary member of the Medico-Psychological Association. Mr. Blake has shown great interest in matters affecting the insane; and has visited several lunatic asylums on the Continent. He has also done good service to our own asylums in Parliament.

BEQUEST TO A PHYSICIAN. The Duke de Gramont Caderousse, well known on the turf and in the Paris fashionable world, has left the remains of his fortune, which, though impaired by prodigality, is said to be still something considerable, to his physician, Dr. Desclot, with the exception of a legacy of £2,000 to some other person.

BEQUEST. The late N. Soames, Esq., of Warwick Gardens, has bequeathed £1,000 to University College Hospital.

PROFESSOR CZERMAK has received from the Emperor Maximilian the Cross of the Mexican-Guadalupe Order for his works in Laryngoscopy and Rhinoscopy.

A LUNATIC ASYLUM ON FIRE. Last Saturday a fire took place on the premises known as Grane Hall Lunatic Asylum, situated at Old Bow, in the occupation of Mr. Byas.

SOCIAL SCIENCE CONGRESS, 1866. At a meeting held in Manchester, the Mayor presiding, it was resolved to invite the Social Science Association to hold their annual congress next autumn in Manchester. It has been decided to accept the invitation.

SMOKERS. In the year 1841 the quantity of tobacco consumed in the United Kingdom was such as to average 13½oz. per head of population. In the year 1851 it had risen to 1lb. 0½oz. per head; in the year 1861 to 1lb. 3½oz.; in the year 1863 to 1lb. 4½oz.

UNIVERSITY COLLEGE, LONDON. The three medical entrance exhibitions of £30, £20, and £10 respectively, each tenable for two years, have been gained by Mr. R. T. Smith, Mr. H. N. Martin, and Mr. J. F. Darby. The examination was in classics, mathematics, natural philosophy, French, and German.

A SPIRITUAL DOCTOR. In the *Spiritual Times* a correspondent, "M.D., F.R.C., Physicians, Edinburgh," gives an account of an interview he had enjoyed with the spirit of the late lamented Dr. Pritchard, recently executed for the murder of his wife and mother-in-law.

THE INLAND REVENUE. In the educational branch of the laboratory of the Inland Revenue fifty-nine students have passed through a course of education in chemistry, forming a valuable reserve from which officers may be selected for the Inland Revenue service, and 170 examiners have received a month's instruction in the modes of detecting adulteration.

BEQUESTS. By will P. Lucas, Esq., of Manchester, merchant, has left to the German Jews' Hospital, Norwood; Hospital for Sick Children; Manchester Infirmary; Manchester Lying-in Hospital; Manchester Eye Infirmary; Blind Asylum, and Deaf and Dumb Asylum, Old Trafford, each a legacy of £50.

THE LUNATIC ASYLUM AT WARSAW. This institution has just been visited by the police. Some 50 out of the 144 patients were discovered to be political offenders who had fled for refuge to the abode of madness, and spent already a couple of years within its terrible walls. The physicians have been arrested, together with the delinquents.

THE SEAMEN'S HOSPITAL. The Seamen's Hospital Society has received from the Russian Consul-General in London, the sum of £131 : 8 : 8, being contributions from the Governments of Finland, and collections from Finnish merchants. The Grand Duchy of Finland has also, by consent of the Emperor of Russia, forwarded to the same Society the sum of £20 as an annual subscription to the hospital.

GLASGOW MEDICAL SOCIETY. The fifty-second annual meeting of this society was held in the Faculty Hall, St. Vincent Street, on Tuesday evening, when the following were elected office-bearers for the session 1865-6: *President*, Dr. G. H. B. Macleod; *Vice-Presidents*, Dr. G. Robertson, and Dr. J. G. Wilson; *Treasurer*, Dr. R. Perry; *Secretaries*, Dr. W. R. Hatrick, and Dr. Maclaren.

THE CHOLERA. A certain number of medical practitioners of Paris some days back offered their services to the Minister of Public Works in those places where

the epidemic prevails. The Minister replied, thanking these gentlemen for their offer, and stating that for the present there was no occasion for their services in the departments, where the medical attendance was sufficient, but that if circumstances required he would not neglect availing himself of their offer.

ENGLISH HOSPITAL IN PARIS. The Messrs. Galigani, of Paris, have built and endowed an hospital for the English poor of that city. It is situated on the new Boulevard de Bineau, and contains twenty-five beds, six in the men's ward, and six in the women's, and the rest in separate rooms on an upper story. It is placed under the direction of an English Sister of Charity, and two medical men, also English, have undertaken to give gratuitous attendance. The building, which has a garden attached, has been given over to the English Ambassador, and has now become English property.

PERSONS BITTEN BY DOGS. A parliamentary return has been issued, stating the number of persons bitten by dogs and conveyed to hospitals, between the 1st of January and the 28th of June last. The numbers were as follows: Charing Cross Hospital, 56; German Hospital, 9; Guy's, 40; London, 70; Middlesex, 32; Royal Free, 13; Bartholomew's, 61; St. George's, 28; St. Thomas's, 26; Seamen's Hospital (Dreadnought), 1; Westminster, 24. One death from hydrophobia took place at Guy's. At St. Thomas's a man died from hydrophobia not caused by a bite, but resulting from the dog licking his master.

COWSHED IMPROVEMENT. Dr. Gibbon, medical officer of health for the Holborn district, in a report made to the Board of Works, states that hitherto the Board has required in all cowsheds a cubic space of not less than 1,000 feet for each cow only in cases where the cowhouses happen to have inhabited rooms over them. This rule was framed more in reference to the health of the residents over, than to that of cattle in, the cowsheds; but now that we have been forcibly reminded that it is a matter of great sanitary moment to preserve the health of the cows themselves, he recommends the Board to extend the rule to each and every cowshed in the district. The Board has framed a regulation respecting cowsheds, in accordance with the recommendation of Dr. Gibbon.

POOR-LAW BOARD INQUIRY AT THE EAST LONDON UNION. Mr. Farnall, East London, has been holding an inquiry relative to the management of the Union at Homerton. It was shown that Dr. Clarke, who had been the medical officer of the Union for twelve years, was, through a severe accident, prevented from personally attending to his duties, which were undertaken by his partner, Mr. Niblett, and this gentleman on one day visiting the infirmary as usual was refused admission by, it appeared, the order of the master. The master, who has been in office for a few months, stated that he had received the guardians' authority for refusing admission to Mr. Niblett, and on account of his complaining of the incivility of Mr. Niblett to his wife (who is matron) and himself. This incivility, he went on to say, was "not so much in words as in manners". This witness then brought forward a list of what may be called "imperfections in the workhouse medical relief book", such as persons who were dead being kept on the book as still in the infirmary, and others being registered as still under medical care who had been passed into the body of the house. These were simply oversights, and the rations of these dead and absent persons had never been drawn by the master, as the fact of the changes had been otherwise known to him. That the medical relief book should be perfect could hardly be expected, seeing that the keeper of

the imbecile patients had the copying out of the diseases and dietary, an imbecile copying the names, and a sick pauper in the infirmary entering the attendances. It was allowed by several of the witnesses that Dr. Clarke and Mr. Niblett were both humane and attentive to the sick patients, and, in fact, there was no complaint on this score, and no expression of incivility on the part of Mr. Niblett was shown, while, on the other hand, it was said that the master and matron were rude in their manners and overbearing. Dr. Clarke said the guardians desired him to name another substitute in the place of Mr. Niblett, but this he refused to do. Mr. Farnall said the whole matter should be laid before the Poor-Law Board.

THE INCREASE OF INFANTICIDE. In consequence of the great increase in the crime of infanticide a number of gentlemen have taken up the subject, and are determined to appeal to Parliament on the subject. The following petition has been drawn up, and is being numerously signed:—"Your petitioners view with anxiety the vast increase in the destruction of infant life. They believe the present state of the law regarding bastardy requires amendment. That the provisions which throw the whole burden on the mother, are the means of inflicting great hardships upon the woman, and have led to the increase of infanticide. They feel the want of some institution in which illegitimate children could be received; and that a wealthy institution has now for many years past ceased to exercise the functions of a Foundling Hospital. They therefore pray that steps be taken for the repeal of the 7th and 8th of Victoria, and for a full inquiry into the laws as regards illegitimate sons, and for the proper application of the funds of the London Foundling Hospital."

THE CATTLE-PLAGUE. One fact is fixed and certain: as the sun moves from East to West, so the plague has invariably followed the course of the sun. The contagious typhoid plague always originates in the East, particularly in Southern Siberia. It spread westward from the banks of the Don and the Volga towards the Danube, accompanying the migration of the people, when the Goths descended towards Constantinople, and were repeatedly repulsed by Theodosius. In the course of time it extended itself over the whole theatre of the war, ravaging the cattle of Illyria, Northern Italy, France, and Belgium. When Charlemagne attacked the sturdy Danes, he met with his Nemesis in the shape of a murrain which pursued him back across the Rhine to the Loire, and created immense havoc among the herds of France. In 817, the cattle of Hungary were destroyed by the disease, which, not content with its fatal labours in the steppes, crossed the Drave, and once more travelled as far as to the Atlantic coasts. In 1222, Europe was again devastated by a similar epidemic, generated at the foot of the Carpathians, which swept the Magyar herds from off the face of the earth. (*Once a Week.*)

SIR B. BRODIE A VOLUNTEER. In the year 1798, when there was an alarm on account of a supposed probability of invasion by the French, my two elder brothers and myself raised a company of volunteers, amounting at last to as many as 140 in number. The eldest of us was only 19 years of age, and I myself was not more than 14, when, through my father's influence, we received our commissions as captain, lieutenant, and ensign. The men were clothed and armed by government, and received pay for each day of exercise. I cannot look back at these boyish occupations without being satisfied that they afforded me many useful lessons by which I profited in the world afterwards. I may add that we bestowed great pains

on the drilling of our corps; and, by diligently studying the system of tactics published by authority, we succeeded in obtaining for it the credit of being by far the best disciplined of any in our part of the country. (*Sir B. Brodie's Autobiography.*)

OPERATION DAYS AT THE HOSPITALS.

MONDAY..... Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.
TUESDAY. Guy's, 14 P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.
WEDNESDAY... St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.
THURSDAY.... St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopaedic, 2 P.M.—Royal London Ophthalmic, 11 A.M.
FRIDAY..... Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.
SATURDAY..... St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.—Royal Free, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY. Medical Society of London, 8 P.M. Dr. Murchison, "On Hydatide of the Liver".
TUESDAY. Pathological Society of London, 8 P.M.
THURSDAY. Harveian Society of London, 8 P.M.
FRIDAY. Western Medical and Surgical Society, 8 P.M. The Inaugural Meeting, the President (Mr. G. D. Pollock) in the Chair. "Cases of Spurious Diphtheria", by Dr. Morell Mackenzie.
SATURDAY. Association Medical Officers of Health.

TO CORRESPONDENTS.

* All letters and communications for the JOURNAL, to be addressed to the EDITOR, 37, Great Queen St., Lincoln's Inn Fields, W.C.

COMMUNICATIONS.—To prevent a not uncommon misconception, we beg to inform our correspondents that, as a rule, all communications which are not returned to their authors, are retained for publication.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

LETTERS from Dr. Bodington and Mr. Steele shall appear next week.

CAUTION asks—"As to whether the lymph obtained from the cow by Mr. Crook of Forest Hill is pure; and if so, whether it is the best source for pure lymph. Hitherto, I have only obtained what I require from Mr. Faulkner, who, I doubt not, does his best to procure pure lymph; but as nothing can surely gain the lymph straight from the cow, I think it an important point to be known, whether in Mr. Crook we have a *bona fide* benefactor."

CURE FOR CHOLERA.—The light-hearted Marseillais have got their remedy for cholera put into verse.

PRENEZ:

Un quart d'once d'indigence,
 Autant de résolution,
 Dont vous ferez une infusion
 Avec du suc de patience—
 Garantisiez vous de querelle,
 D'ambition et de faux zèle:
 Ayez un kilo de gaité—
 Deux onces de sauterie.
 Mêlez-y deux grains d'exercice—
 Il vous faut zero d'avarice,
 Un grain de résolution
 Et jamais d'indigestion.
 Vous m'irez le tout ensemble
 Vous le prendrez, si bon vous semble,
 Sans y manquer, tous les matins,
 En récitant ces mots Latins:
 Fiat voluntas tua!!
 Et proci est cholera!!

A SEARCH FOR A HOME-OPATH.—The following printed circular has been forwarded to us.

— October 1865.

"Dear Sir,—I write to inform you that Mr. ——— died here suddenly, scarcely having his wife at a homeopathic practitioner during the last months. Mr. ——— has been late, he got into good practice, having made an income at the rate of at least £100 per annum, which was regularly increasing. I write this to ask if you know of any gentleman of experience and respectability who would be likely to settle among us, to carry on Mr. ———'s practice, and to ask you to mention our want to any gentleman you may consider suitable.

"Yours respectfully, ———."

COMMUNICATIONS have been received from:—Dr. FREDERICK J. BROWN; Mr. W. A. EDWARDS; THE HONORARY SECRETARIES OF THE PATHOLOGICAL SOCIETY OF LONDON; Dr. C. HANDFIELD-JONES; THE HONORARY SECRETARIES OF THE WESTERN MEDICAL AND SURGICAL SOCIETY; Mr. R. W. DUNN; Mr. F. H. HARTSMORE; Dr. G. ROBINSON; Dr. RAWSON; Mr. S. H. STEEL; THE REGISTRAR OF THE MEDICAL SOCIETY OF LONDON; Mr. J. KENT SPENDER; Mr. R. W. WATKINS; Dr. BOLTON; K. C. B.; Mr. J. C. ROBERT; and Mr. W. LEGER.

BOOKS RECEIVED.

- Contributions to Pathology. N. H. Boissac and Leprie. By T. McC. Anderson, M.D. London: 1865.
- The Treatment of Enlarged Testes. By W. J. Smith, M.D. London: 1865.
- History of a Successful Case of Amputation at the Hip-Joint. By J. S. Gamgee. London: 1865.
- On the Spontaneous Relief of Pain and other Nervous Affections, by means of the Hypodermic Method. By C. Hunter. London: 1865.
- Clinical Memoranda. By W. H. W. H. M.D. Nov. Pericarditis and Enlarged Myocardium. Printed 1865.
- On the Nature and Treatment of the Cattle Plague. By R. H. Allen, M.D., A.M. London: 1865.

ADVERTISEMENTS.

ESTABLISHED 1835.

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Fellow of King's College, London, PROFESSIONAL AGENCY, 50, Lincoln's Inn Fields, W.C.

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PERUVIAN MATERIA MEDICA, ABRIDGED.
On Tuesday, the 14th instant, in 1 vol. 8v.

A Manual of Materia Medica and

PHARMACOLOGY. Being an Abridgement of the late Dr. PERUVIAN Elements of Materia Medica, adapted to the use of Medical Practitioners, Chemists and Druggists, Medical and Pharmaceutical Students, &c., in conformity with the British Pharmacopoeia. By J. J. BAKER, M.D. Cantab., F.R.C.S., Senior Physician to St. Bartholomew's Hospital, and Lecturer on Materia Medica in St. Bartholomew's College, London. Editor of the British Pharmacopoeia. Assisted by ROBERT BENTLEY, M.R.C.S., F.L.S., Professor of Botany in King's College, and Professor of Materia Medica and Botany to the Pharmaceutical Society of Great Britain; and by ROBERT WAKINGTON, F.R.S., F.C.S., Chemical Operator to the Society of Apothecaries, and Vice-President of the Chemical Society.

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LONDON: ROBERT HARDWICKE, 193, Piccadilly.

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THE DIAGNOSIS OF SURGICAL CANCER.

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University of Edinburgh.—

The Session will commence on Wednesday, 1st November, 1865.

Full details as to Classes, Examinations, Degrees, &c., in the Faculties of Arts, Divinity, Law, and Medicine, together with a List of the General Council, will be found in the "Edinburgh University Calendar 1865-66." Published by Messrs. MACRAICH & SEWART, South Bridge, Edinburgh. Price 2s. 6d., per post, 2s. 10s.

By order of the Senatus,

ALEXR. SMITH,
Secretary of the University.

September 1865.

TO ADVERTISERS.

British Medical Journal.—

Office, 37, GREAT QUEEN STREET, LINCOLN'S INN FIELDS, LONDON, W.C. Published every Saturday.

The British Medical Journal is transmitted direct from the Office to between two and three thousand Members of the British Medical Association in all parts of the United Kingdom, among whom are the Medical Officers of most Hospitals and Dispensaries and the majority of the leading members of the profession. It is also taken in by many Libraries and Medical Societies. As a medium for immediate communication with the Medical Profession, it offers excellent facilities to advertisers of books, drugs, instruments, situations, &c.

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Post-Office Orders are to be made payable at the Western Central District Office, High Holborn, to THOMAS JOHN HORSNOM (the Publisher), 37, Great Queen Street, Lincoln's Inn Fields, London, W.C.

Remarks

ON THE

UNITY OF THE SYPHILITIC VIRUS.

BY

J. L. BIDENKAP,

CHRISTIANIA.

It has certainly been of great benefit to humanity that the fact has at last been established, that not all, and we may say not even the larger number, of primary venereal sores produce constitutional symptoms when left to the cure of nature; or, at least, when only treated by local non-specific remedies. This fact, which was well known more than three centuries ago, will, amongst others, be found asserted in the writings of the old French surgeon, Thierry de Hery, and, more recently, in those of Boerhaave and other authors; but it seems to have been forgotten, until it was revived by Ricord.

But, from the doctrine of Ricord, there has, in later years, sprung up a new theory, now very generally adopted—that of the duality of the virus. The followers of this theory assert, that the species of venereal ulcer which is not followed by constitutional symptoms is produced by a virus, altogether different from the true syphilitic poison.

Now, it is perfectly true that, practically, there often is a marked difference in the development and characters of the two species; so that an exercised practitioner can foretell whether there will result a general infection of the organism or not. But that is all at present; and even this will, in many instances, not be possible. In fact, we can never with perfect security rely upon these characters; and the only sure method of ascertaining the nature of the ulcer is to await the final result, *infection* or *non-infection* of the system. It is, for this reason, more accurate to designate the two species by the terms, *infecting* and *non-infecting* ulcers.

The question, if these two species really be of quite different origin, will perhaps seem to have only a secondary importance; but it is in the interest of science to try to solve it, and the practical application will show itself afterwards.

For many years, I have tried to find out the truth on this point by careful observation and by experiments; and I shall try to give a rapid sketch of the results and conclusions to which I have been led.

The defenders of the dualistic doctrine hold that there always is a marked difference between the symptoms which appear on the infected spot, when true syphilitic poison has been implanted, and those which follow the transmission of the non-infecting ulcer. The first are described in this way. In the first week after the infection, or even for two, three, or four weeks, there will be seen no sign at all, especially if the epidermic or epithelial layer be not abraded. After this time, there will appear a small indurated elastic knot, which gradually increases in size, and rises a little over the surface of the surrounding parts. It will then present the appearance of a papule with hardened basis, or a small tubercle; and is generally slightly coloured. The top of this papule may become a little abraded, and put on a slight crust, or discharge some thin, transparent fluid. Very soon afterwards, or at the same time, elastic swelling of the nearest lymphatic glands will be felt, often ex-

tending to the more distant, and then producing the likeness of a rosary or string of beads. Some weeks afterwards, there will appear symptoms of the infection of the whole system—swelling of the glands of the neck, roseola, angina, etc.

Here, then, is a very marked and characteristic symptom, which at once shows a great difference from the other species of venereal ulcers; and it is undeniably true, that constitutional syphilitic disease may commence with such a slight symptom. I have watched it from its first appearance in this manner, and can bear evidence to its existence, though it is seldom that one can get a patient under observation before it has grown large and conspicuous. But this "pseudo-chancere", as it was first called by Auzias Turenne (who also was the first to understand its true character), has especially been observed from its first beginning in the cases in which matter from constitutional symptoms was inoculated on healthy persons to ascertain the once contested truth of their infectious character. From these experiments, and from some observations, it has afterwards been concluded, that constitutional symptoms always commence in the same manner, and that all other ulcers not resembling this pseudo-chancere are non-infecting. But here lies, apparently, the error. The symptom described will arise very often, when the source of the infection is a secondary symptom, and especially if it have a non-suppurating surface; but, as this is not the most common way in which syphilis is transmitted, so this symptom is not the most common one which appears after the transmission.

A great number of infecting chanceres do not, in fact, begin in this way, which is more the exception than the rule; but appear, like the non-infecting, with a pustule, or a vesicle, or with a little suppurating spot if the epithelium or epidermis have been removed before the matter was deposited. After this, there forms an excavated ulcer, which generally, in its progress, acquires a certain amount of hardness. Sometimes this hardness grows very considerable; so that the ulcer at last only exists as a small excavation in the centre of a large, hard, elastic tumour, like a cleft almond or a split pea. This is the true Hunterian chancre. In other cases, the induration is not so strongly marked, and the suppurating ulcer is larger and deeper, and often there can only be felt a slight stiffness in the bottom of this (*chancre parcheminé*.)

In some cases, too, the induration lasts only for a short time, or is so slight that it can only be felt by certain fingers (as Ricord has told us)—that is to say, it does not exist at all; and yet the chancre shows itself in the end as infecting.

According to my experience (and probably all who have seen a certain number of cases will agree with me), there exists, besides the true typical pseudo-chancere and the soft non-infecting ulcer, a great variety of chanceres, of different aspect and development, which often prove to be infecting.

To explain these exceptions (as they at first were thought to be), there exists a very ingenious theory—that of the "mixed chancre." This theory explains away all difficulties. When a chancre is not typical, it is a mixed chancre; that is, produced by a double infection, first from true syphilis, and on the same spot from a soft ulcer, or *vice versa*. The possibility of such a double infection, but only the possibility, has been established beyond doubt by experiment; the soft chancrous matter being inoculated on the hard non-suppurating chancre with complete success. But still the question remains, whether all these varieties of forms really are produced by nature in this way. These varieties are more common than the true typical form; that which should be the rule

is, as most observers will have seen, only an exception. Can it be possible, that both diseases are so very often mixed together? It may, perhaps, be possible in some large towns, where both are widely spread; it would be perfectly impossible in country districts and smaller localities, where they are seldom met with. The improbability of this explanation must, at least, be apparent; and I shall later try to explain that it can be proved by experiments to be erroneous. After all, I think it reasonable to conclude, that the characters of the two species are not so widely different as to justify the opinion that they are of different origin. I shall now go over to the experimental part of my inquiries; in which I hope to bring forth sure proofs that both species of ulcer belong to a common source, the true syphilis.

Until a few years ago, it was commonly believed that a true syphilitic primary ulcer was inoculable with the lancet, at least in its first stage of development. This was considered so certain, that a non-inoculable ulcer generally was pronounced to be not specific at all. It may be remarked, that the experimental inoculations always were made on the patient himself, or on another person labouring under constitutional syphilitic symptoms. Now, it is commonly stated by the dualists, that the true syphilitic ulcer, the infecting chancre, is not inoculable on the patient himself or on another syphilitic person; and that an ulcer which, by inoculation, produces the characteristic pustule, is a non-infecting chancre or not syphilitic. There could not be a greater change of opinion. The property which was considered essential for the syphilitic primary ulcer, is now considered a proof of the contrary. Still some authors admit that there may be exceptions to this rule; but these exceptions are then explained to appear only when the chancre is mixed.

To try the truth of these different opinion, I have inoculated a great number of chancres, especially all the infecting chancres, which have come under my observation during some years. The result is, that I have found almost all inoculable, when I only did it properly. How is this to be explained?

As a rule, the greater number of infecting chancres which present themselves suppurate, even when the hardness is well pronounced; and these will very often give rise to a pustule by the first inoculation. The more freely they suppurate, the more sure will the result be, and the larger the pustule produced. But sometimes it will happen, that the inoculation fails to produce any result. If we look at the chancre, we generally observe that it is not in a state of healthy suppuration; the surface is pale, covered with gangrenous substance or with decayed remains of cells mixed with a thin serous fluid. This matter, just like the secretion from a phagedenic ulcer, will not produce a syphilitic pustule; but if we try to alter the secretion, to produce a free suppuration with fresh granulations, renewed inoculations will generally produce the desired result. And if the first inoculation do not produce it, we may continue day after day, and at last the pustule will appear. I have, in some cases, continued in this way for three or four weeks before I got the pustule; and it is necessary that both the patient and the experimenter do not lose patience too early. If so much pains be taken, there will be very few cases in which the result (a pustule) does not appear. If other means fail, the application of powder of savine to the surface of the chancre will often hasten the result. The dualists will probably explain this fact in their own way, by supposing all these chancres to be "mixed." Setting all other arguments aside, I will only point out that this explanation is impossible, because a mixed chancre could easily be inoculable in the beginning,

and lose this property afterwards; but could never begin by being non-inoculable, and some weeks after produce a characteristic pustule.

I conclude from these experiments, which are so numerous that they cannot well be related here, that the infecting chancre is inoculable just like the non-infecting under certain circumstances; but that some circumstances may render it—as, indeed, often the non-infecting—refractory to this process.

With the true typical pseudo-chancre, the inoculation is more difficult. On its smooth surface, where no secretion or only a slight watery discharge takes place, the lancet will generally not find anything wherewith to perform the process.

In this way, a lecturer may easily show his pupils how an infecting chancre is refractory to inoculation on the patient himself. But even this form can be rendered inoculable; and is often brought to this point by a natural process. When it is exposed to irritation of any kind so strong as to produce ulceration, and consequent repair by suppuration, it will be found to be inoculable like any non-infecting ulcer. The only difficulty is to bring this hard, indolent knot to suppurate; but as this generally can be done by patience, it will prove no exception to the rule. There is, however, one thing which can easily lead to a deception on this point. When a slight irritant is applied to such a chancre, it will often happen that no true suppuration is produced from its surface, but that it is only covered with loosened epithelial scales—a sort of detritus, mixed with the muco-purulent discharge from adjoining parts. This matter will generally produce no effect. But when an excavation is formed on the indurated knot, giving the appearance of a slightly excavated ulcer, the matter carefully collected from this will prove inoculable.

Even mucous tubercles, a decided constitutional symptom, will sometimes, when irritated so as to suppurate freely, produce the characteristic pustule by inoculation. This effect, which I had observed several times in mucous tubercles, when irritated by the patient walking about with them, has been produced artificially by my friend, Dr. Köbner of Breslau, by cutting out a part of them with a pair of scissors, and thus producing suppuration.

The conclusion which I draw from these facts is, that the inoculability of the chancre, the infecting as well as the non-infecting, depends in a great measure on the state of suppuration going on in the ulcer.

A few of my experiments have been followed by a result which to me was at first rather surprising; and, as I lay a great weight upon them, I will relate one of them with all circumstances.

A young man, 26 years of age, entered the hospital in Christiania on January 5th, 1863, with a chancre between the glans and prepuce. There was a large cartilaginous induration a little to the right of the middle line, almost of the size and shape of an almond, and on this an excoriation, with small depressed patches filled with some detritus of organic cells of whitish colour. In both groins, and most distinctly in the left, the glands were swollen and hard. He had got the infection five weeks before his admission; and he had not remarked the chancre for more than a week, when he observed it as a small excoriated spot.

On January 9th, three inoculations were made with the scanty matter which could be scraped off the sore, apparently without any result. Two days afterwards, the inoculations were repeated; and so on every second day for a fortnight. Apparently, no result at all was produced by these inoculations; the small crust of blood following the punctures fell off; and there was nothing to be seen which indicated anything going on.

On January 25th, still no effect appearing, powder of savine was applied to the chancre. The following day it suppurated freely; but still no effect was produced by inoculations. At last, two days afterwards, on January 27th, three inoculations were made with the now abundant secretion from the chancre; and the result was, on the 29th, the formation of well developed characteristic pustules.

On the same day, there began to appear in some of the places where the first inoculations were made, on January 9th and following days, small red papules, slightly depressed in the centre, and flat. These papules increased gradually in size on the following days, and were followed by some new ones; so that, at last, on every spot where the apparently unsuccessful inoculations had been made, a papule presented itself. There was a regular decrease in size from the first which appeared after the first made inoculations to the last made. On February 3rd, the first had gained a diameter of a quarter of an inch. They were slightly elevated; had put on thin crusts; and were surrounded by a red inflammatory halo. Their colour was a dark, livid red; and they had, in fact, all the appearance of the typical pseudo-chancere except the induration, which could not be distinctly felt. During the month of February, even the later and smaller of them grew to the same size and assumed the same aspect.

On January 29th, the inoculations from the chancre, which still continued to suppurate, were renewed, and produced large pustules, followed by excavated ulcers, from which a great number of secondary inoculations were made on the patient himself, and on other syphilitic persons, with a positive result. In the meantime, swelling of the glands of the neck, roseola, copper-coloured patches on the forehead, and other syphilitic symptoms, set in; and the patient was put under treatment by syphilisation, and cured in the common course of time.

One more symptom was remarked during the progress of the disease. Close to some of the papules following the inoculations, were remarked small indurated lymphatic glands, and from some of these there extended a characteristic series of knots like a rosary.

Another case, exactly similar to this, was observed almost at the same time and under similar circumstances.

In these cases, there are many things which cannot well be explained in accordance with the dualistic theory.

We have a characteristic indurated chancre, almost a typical one, which, as the event showed, was infecting. The secretion from this chancre, inoculated on the patient himself, gives rise to a symptom exactly similar to the pseudo-chancere produced in healthy persons by the inoculation of matter from a constitutional symptom. There is no pustule formed; but, after an incubation of some weeks, a papule shows itself, which gradually is developed into a large, livid, slightly secreting spot. Not one of the slight punctures of the charged lancet fails to produce this effect. What is this papule? Evidently it is not an eruption of the constitutional disease produced by an accidental irritation. This explanation, which immediately presented itself to me, cannot be maintained, when we consider that the slight local effect of the puncture had passed away in a few days, and that almost three weeks elapsed from that time till the papule appeared. Evidently, it is a local manifestation of the introduction of the syphilitic virus; it is the pseudo-chancere developed on a syphilitic organism. Though this explanation is not in accordance with any theory, it is the only possible one, and theories must yield to facts. It may be

possible, that such an effect will not be produced in a person who already shows constitutional symptoms; in both these cases, the inoculation was made three or four weeks before that time. Still the fact is remarkable enough; and will perhaps tend to efface the old opinion, that a syphilitic organism cannot be affected by any new introduction of the syphilitic virus. In this respect, the hardening and swelling of the adjacent lymphatic glands ought to be taken into consideration. This affection of the glands is generally considered as a symptom of the absorption of the virus, or, perhaps better, as a sign that the introduced virus is acting upon the organism, and that a reproduction of it takes place, which reproduction, according to the theory of Virchow, generally takes place just in these diseased glands.

But now this same typical indurated and infecting chancre, which during three weeks only yielded the above described symptom, when it was inoculated, and failed to produce the pustule, behaved in another way after it was irritated and suppuration had set in. The matter now formed produced large pustules, whose matter was re-inoculable and formed deep ulcers. In reality, it was now, according to the dualistic theory, a mixed chancre. But the mixture had not been produced by a new infection with the secretion of a soft chancre (the patients had not quitted the hospital for a moment since they were admitted); it was simply produced by the irritating action of the powdered savine. This is, after all, the solution of the problem of the mixed chancre: *every infecting chancre which, from one cause or another, suppurates freely is a "chancre mixte"*; and generally it can be produced at will without the aid of a soft chancre. And this, too, is the solution of the question about the duality of virus.

But it remains to explain, what this artificial pustule and ulcer, which is produced by inoculation from an infecting chancre, really is. Evidently, it has all the characters of a soft chancre; and it is not possible, by its aspect alone, to distinguish it from the pustule and ulcer arising from the inoculation of a non-infecting chancre. Moreover, it is re-inoculable just like this. But what would the effect be, if it were inoculated on a healthy person? Would it again assume its infecting properties, or would it produce a non-infecting ulcer? As yet, all the experiments of which I have spoken were made on persons who already laboured under infecting chancres or showed symptoms of constitutional syphilis; and as I did not think myself justified in operating upon healthy persons, I could give no answer to this question, until by chance some cases came under my observation in which the said inoculation had been made.

Three young girls who were in the hospital, out of a "lark", inoculated themselves with the matter from these artificial chancres, which had been produced from infecting sores. One of these girls had, some years ago, laboured under constitutional syphilis, and had been treated by syphilisation. In her, the inoculation produced only a small pustule, which dried up without leaving an ulcer. Another had never had syphilis, and was under treatment for eczema of the hands and forearms. She inoculated herself on eighteen different spots, and thus produced eighteen chancres. To try their nature, I re-inoculated the matter from these, and produced twelve more; so that she in all had thirty chancres. She was kept in the hospital for about six months without any anti-syphilitic treatment; but no distinct symptom of constitutional disease could be observed.

The third person was a young girl who was under treatment for gonorrhœa, and who never had had any venereal disease before. She inoculated herself in the inguinal region with salivary punctures, and

produced a large chancre, which was re-inoculable, as was proved on other subjects. It grew to a diameter of more than half an inch, and produced some swelling and inflammatory redness. A new, but smaller, chancre formed itself in the neighbourhood, probably by spontaneous inoculation from the abundant secretion of the first ulcer. One of the axillary glands swelled and became painful; but the inflammation was resolved without suppurating. The chancres were only treated by water-dressing, and healed up in about three months. No constitutional symptom was observed during her stay in the hospital, or for one year and a-half afterwards, during which time she was frequently examined by myself; but, at that time, she contracted in a natural way a new chancre on the genitals, which proved infecting, and produced roseola and other constitutional symptoms.

This case concludes, in my opinion, the series of facts which prove the common origin of the infecting and non-infecting sore. It is, indeed, the missing link to complete my deductions.

We know now, that an infecting chancre, and even a mucous tubercle under certain circumstances, can produce a soft, non-infecting ulcer, which, after this, must be considered as a local symptom arising from true syphilitic poison. But there still remain questions enough unsolved, with regard to the nature of the syphilitic poison, and especially concerning the non-infecting chancre. Will this, as commonly asserted, always be propagated only as a local symptom? or can it re-assume the lost property of infecting the system? We know, as yet, very little about that. Some few circumstances seem to point at the possibility of this process.

In the numerous methodic inoculations made during the process of syphilisation, as it for many years has been practised in Christiania, it has been remarked that the artificial ulcers produce almost the same effect of rendering the organism refractory to local reaction against the virus and of curing the disease, whether they have been derived from infecting or from non-infecting chancres. Moreover, the indurated swelling of the lymphatic glands, to which I have already alluded, is a very common symptom following these inoculations, and seems to prove that the virus really is absorbed or affects the organism. But further experiments will probably throw more light on this question.

ALCOHOLIC SPIRITS. The revenue for the last year from home-made spirits, £10,176,731, shows an increase of £484,216, and the number of gallons consumed as beverage in the United Kingdom, 20,369,844, an increase of 946,398. Those who take alarm at an increased sale of intoxicating liquors must remember that, notwithstanding the increase of population, the quantity consumed is now very considerably less than it was some years ago before the duties were raised. The consumption in 1852 was nine-tenths of a gallon per head of population, but the present consumption is little more than six-tenths of a gallon per head, and yet there is an increase of nearly £4,000,000 in the revenue. Of wine the consumption has risen in the same period from '23 of a gallon per head to '38, and of beer from '6 of a barrel to '7. These facts show the tendency towards the substitution of milder stimulants for ardent spirits. Comparing still the years 1852 and 1864, the consumption of beer in England will be found to have increased nearly 12 per cent.—viz., from '85 of a barrel per head to '95; in Scotland, 60 per cent.—viz., from '20 of a barrel to '32; in Ireland, 122 per cent.—viz., from '09 of a barrel to '20.

Original Communications.

NOTES ON CHOLERA.

By R. W. WATKINS, F.R.C.S., Towcester.

[Read at the Annual Meeting of the South Midland Branch, 1865.]

SINCE the last general epidemic of cholera in this country, it has often struck me that the subject has attracted very little attention in our medical literature, and in the transactions of the different Medical Societies. After the epidemic of 1849, the subject was very freely discussed, and various theories of the origin, the nature, and the propagation of the disease were advanced, and different and sometimes very opposite principles of treatment were advocated by men who had opportunities of observation. In the early part of the year 1854, the valuable Report of the Cholera Committee of the College of Physicians, drawn up by Dr. Baly and Dr. Gull, was published; and it is certainly the most complete collection of facts observed in previous epidemics, and of conclusions deducible from those facts, which we at present possess. The writers since that date, though comparatively few in number, have for the most part contented themselves with recording facts and observations, instead of enunciating theories and controverting or defending opinions. Some advantage has already resulted from this; and, although the Report on Treatment by the Medical Council of the Board of Health disappoints our expectations, and has not added very much to our knowledge of that important part of the subject, still the valuable series of facts collected by Dr. Snow on the influence of pure or impure water on the spread of the disease, by Dr. William Budd on the infectious nature of the disease and its propagation by means of the alvine discharges, and the valuable clinical observations by Dr. Lindsay at the Edinburgh Cholera Hospital, are certainly very important contributions to a true knowledge of the disease. The profession now seem tacitly agreed that it is only by a careful and dispassionate record of facts and observations in various localities, and among different classes of people, that a more correct knowledge of the disease and of its treatment is to be obtained. Actuated by these feelings, I have been induced to offer my humble contribution to the treasury, in the hope that, though its intrinsic value may be small, it will not be absolutely worthless.

During the autumn of 1854, when cholera prevailed very generally in this kingdom, it visited for the first time the small rural town of Towcester, and with great severity. Out of 2,700 inhabitants, there were about 120 cases of cholera, and probably nearly 600 cases of diarrhoea. No fewer than 106 cases of cholera, and nearly 400 cases of diarrhoea, simple or choleraic, were under my charge, and were treated by myself and my assistants; and I now propose to call your attention to the more important facts which presented themselves to our notice, classing my observations under three heads:

1. The localities in which the epidemic prevailed;
2. The nature and sources of infection;
3. The treatment.

1. It will be necessary to premise a brief description of the town. It consists of one main street nearly a mile long; a second street branching from it; and a number of alleys and courts, principally connected with the main street, and at right angles with it. A small river runs along the whole of the eastern side of the town, at a distance varying from

100 to 200 yards. A small brook, tributary to it, crosses the main street rather below its middle; and another small brook crosses it nearly at the south end; the ground between the two brooks, and for about fifty yards to the north of the former, being so flat that floods have been occasionally known to run down the main street from one brook to the other. If a line were drawn across the town about fifty yards to the north of the first brook, it would divide it into two nearly equal portions. One, as I have stated, nearly flat, and at no point more than five or six feet above the ordinary water-level, is occupied principally by the cottages of shoemakers and labourers, and the houses of small tradesmen and mechanics. The other half rises from ten to twenty or twenty-five feet above the water-level, and is occupied principally by a better class of houses, the residences of private families and tradesmen; but there are also several cottages interspersed in courts, backyards, &c.

Of the 106 cases of cholera which happened in my practice, seventy-four occurred in the lower half of the town—viz., eight in the main street, and sixty-six in the alleys and back lanes; and thirty-two in the upper half, only one being in the main street, and eight in the side street, the other twenty-three in the different courts connected with them. The workhouse, situated in the upper part of the town, escaped. There was not a single case of cholera or diarrhoea within its walls, although there were several within fifty yards of it.

As regards the *Drainage* of the town, the only portion of it worthy of the name was that in the upper part of the main street, where there were excellent brick sewers; in the side street, very imperfect flat stone drains carried off the refuse waters; but, in the lower part of the main street, the flat stone drains were nearly on a level, and were frequently blocked up, large barrowfuls of black mud being removed at intervals by men employed to open them; while in the alleys, the drains, which had been laid at different times by the proprietors of the different cottages, were very imperfect and irregular, emitting most offensive smells in warm weather, and in two instances were higher than the floors of the cottages near which they were placed. In one of these latter, I prognosticated, as soon as the epidemic commenced, that this house would certainly not escape; and, within a month of that time, five of the nine inmates were dead. It is certainly a remarkable fact, that this part of the town was not peculiarly liable to typhus or other endemics.

The *Water-supply* was, in the lower part of the town, exceedingly good, though rather distant from many of the cottages. An analysis by an experienced chemist revealed neither organic nor inorganic impurity, and but a small portion of harmless saline ingredients. The water from the workhouse-well was, on the contrary, very impure, and, when first drawn, offensive to the smell, but not to the taste. An analysis (of which I much regret that I cannot obtain a copy of the report) proved that it contained a large quantity of organic impurities; and the chemist expressed his opinion that no one could use it for any length of time without serious detriment to health. Unfortunately for his hypothesis, the workhouse inmates were at the time, and continue at present, the most healthy in the town, though the water still emits an offensive smell when drawn.*

2. As to the *Sources of the Infection*, there is no

doubt whatever that the first three cases originated in the town, without any external communication. Indeed, there was no case of cholera, to our knowledge, within fifty miles of the town. These three cases occurred on three successive days, in distant parts of the town, and we could trace no communication, direct or indirect, with each other. It is not possible that the water used by the second patient could have been contaminated by the discharges of the first; and, although I cannot affirm as much of the third, which was situated lower down on the same brook, still it could only have been to her in common with hundreds of others who did not suffer.

On the fourth day, four cases of cholera and several of diarrhoea occurred in different parts of the town, principally in the alleys and lanes; and the epidemic from that day appeared to become general.

We had not a single case, during the two months in which the epidemic prevailed, of infection from direct personal contact. Not one of the medical attendants, ministers of religion, house-to-house visitors, or relieving officers, suffered with cholera or choleraic diarrhoea; and in one instance only was there an attack of simple diarrhoea. The nurses, on the contrary, and particularly those engaged in washing the clothes, suffered severely. Not only did scarcely one of them escape in the early part of the epidemic, but so many of them died, that we had great difficulty in obtaining nurses even at high rates of remuneration, and were eventually obliged to obtain six experienced cholera nurses from Leeds. It is also remarkable, that the only cases which, coming under treatment in the first or second stage, passed into cholera in spite of treatment, were those of the nurses. Every other case, which was treated in the first stage, was checked before it became decided cholera. Observing the intensity of the infection produced by the soiled linen, we directed the attendants to soak it, immediately on its removal, in cold water, to which a small quantity of chloride of lime had been added; and afterwards to wash it in cold water only; while in some very bad cases, which had proved fatal, the whole of the linen and bedding was destroyed.

In several of the villages round Towcester, diarrhoea was very prevalent, but in three only did cholera appear. In one of these—Silverstone—it was at first rumoured that it had been communicated from Towcester, but, on careful inquiry, we found it was not so. Many of the people at Silverstone had frequent, almost daily, communication with the town, without taking the disease. The family in which it first appeared had been there frequently in the early part of the epidemic; but an interval of ten days had elapsed since the last visit, and the person first attacked was a child who had never left home. No clothes or linen had been conveyed from Towcester to the house. Although my unfortunate colleague, the surgeon of this village, died of cholera, there is in his case no evidence of direct contagion. Diarrhoea had appeared among his children, who had never been in communication with any choleraic case before he was himself attacked; and he was suffering from great physical exhaustion and mental depression at the time of his attack. In the other two villages, I did not hear even a rumour of contagion from Towcester, and there were in each but two or three isolated cases.

Where cholera occurred in the better drained portion of the town, it could almost invariably be attributed to an overflowing or very offensive cesspool near the house; and there were in each of these cases two, three, or more members of the family attacked.

* In official efforts were made to empty the well, which is more than 200 feet deep, and has a constant overflow, but more than 2000 bushels being sent in vain, the reservoir was reduced to about thirty feet, by casting in gravel. The water, however, is still offensive, and it is necessary to use a large open grating over the well.

The evidence of direct local infection was in some of these cases unquestionable.

The result of my observations is, that there is certainly no infection from the cutaneous exudations or the pulmonary exhalations of the affected; but that the alvine discharges are highly infectious, and that extreme care should be taken to receive them, at their first discharge, into some disinfecting medium; by which means, I believe, the propagation of the disease may be effectually checked.

I would strongly recommend those who are anxious for further information on this important subject to read the admirable series of letters by our talented associate, Dr. William Budd, in the JOURNAL, in 1864 and 1865.

[To be continued.]

ON MUSTARD HOT BATHS IN THE COLAPSE OF ASIATIC CHOLERA.

By JOSEPH BULLAR, M.D., Physician to the Royal South Hants Infirmary, Southampton.

IN the collapse of cholera, the one object is to produce warmth of surface with rapidity. If the skin can be made to resume its vascularity and heat, the patient has a good chance of life. If not, he dies.

The following case, in which our two common remedies to produce reaction, hot water and mustard, were used together over a large surface, is worth serious consideration.

James Allen, aged 42, engaged on the Netley Railroad, and lodging at Northam, a suburb of Southampton, was suddenly seized, whilst in bed at 3 A.M. on October 15th, with a feeling as if his stomach was blown up, followed by profuse purging of watery stools and vomiting, continuing every few minutes. He went to his work; but, as he became very ill, a gentleman living near the line sent him in a cart to the Infirmary in Southampton.

I saw him at 12.30. He was in the collapsed stage of cholera. His naturally red face was of a purple blue; his surface livid, cold, and shrunken, with the washer-women's hard's. He had rice-water vomiting and purging, was doubled up with abdominal pain, and writhed with cramps in his calves, drawing the strands of his gastrocnemii muscles into rigid cords, which the nurse and porter were rubbing to ease his torture. His pulse was barely perceptible. No urine had been passed since his attack.

No one who had seen the cholera of 1832 and 1849 could mistake the nature of such a case.

Had a slipper-bath been available, I should have used one; but as he had been placed in a house adjoining the Infirmary, and only used occasionally for infectious cases, where were only hip- and foot-baths, I had him seated in a hip-bath half filled with very hot water with three-fourths of a pound of powdered mustard in it, with his feet in a hot-water foot-bath with a quarter of a pound of mustard mixed with it. The water was as hot as the nurse's hands could bear—almost scalding hot. That the water should not be merely warm, but very hot, and renewed by degrees to keep up the heat, is most important; and the medical attendant should superintend this himself. Gradually his face improved in colour; the cramps ceased; he did not vomit; and after half an hour, as he expressed a great wish to get to bed and to pass a stool, he was moved to a close stool, dried, a clean shirt put on, and he was placed in bed, well covered with blankets, and with hot tins to his feet and hands. His pulse, though weak, was now easily felt; and his hands, though still cold, were warmer.

The contrast was striking. When placed in the bath, he was writhing with pain and cramps; when placed in bed, he said he was comfortable, had no

pain, and wanted to sleep. Whilst in the bath, he drank freely of milk and water with lumps of ice in it; and was urged to swallow in the intervals of drinking small lumps of ice. Shortly after being placed in bed, he suddenly ejected a large basinful of milk and water, and was not sick afterwards. An hour after he had been placed in the bath, reaction had so far advanced that there were good hopes, and four hours afterwards he was out of immediate danger. He was ordered to take iced milk in smaller quantities, to swallow ice, and to have broth and tea. He had but one stool of rather a yellowish colour the same evening. No reaction-fever followed; and, except weakness, he was on the second day well.

Having seen, with Dr. Lake, a case of much less severity, in which reaction went on from the time he applied Dr. Chapman's ice-bag to the spine, I had one prepared; and, on his being placed in bed, it was applied; but, as it made him chilly and prevented sleep, it was not persevered in. This coldness from an ice-bag is a proof that reaction has occurred, and that it is not needed.

I had seen a case under Mr. Leonard Lawrence, who had given milk and water freely, on Sydenham's principle of diluting and encouraging vomiting, and also of supplying the blood with absorbable nutriment.

The case of a medical friend, who cured himself in the last epidemic by constantly swallowing ice, related to me by himself, made such an impression, that, as brandy and stimulants had then so obviously failed, I resolved to give ice, if an opportunity occurred.

The indications of treatment in collapse, according to our present knowledge of the pathology of cholera, seem to me to be:

To restore warmth to the cold skin by external heat and stimulants; and the combination of the two in a mustard hot bath is the most powerful.

To give ice and iced drinks internally, as the large abdominal organs are known pathologically to be in a state of congestion; the belly is hot to the patient's sensations, and warm to the touch.

As the rice-water secretion in the stomach is known to be a virulent poison, to dilute it, so as to encourage vomiting.

And, as the most fluid parts of the blood are flowing outwards, to give such diluents as may supply organic materials, such as milk and salts do.

I should have hesitated to give publicity to a single case, if it involved any novelty in principle or in means; but, as such a single case would lead any thoughtful physician who observed it to try the remedy again, it should certainly induce others to do the same. It may not produce reaction where the powers have been profoundly exhausted by long neglected diarrhoea, the obstinacy of which, as well as future fever, may be owing to impure blood from bad air or debauchery; or it may fail in those who seem to have swallowed or breathed such a concentrated dose of the poison that the disease "begins with death"; and it may be of temporary use only to those who subsequently fall into typhoid fever; but in cases such as this, and which were before very common, where the patient was healthy and temperate, with no previous exhausting and neglected long continued diarrhoea, but where death is imminent from collapse, it may save.

It is a single fact, which justifies immediate promulgation by any channel, as the cholera is in Europe; for it occurred in a public institution; relates to a public disease affecting almost exclusively the poor; and is only the wider application of a well known and common remedy, in the action of which we all agree; and, if it has often been used before, has slipped out of memory, and should be restated.

CASE OF INGUINAL HERNIA: PERFORATION OF INTESTINE: RECOVERY.

By J. BIRCHENALL, Esq., Macclesfield.

THOMAS DUNN, aged 65, a short, spare, sallow-looking man, was admitted as a patient of the Dispensary on Oct. 20th, 1863, for an old irreducible inguinal hernia, with symptoms of strangulation.

When I first saw him, on the following day, as the tongue was clean and moist, the pulse undisturbed, as there was no vomiting or hiccough, nor any tension of the tumour, and the taxis had been repeatedly tried, I simply advised cold applications to the part, with a full dose of opium, to be repeated discretionally. As there was no very marked change for two or three days, I heard no more of the case until Sunday, the 25th, when Mr. Bride, the House-Surgeon, informed me that no relief had been afforded to the strangulation, and that hiccough had supervened.

In the presence of my colleagues, therefore, and with their concurrence, having placed the patient under the influence of chloroform, I opened the sac and relieved the stricture, without interfering with the gut and its attachments. The state of the latter could not be very accurately discerned, as the operation had to be performed by candle-light; but it was the opinion of the other honorary surgeons, as well my own, that there was no particular lividness. The wound was closed by suture, a water-dressing applied, and an opiate prescribed. There was no recurrence of hiccough; and the patient expressed perfect relief.

On the following day, the bowels acted spontaneously, by a copious, dark, fetid motion; and everything seemed to be proceeding favourably until the third day, when the oozing of a greyish putrescent matter between the lower edges of the wound led me to suspect that the gut had given way; and, as this was followed on the following morning by true faecal matter, the ligature was severed, and a linseed poultice applied; the contents of the bowel now passing away altogether by the artificial opening. As soon as the wound had begun fairly to granulate, I directed that a pledget of lint, soaked in the balsam of Peru, should be inserted with each change of the poultices. The faecal discharge then gradually diminished. Towards the end of the third week, the bowels began to relieve themselves in the natural way; and, by the end of the month, the wound had perfectly healed.

In a few months afterwards (though recovered from the effects of the operation), he had a severe attack of pleuropneumonia, of which he died. I regretted that I had no opportunity by a *post mortem* examination, of ascertaining the precise state of the inguinal canal, being confined to my room at the time by a bronchitic attack.

OUR DUST-BINS. The dust-bin is the "kitchen-midden," a far worse collection than the farmer's midden—which latter has the advantage of being in the open air. It is composed of bones of animals, damaged cooked meat, fish, wasted cooked vegetables, cabbage-leaves, wasted bread, and everything that will not float in water or pass down a sink-grating. And when the bones do not go into the dust-bin, but are kept separate for sale in some closed cupboard, they do not therefore fail to give off their noxious odours separately. These "kitchen-middens" fester and putrefy, and fill the house with poisonous gas. It is supposed that the parish dustman carries them off "Once a Week"; but these good folks are by no means so regular as our publication. (*Once a Week.*)

Progress of Medical Science.

MIDWIFERY AND DISEASES OF WOMEN.

OVARIOTOMY. M. Péan presented to the Academy of Medicine a patient on whom he had performed ovariectomy eight months previously. There were numerous adhesions between the cysts and the intestines and epiploon. M. Péan divided the adhesions, applied the necessary ligatures, leaving them in the abdomen, and united the external wound by metallic sutures. The patient had an attack of bronchitis, and displaced the sutures by coughing. They were reapplied, and the patient recovered, and, at the time of the report, was enjoying excellent health. (*Gaz. Méd. de Paris*, July 29, 1865.)

MORTALITY OF CHILDREN AS AFFECTED BY THE NUMBER OF LABOURS. Dr. Matthews Duncan, in a carefully prepared statistical paper, gives the following as the result of his investigations. 1. The mortality of first labours is about twice the mortality of all subsequent labours taken together. 2. The mortality from puerperal fever following first labours is about twice the mortality from puerperal fever following all subsequent labours taken together. 3. As the number of a woman's labour increases above nine, the risk of death following labour increases with the number. 4. As the number of a woman's labour increases above nine, the risk of death from puerperal fever following labour increases with the number. 5. If a woman have a large family she escapes extraordinary risk in surviving her first labour, to come again into extraordinary and increasing risk as she bears her ninth and subsequent children. (*Edinburgh Medical Journal*, September 1865.)

CASE IN WHICH THE FIRST STAGE OF LABOUR PASSED DURING SLEEP. On February 15th, 1865, Dr. W. S. Shaw was called to see Mrs. N., aged 32, a primipara. She was tall, well formed, of moderately full flesh, strong, muscles firm; the lower extremities were somewhat oedematous. She had been using extract of belladonna three times a day for two weeks. This was given in order to shorten the first stage, in consequence of its being recommended for this purpose by Dr. Fordyce Barker of New York. She went to bed as well as usual and fell asleep, was awakened half an hour before Dr. Shaw arrived, by water running from her. She did not seem to be in much pain. On examination, he found the os uteri surrounding the brim of the pelvis, and on the accension of the next pain passed above it, and the vertex presented in the superior strait. Labour proceeded regularly, but slowly, for about three hours, when the head had passed into the pelvis, the vertex looking towards the left ramus pubis. She had afterwards two convulsive fits. Labour was completed by the forceps; and she was delivered of a dead child. The death of the child had doubtless been caused by long impaction, and spasms at the fetal heart were heard a short time before the first convulsion. After delivery, and before the bandage was applied, she had terrible convulsions, and remained semicomatose for twelve hours, but afterwards made a pretty good recovery. Dr. James Palfrey has related a case of twin labour in which uterine action passed to the second stage during sleep. Dr. Shaw supposed he had pretty satisfactory evidence of the efficacy of belladonna; but Dr. Palfrey's case spoils his evidence. (*Philadelphia Medical Reporter.*)

MEDICINE.

NEURALGIA OF THE TONGUE. A man aged 30 was suddenly seized with violent pain in the posterior half of the left side of the mouth, about opposite the last molar tooth. From this part the pain extended to the front of the tongue; it prevented him from sleeping at night. Mastication was difficult and painful; the tongue was covered with a yellowish coat; the breath was fetid; the patient had lost his appetite, and had headache and constipation. The pain afterwards extended downwards towards the submaxillary gland, and the gums became painful. Dr. Neffe recognised the case as one of neuralgia of the lingual nerve, the pain being most intense at the point where the nerve is most superficial. Emollient and narcotic applications, and laudanum and sulphate of atropine introduced into the ear, were all without result. Dr. Neffe then applied faradisation, placing one pole in the meatus of the ear, which was filled with water, and the other on the mastoid process. The pain was at once relieved; it afterwards, however, returned, but with less intensity. A few repetitions of the remedy produced entire removal of the pain. (*Wiener Med. Zeitung*; and *Gaz. Méd. de Paris*, July 29, 1865.)

INTRAUTERINE VARIOLA. M. Legros presented to the Société de Biologie a variolous fetus, with the following history. On May 18th, a woman in the Hôtel Dieu was prematurely delivered of a fetus aged apparently about five months, which was covered with pustules of small-pox. The mother had distinct marks of vaccination, and had never had small-pox. About six months previously, she had had connection with a man who was convalescent from variola. No exposure of the mother to contagion could be traced. This case, M. Legros observed, raised the question whether the father could have communicated the small-pox at the moment of fecundation, the disease remaining for five months in a state of latency. This theory he believes to be supported by the facts that, when a pregnant woman has small-pox, the fetus is sometimes not attacked till some time after the recovery of the mother; and that, in the child of a syphilitic father, the disease in some cases does not show itself in the infant until several days or even weeks after birth. (*Gaz. Méd. de Paris*, August 5, 1865.)

THERMOMETRY IN LUNATIC ASYLUMS. In his Report of the Devon County Lunatic Asylum, Dr. Saunders says that thermometry will prove to be of great service in the prognosis and treatment of acute mania, especially in those cases which partake of the typhoid type of the disease, with sleeplessness, excitement, gradual wasting, and tendency to death from exhaustion; the temperature of the body is often from three to five degrees above the natural standard, and in proportion to the departure from this average (98° F.) is danger to be feared. Both the wasting of the body and the high temperature in such cases are due to the same cause; viz., the rapidity with which retrograde metamorphosis, and the disintegrating processes are going on within the body, and are at all times certain indications for the employment of stimulants, or, in more homely phraseology, the combustion going on within must be fed with strong fuel from without. In general paralytics, whose nutritive processes are carried on sluggishly and imperfectly, the temperature is often one or two degrees below the average, but on the access of maniacal excitement, to which they are frequently subject, the temperature immediately rises, and again recedes as they lapse into their former quietude. During their congestive attacks, when epileptiform fits

or complete coma suddenly come on, there is generally a considerable elevation of temperature. In the case of a general paralytic patient, who died recently, the temperature of the body for some time remained at 96°, two degrees below the healthy standard, but an hour after one of these congestive attacks with twitchings of the extremities, the temperature rose to 105°, and on the following day to 106°; thus, in less than thirty-six hours, the temperature rose ten degrees. In this case, the temperature indicated great danger, and the patient died thirty-six hours from the commencement of the attack. In the investigation of the bodily diseases ordinarily met with in asylums, thermometry is of great service in the diagnosis of phthisis and tuberculosis. The latent form of the disease is frequently met with, with an absence of the ordinary symptoms of cough, etc., and even on making a physical examination of the chest, it is at times difficult to make a satisfactory diagnosis; but if the thermometer be employed daily, and the evening temperature be constantly two or more degrees above the average, we may safely conclude that the patient has phthisis. It is, of course, assumed that every source of error has been eliminated, with an absence of other diseases, and that this indication be taken in conjunction with the general evidence. The diagnosis of the early stages of phthisis is of the more importance, as it is only in this stage, that in the overcrowded wards of asylums, we can hope to benefit our patients to any extent. In pneumonia also, its indications are of importance, as patients who occasionally oppose obstacles to a careful auscultation of the chest will seldom object to allow the bulb of a thermometer to be placed in their axilla; and it has the additional advantage that they can exert no control over its accurate readings.

INHALATION OF LIME-WATER IN CROUP. M. Küchenmeister of Dresden has stated that diptheritic membranes are rapidly dissolved in lime-water; and this statement has been confirmed by M. Biermer, the Professor of Clinical Medicine in the University of Berne, who has repeated the experiment before the students of his class. Some pseudo-membranous exudations, of considerable extent and thickness, were placed in a small glass of lime-water, and in the space of from ten to fifteen minutes they disappeared, leaving only a very slight sediment at the bottom of the glass. M. Biermer was therefore induced to apply the lime-water locally in a living patient, a girl aged 17, admitted into the hospital of Berne for croup, which had lasted four days. When she was admitted she was nearly choked, cyanotic, and insensible, and she threw up portions of membrane only by means of the administration of some very strong irritant medicines. The symptoms of laryngeal constriction still continued, together with distressing dyspnoea; and pulverised water was employed to moisten the respiratory passages. The water employed, which was at first hot, and then boiling, produced considerable amelioration; and M. Biermer supplied the pulveriser with lime-water. The improvement was evident as soon as the inhalations were commenced; the symptoms diminished in intensity; the expectoration changed its character, and became purulent; the cough gradually disappeared, and the fever abated; and only hoarseness and a slight cough remained during the convalescence, which terminated in a complete cure. M. Biermer, and all those who watched the progress of the case, were convinced that the inhalations had a solvent effect upon the false membranes; but he does not recommend an exclusive adoption of this local treatment, which softens and detaches the exudations, but does not reach the cause of the disease, which

must be combated by constitutional remedies, calomel being considered the chief. The plan of M. Biermer has been followed by other practitioners; and M. Küchenmeister has published a case of diphtheritic pharyngo-laryngitis in a child of three years and a half old, treated in the same manner with complete success. Dr. Brauser of Ratisbon has also lately published a case of croup in a child of four years and half old, treated in the same manner, and perfectly cured. M. Biermer insists particularly on the necessity of using the injections hot. (*British and Foreign Medicine-Chir. Review.*)

TINCTURE OF IODINE IN SACCARINE DIABETES. Dr. Béranger-Féraud has been induced to employ the tincture of iodine in the treatment of diabetes on the recommendation of Dr. Ricord; and although he has treated only two cases, the results appear to him sufficiently interesting to be recorded. In the two cases described, the treatment was renewed, twice in one, and three times in the other, and always with success. Five drops of the tincture of iodine from the *French Pharmacopœia*, containing eight parts to a hundred of spirit, were given at first, and the quantity was gradually increased up to twenty drops a day, administered in 100 grammes of water. At first, the smell of the drug produces a rather disagreeable effect, but at the third or fourth dose the repugnance to its use is very much diminished, and soon disappears entirely; as was proved not only in the two diabetic cases, but in many others, including Dr. Béranger-Féraud himself. The physiological and therapeutical effects observed were, in the first place, those which are caused by the gentle action of iodine upon the system; and in relation to the diabetes, the proportion of glucose, which diminished during the first or second days, again increased in the urine. The improvement at first obtained remains stationary, and even retrogrades, unless the use of the iodine be discontinued; and the author remarked that, under the influence of this suppression of the medicine the proportions of glucose again begin to diminish, at the same time that the urine becomes less abundant. The quantity of glucose in the urine then remains at its minimum for a certain number of days, to augment again, if the patient make any deviation from his regimen, and neglect to follow carefully the hygienic precautions which he ought constantly to observe. The author does not assert that a few drops of tincture of iodine have the power of curing diabetes, or that hygienic or dietetic measures are of inferior importance; but he thinks that the tincture of iodine is able to cause a rapid diminution in the quantity of the diabetic sugar; and this action is very valuable, although it may be of a secondary nature. Besides the facts recorded by Dr. Ricord, Dr. Debout, and by himself, Dr. Béranger-Féraud thinks that the action of iodine in glucosuria is a subject of the deepest interest to pathologists, because on several occasions successful results have been recorded from the employment of substances resembling iodine in their nature—as, for instance, chlorine. Several French and English practitioners, in fact, have recommended hydrochloric acid in the treatment of diabetes, but this acid is, in the opinion of the author, entirely contraindicated in that disease. (*Bull. Gen. de Thérap.*, and *Brit. and For. Med.-Chir. Review.*)

BROMIDES OF POTASSIUM, CADMIUM, AND AMMONIUM IN THE TREATMENT OF INSANITY. Dr. T. B. Belgrave, Assistant Medical Officer of the Lincolnshire Asylum, has tried the uses of these remedies in fourteen cases of general paralysis—none, however, in a very advanced stage. The following is a sum-

mary of his experiments. The bromide of potassium is antiphlogistic, and a sedative to the cerebro-spinal functions. It subdues the force of the pulse; induces loss of flesh and debility; allays nervous irritability and mental excitement; exerts a powerful temporary, but slight permanent control, over the number of fits. It diminishes congestion within the brain and spinal cord. It is physiologically antagonistic to opium. It is an anaphrodisiac, being equally useful, as such, in both sexes. It exerts a deterrent action on the excitant-nutrient and excitosecretory functions. Its action, when once established, continues an uncertain but considerable time, and may be kept up by short renewals. The bromide of ammonium resembles the bromide of potassium in its action on the nervous system, but is less powerful; and it does not induce emaciation nor severe general depression. The bromide of cadmium is probably an irritant to the mucous membrane of the alimentary canal; its brief but severe calumative effect being principally the depression following the action of a powerful emetic and purgative, and not the result of a sedative influence on the nervous system. The rapidity with which the patients recovered from the depression would indicate this view, and doubtless the more persistent benefit they derived was attributable to the free evacuations induced. The action of this drug resembles that of tartar emetic or sulphate of zinc, but is more certain, rapid, and powerful in its effect; having treble the power of the former, and twelve times that of the latter. It is exceedingly useful in severe exacerbations of mania. The bromides of potassium and ammonium supply a want long desiderated, in the treatment of a numerous and dangerous class of chronic lunatics. (*Journal of Mental Science*, October 1865.)

Reviews and Notices.

A PRACTICAL ESSAY ON THE USE OF THE NITRATE OF SILVER, in the Treatment of Inflammations, Wounds, and Ulcers. By JOHN HIGGINBOTTOM, F.R.S., Honorary Fellow of the Royal College of Surgeons of England. Third Edition, much improved. Pp. 172. London: 1865.

It is nearly forty years since Mr. HIGGINBOTTOM first laid before the profession his views on the utility of nitrate of silver as an application in the treatment of certain wounds and ulcers; and, three years afterwards, having found this agent valuable in arresting and subduing external inflammations, he issued a second edition; and he now embodies in a third edition the results of his matured views on the subject.

"During the long interval," he says, "since the second edition was published, I have employed the remedy daily; and can conscientiously declare that its value has daily increased in my estimation, and that, unlike most remedies proposed by the ardent inquirer in medicine and surgery, it has borne the test of experience in many other hands as well as in my own." (P. 3.)

He has learned that nitrate of silver has been very extensively used in the army and navy; and even, apparently, still more extensively in America. Speaking of the extent to which nitrate of silver has come into use as a local application, he comments on various impediments to its adoption, and points out as sources from which these impediments have arisen:

"First: the supposed caustic quality of the nitrate of silver. Second: the suspicion of its causing metastasis to internal organs. Third: the deviations from my method of applying the nitrate of silver. Fourth: the varying strength of the solutions made use of. And fifth: the use of a new and worthless preparation of the nitrate of silver."

As to the first objection: Mr. Higginbottom denies that nitrate of silver is a *caustic*—confining, apparently, that term to destructive agents, of which hydrate of potassa is the type. Nitrate of silver, he says, is a *preservative*—inasmuch as it forms an eschar which does not slough off, but remains until the healing process has been effected beneath it.

Mr. Higginbottom complains, in speaking of the third objection, that two deviations have been made from his mode of applying the nitrate. First, surgeons have been directed to apply it around, and not touching the inflamed surface, instead of over the whole of such surface; and another error has been the opposite one—that of applying it to the affected surface alone, and not beyond it.

The author also remarks that misdirections have been given as to the strength of the solution; whereas he has always recommended and used a solution of the strength of one hundred and sixty grains to an ounce of distilled water. He refers especially to Mr. Erasmus Wilson and Mr. Nunneley, as having given erroneous directions on this point.

Speaking of the fifth objection above mentioned, the author refers to a paper which he published in this JOURNAL in July 1863, for the purpose of calling attention to the superiority of the ordinary stick of nitrate of silver over new preparations.

"The new preparation 'Lunar Caustic points perfectly tough' is worthless as an application in surgical cases. It is not nearly so valuable as the old brittle stick of nitrate of silver; and, while possessing scarcely any power to check and subdue inflammation, is quite useless in the cure of wounds. The same remarks apply to the cake and crystals of the nitrate of silver, used for photographic purposes; which, although they may be chemically purer, are much less efficacious for surgical purposes than the old preparation."

In the second chapter, Mr. Higginbottom speaks of the Principles of the Treatment by the Nitrate of Silver. He notices first the action of nitrate of silver as a remedy in external inflammation, observing that it had not been used for this purpose, nor had its powers been ascertained, until he called attention to it in 1829. There is, he says, "no form of acute superficial inflammation, arising from constitutional or mechanical causes, in which the nitrate of silver may not be applied with great safety and advantage." The form which he prefers is a solution, made immediately before using, of four scruples of the nitrate in four ounces of distilled water. Sometimes, however, he uses the stick; the part being first moistened with water, and the stick being laid flat on the surface, and applied over the whole affected part. The remainder of this chapter is occupied with comments on the use of nitrate of silver as a means of inducing the healing process in wounds, whether incised, punctured, lacerated, or bruised; and on its utility as a means of healing by eschar.

The third chapter is on the Use of the Nitrate of Silver in the Treatment of External Inflammations;

viz., Phlegmonous Inflammations; Erysipelas, simple and phlegmonous; Inflammation of the Absorbents; Inflammation and Ulceration about the Nails; and Whitlow; for the prevention of the pitting in small-pox; in Senile Gangrene; and in destructive inflammation of the eye. The greater part of this chapter consists of concisely recorded cases illustrative of the efficacy of the remedy which the author recommends.

The subject of the fourth chapter is Punctured Wounds, Bites, and Stings; that of the fifth, the Treatment of Bruised Wounds; of the sixth, the Treatment of Ulcers. In the latter case, Mr. Higginbottom has found the mode of healing by eschar too troublesome in practice, and has therefore, in cases of large ulcers attended with inflammation, adopted the following plan as more easy of application and more successful.

"If there be swelling or œdema, I direct the patient to take a dose of opening medicine, to apply a common poultice of bread and water over the ulcer, and to keep in bed for four-and-twenty hours. The inflamed parts must be washed with soap and water, and wiped dry. They are then to be moistened with water, and a long stick of nitrate of silver or the concentrated solution must be passed all over the inflamed and ulcerated surfaces twice, and rather more freely on the ulcer itself and (than?) on the surrounding skin. Lint must then be put on the ulcer, and the whole of the inflamed and ulcerated part must be covered with the neutral ointment spread on linen; a compress of five or six folds of fine linen is then to be applied over the ulcer, and a common roller, not too tight, to keep on the whole.

"The leg is to be examined on the fourth day; when it will be found that the inflammation is nearly if not entirely gone, and the ulcer is in a healing state.

"The nitrate of silver must then be applied on the whole of the ulcer, and once lightly on the skin immediately surrounding it, one or two inches in breadth; the lint and bandage are to be applied as before, and the bandage rather tighter. The case must be treated in this manner every third or fourth day until the ulcer be healed. I would recommend wearing a calico roller, or a laced stocking, for some time afterwards, till the leg has recovered its usual strength. The patient may walk about after the first or second application of the nitrate of silver." (Pp. 127-8.)

In the seventh chapter, Mr. Higginbottom describes the utility of nitrate of silver as an application in Burns and Scalds attended with superficial inflammation, or with vesication without destruction of the true skin. The mode of application is the same as in external inflammations.

In an Appendix, the author speaks of the Use of Nitrate of Silver as a Blistering Agent. He regards it as having several advantages over cantharides; but, not having had sufficient experience of its use to determine its utility in internal inflammations, etc., he mentions this application for the purpose of inducing the profession to give it a trial, rather than of adducing much testimony of his own in its favour.

"The mode of application is simply to wet or rather moisten the space to be blistered with pure water, and then to pass a stick of the nitrate of silver four or five times on the part, according as the cuticle is thin or otherwise; or the concentrated solution may be used in a similar manner. Directly the part begins to smart, but this generally does not continue long, and in the course of from two to four

hours the blister insensibly rises; but little attention is requisite in dressing the blister; it is usually healed in four days. The effect of the nitrate of silver is too superficial to produce a deep eschar or injure the cutis vera." (P. 157.)

The Appendix also contains illustrations of the use of nitrate of silver in the treatment of gunshot wounds, of neuralgia, of contracted rectum, of ulceration of the tongue, of irritable ulceration near the eye, of fungous tumour of the navel in infants, and of chilblains. There are also given a letter written by Dr. G. Webster of Dulwich to the late Dr. Marshall Hall, confirmatory of the value of nitrate of silver; a summary of principles and results of the application of this remedy; and formulæ for an emetic powder, the concentrated solution of nitrate of silver, and other remedies to be employed while the patient is under treatment.

The profession is certainly under deep obligations to Mr. Higginbottom for having, at his time of life, once more come forward for the purpose of collecting and publishing the results of his experience of a remedy which he has at least shewn to be of great value.

REQUISITES OF THE NAVAL MEDICAL OFFICERS, BASED ON THE PRINCIPLE OF EQUALITY WITH THE ARMY. By FREDERICK JAS. BROWN, M.D., late Assistant-Surgeon Royal Navy. Second Edition. Pp. 68. London: 1865.

THE naval estimates, from year to year, call upon the taxpayers for millions of money to equip an ironclad fleet. All classes of officers required for the ships are to be found, excepting one; viz., medical officers. They are not forthcoming to fill up the hiatus in Her Majesty's service caused by deaths, by retirements from active service, by promotions, and, lastly, by the resignations of assistant-surgeons. Dr. BROWN's spirited pamphlet details how such antipathy to the naval service has been brought about; and the reforms that are needed to give our ships the best medical assistance that can be commanded. Removed, as ships of war often are, for months from all resources on shore, with no one with whom the medical officer can consult in serious cases, the duty of the Admiralty is evidently to court the best medical talent by prizes of money, of promotion, and of honour, as a compensation for the life of expatriation and care they expect from naval surgeons. Dr. Brown contends that a career of good service and usefulness should of a certainty command competency and honour. The Admiralty asks a maximum of qualification from medical officers; but treats them with a minimum of justice and respect.

There are misgivings existing that the examination of assistant-surgeons by the Naval Medical Board may at any time have its intention nullified. There is public confidence, more or less, in the board of examiners, the offspring of the Royal Sanitary Commission of 1858, by which the navy has not profited.

"We think it desirable that one and the same board should conduct the examination for the medical services of the East India Company, the navy, and the army.

"The service-education of inept assistant-surgeons of the three services might be advantageously carried out in common at one institution. Thus, the war-service of the country would be equalised as regards the pupillary condition of the profession of me-

dicine; and complete parallelism between the services in every grade of rank would follow as a matter of certainty.

"The competitive examination of the army must be looked upon as more searching than the pass examination of the navy. The army rejected twenty-six per cent. of the candidates for that service in the year 1864, and the navy rejected forty-five per cent. The number that passed a good examination for the navy constituted one in five. Cheering prospects for our seamen."

From all that has been said and written, the naval assistant-surgeons cannot with certainty reckon on having cabins. Those gentlemen who desire to be informed of the inducements to enter the navy would do well to read Dr. BROWN's pamphlet; which should be on the library table of every school of medicine in the United Kingdom. The scarcity of candidates for the navy must, at no distant period, be the subject of Parliamentary inquiry. It is the opinion of one of the first surgeons of the day, that only third-class men enter the navy; which assertion is in perfect keeping with the official statement, that forty-five per cent. were rejected in 1864; and that only one in five that were accepted by the Admiralty passed "good" or creditable examinations.

SEA-AIR AND SEA-BATHING FOR CHILDREN AND INVALIDS: Their Properties, Uses, and Mode of Employment. By Mons. le Docteur BROCHARD, Chevalier of the Legion of Honour, etc. Translated and edited by WILLIAM STRANGE, M.D., M.R.C.P., Physician to the General Hospital, Worcester, etc. Pp. 184. London: 1865.

THE author of this work, Dr. BROCHARD, is physician to a sea-bathing establishment at La Tremblade, in the north-west of France; and, during a practice of twenty years, has had repeated opportunities of witnessing the good effects of sea-bathing. In this way he has collected a large amount of valuable experience, which he has put together in a useful little volume, for a translation of which the English reader is indebted to Dr. STRANGE.

Dr. Brochard regards marine medication as an agent equal to any in medicine in its restorative powers, especially in regard to young children. He writes the book for the profession, and endeavours to impress on them the necessity that exists for doing much more than merely sending patients to the seaside. The physician must take care that the bathers not only duly perform the bathing process, but also that they attend to proper hygienic rules. He treats the subject in the following order. 1. General Observations upon Sea-bathing; 2. The Ocean and the Marine Atmosphere; 3. The Utility of Sea-bathing for Children and Invalids; 4. Physiological and Therapeutical Operation of Sea-water and Sea-air; 5. Diseases and Disordered Conditions common in Children and Invalids which require the Use of Marine Medication; 6. The Choice of Bathing-places; 7. Rules to be observed in Using Sea-bathing; 8. Management of Children at the Seaside.

The book is one which may be studied with great advantage. Dr. Brochard, as a Frenchman, of course writes for Frenchmen; but, wherever necessary, the translator has added matter to fit the book for the use of those who may frequent, or may send

patients to, English bathing-places. We thank Dr. Strange for having placed so useful a work within the reach of those who may not have access to, or cannot read, the original.

THE PRACTICE OF MEDICINE. By THOS. HAWKES TANNER, M.D., F.L.S., Member of the Royal College of Physicians, etc. Fifth Edition, enlarged and improved. Pp. 938. London: 1865.

WHEN the first edition of this work appeared some years ago, it was a modest little volume—in fact as well as name a manual. The reception with which it met on the part of the profession has evidently been encouraging to the author; for in succeeding editions there has been noticeable an increase of size, arising from his having from time to time incorporated such matter as he considered necessary for bringing the work up to the then existing condition of medical science. At length, in this his last edition, Dr. TANNER has altogether outstepped the limits and abandoned the name of “manual”, and presents the work as a full-sized octavo volume, with a large clear type, and more than nine hundred pages.

The original plan of the book, Dr. Tanner tells us, has been adhered to; that of making it the medium of practical information, conveyed in a terse but not obscure style. He has, he says, endeavoured “to give particular prominence to those points which will aid the practitioner in the discharge of his responsible duties at the bedside.”

The book is divided into sixteen parts; viz., 1. General Diseases; 2. Fevers; 3. Venereal Diseases; 4. Diseases of the Nervous System; 5. Of the Organs of Respiration and Circulation; 6. Of the Thoracic Walls; 7. Of the Alimentary Canal; 8. Of the Liver; 9. Of the Pancreas and Spleen; 10. Of the Abdominal Walls; 11. Of the Urinary Organs; 12. Of the Female Organs of Generation; 13. Of the Skin; 14. Of the Appendages of the Skin, etc.; 15. Of the Blood-vessels; 16. Of the Absorbent System. At the end is a copious Appendix—occupying 100 pages—of formulæ, with remarks on Uterine Therapeutics, Climates for Invalids, and Mineral Waters.

The author treats rather fully of some subjects which are not always included—or at least but cursorily noticed—in works on practice of medicine. He gives about a hundred pages to Diseases of the Female Organs, in which he describes diseases of the vulva, urethra, vagina, uterus, and ovaries, pelvic cellulitis and hæmatocele, uterine tumours and displacements, etc.

This book is not—nor do we suppose that the author intends it to be—such a full exposition of modern medicine as are some other works; for example, that of Dr. Aitken. What Dr. Tanner has aimed at is, to epitomise and combine the main results of the scientific and practical observations of others, at the same time giving, whenever possible, the results of his own experience. The work is in a very high degree comprehensive; and this new edition will fully maintain the reputation which its predecessors have enjoyed.

ARSENIC. An official return states that the production of arsenic from the Cornish mines to the end of 1864 was 1858 tons, value £1393. 10.

British Medical Journal.

SATURDAY, OCTOBER 21st, 1865.

THE ARMY MEDICAL SERVICE.

MR. LONGMORE's address, delivered at the opening of the eleventh session of the Army Medical School at Netley, contains observations which are worthy the serious consideration of those who are responsible for the education of medical men. His remarks go to confirm Dr. Parkes's well-known statements; viz., that our examining boards frequently give their licences to practise to men who are totally ignorant of even the simplest practical knowledge of their art. Mr. Longmore, it must be remembered, is addressing gentlemen who are licensed to practise medicine and surgery; and he says:

“Some whom I am addressing have, doubtless, been dressers or clinical clerks in civil hospitals, or perhaps assistants to gentlemen in private practice, and have thus become acquainted with the actual features of certain examples of disease and injury, and practically acquainted with their discrimination. But some others, and, as we have found by experience, not a few among those who have come here hitherto, have had no such advantages, or have had them only to a very limited extent. Not having obtained any insight into the features of diseases before proceeding to attend the courses of instruction at the established medical schools, such as was formerly acquired when the system of apprenticeship existed, and, at the hospitals to which the schools are attached, having been confined to looking on the patients from a distance, as it were, to hearing the casual intermitting remarks of surgeons and physicians as they went round the wards to visit their patients, without having any active concern in their care or treatment—‘walking the hospitals’—they have come here with only that theoretical information and those crude general notions of diagnosis and therapeutics which entail, as a necessary result, endless unexpected doubts and difficulties when they are first applied to the actual work of practice. Some gentlemen have told me that they have never had a patient under their care and treatment before they came to Netley, have never even been called upon practically to diagnose a case of disease or injury until they were required to do so in their competitive examination in London. They have never had to watch the course of a disease through its varying phases, to appreciate its modifications of form and character according to age, habits, and constitution, or to feel the responsibility of its treatment, during the whole of their professional education. . . . The clinical teachers of this hospital are placed in a position in which no other persons in the kingdom, perhaps, are placed, as regards opportunities of observing the attainments of those who are just launched from professional training into professional practice. Gentlemen who have recently received licences to practise from authorised bodies established in all parts of the three great divisions of the kingdom, are gathered together here. The teachers have to watch the manner in which these gentlemen deal practically with the treatment of disease; to observe their qualifications for the discharge of those profes-

sional duties the right performance of which has been the ultimate object of their education. They ascertain their amount of real knowledge of the human frame, its conformation, and the effects of injuries and diseases upon it, not by word-of-mouth examination, but by their manner of proceeding to deal with the very things themselves. Now, while it is a pleasure to observe the practised dexterity of some, and their acquaintance with the right methods of arriving at sound conclusions as to the nature of the cases placed under their charge, I should be telling only part of the truth if I were not to add that it is occasionally a subject of surprise that others should be so completely adrift, so unable to distinguish common conditions of disease or effects of injuries, and so ignorant of the common manipulations necessary amongst the patients in the medical and surgical wards, as they have shown themselves to be. Instances have occurred where it has been almost impossible to understand how the colleges which had presented those concerned with their licences could have passed them as qualified, or what tests they applied to ascertain their fitness for practice. And these gentlemen who caused these impressions must have been considerably superior to others who had passed into civil practice; for, in competing for their army appointments, they had left others behind who had not been considered admissible. The same absence of practical knowledge has been from time to time exhibited in the *post mortem* examination room. The manner of proceeding even to open the body for the display of its cavities and their contents, still more of investigating or expounding their condition, has been quite strange to some; they had never had the operation to perform. There must be something bad in the system of teaching at those places whence such instances of deficiency come; and it is a serious matter for those to whom the regulation of professional education is entrusted, to consider what must be occasionally the consequences of authorising for practice persons so unacquainted with the practical work of their profession."

Mr. Longmore then goes on to refer to the remarks which have been publicly made as to the entrance into the army of what have been called third-class men. And here we would suggest that he somewhat contradicts himself. He has already told us, as we have seen, that "some others, and *not a few among those* who have come here hitherto, have had no such advantages," etc.; but he afterwards says that the *not a few* are *exceptional instances*.

"Do not let me be misunderstood when I make these remarks. They are applicable only to exceptional instances which have come to notice. The attempts which have been publicly made to depreciate universally, without distinction, the attainments of the gentlemen who have been of late entering the medical service of the army, by stigmatising them as third-class students, for the sake of achieving certain objects of general policy, has been most unfair and unworthy. At all events, every gentleman who has entered the public service has passed through a competitive examination, which others had tried to do and failed in, and which probably more had thought fit not to face from a consciousness of probability of failure. Those who have published such charges should inspect their own ranks; for it may fairly be presumed that the candidates who have not succeeded at the competitive examinations have passed into civil practice. The division into three classes of those who passed through the competitive examination in London gave the opportunity for this

erroneous stigma being propagated. This classification really corresponded with the separation into classes of those who have undergone an examination for honours in a university. But it was interpreted by those who did not understand it, or did not choose to understand it, to signify the general attainments of those concerned—to comprehend degrees of comparison with the whole of the passed students of Great Britain. Those who were in the third of these three classes were publicly called students of third-rate ability. As well might a Master of Arts, who had come out in the second class in the competition for classical honours at Oxford, be stamped for life as a man of second-rate ability. Unfounded, however, as the assumption was, on which the appellation of third-class students was given to those who were entering the medical department of the army, it had an injurious effect among many who were not acquainted with the circumstances whence it sprang, and was a source of pain to those to whom it was applied. Hence it became necessary, in order to prevent this abuse of terms, to abandon the division into classes of those who had successfully passed through the competitive examination in London, and to arrange the list of names simply according to order of merit, as is done in all other army competitive examinations."

Mr. Longmore, it will be here observed, offers no opinion of his own as to whether the present medical candidates for army commissions may be considered as the worst, the best, or as average specimens, of newly licensed medical men. We should have been glad to hear his opinion on this point. His statement of the deplorable ignorance of the "not a few amongst those who have come here hitherto" may certainly be taken as a strong indication that young medical men of the best class do not present themselves at Netley. At the same time, we willingly admit the justice of his strictures, and feel the force of his argument as applied to the defective state of our examinations. He may fairly argue: "You have no right to cast reflections upon army medical authorities for admitting into the service those whom you have asserted by your licences to be fit and proper curers of diseases—men let loose by you to practise physic and surgery with all lawful authority, *hic et ubique*, on all Her Majesty's subjects. We require from them, in addition, that they go through a competitive examination; so that, in fact, the army medical candidates, whom you unjustly call 'third-class men', have a right to be regarded as actually superior to your ordinary civil doctors. More than this: men whom we reject as incapable of course pass into civil practice." But to this we would reply: that the main position assumed by those who have attacked the unjust treatment of medical officers remains untouched by Mr. Longmore's argument. We maintain that the soldier has a right to the very best and highest skill. We maintain that the army authorities ought to attract the very best of our men into the army, and not be satisfied with capable mediocrities only. We maintain, and, until Mr. Longmore assures us to the contrary, shall still maintain, that the best class of

young medical men do not go into the army. His own words, as we read them, corroborate the statement; and, as further proof of the fact, we may recall to his recollection the statement made by the Medical Director-General to the medical deputation in 1864; viz.: "It was scarcely fair to expect superior men to enter the army in large numbers." But we maintain, and have all along maintained, that the service ought to be such as to attract the very best men into the army; and for obvious reasons. A soldier's life is a most valuable thing in a money point of view; it cannot, therefore, be (economically estimated) too well taken care of; and the cheapest advice is not always the most economical. Besides this, our troops are scattered all over the world,—there, where the army surgeon is thrown on his own resources, where his shortcomings cannot be supplemented by accessory aid, as the surgeon's can in civil life. The life of the soldier may, indeed, depend on the capacity or incapacity of his surgeon. We should have liked to hear from Mr. Longmore that the army medical service was one which attracted the highest class of our young medical men, that medical teachers of the present day had now no reason to say of it, what Sir B. Brodie did, that they "did not recommend young men to enter it."

THE TREATMENT OF THE CATTLE-PLAGUE.

THE Treatment of the Cattle-Plague, as might be naturally supposed, has become a subject of discussion amongst medical men. Dr. Druitt, for example, has issued *A Letter to Sir Fitzroy Kelly on the Right Use of Iron in the Cattle-Plague*; and Dr. Allnatt a pamphlet *On the Nature and Treatment of the Cattle-Plague*.

Dr. Druitt is in favour of treating infected cattle, not by indiscriminately knocking them on the head. But he admits that if the animal is to be killed, the earlier the better.

"All the evidence I have been able to gather, both respecting the Rinderpest and the more familiar pleuropneumonia, shows this—that, if the animal be killed as soon as it appears ill, the flesh is undistinguishable from that of a healthy animal. If a joint of beef look good, smell good, and taste good, if the lean be nicely marbled, and there are no signs of emaciation, for my own part I should eat it without scruple, and act upon the very sensible advice which St. Paul gave to such of the Corinthians as had scruples about eating meat offered to idols."

But Dr. Druitt thinks that proper sanatoria can be established, and that infected animals may be safely treated there.

"And I pray you to observe, that the treatment I venture to suggest is one that will disinfect the whole tract of the intestines, and so destroy the material of contagion at what is believed to be its source."

Now, here Dr. Druitt overlooks one of the most

material points in the sanatorium proposal: How is the animal to be got there with safety to the other cattle? How is the animal to be brought or carried from its pasture to the sanatorium? And he also takes for granted what is most assuredly not proven; viz., that the material of contagion comes only from the bowels of the animal. And reasoning thus, and supposing that we have as yet no specific cure for the disease, he says:

"If putrid excretions be poured out in the bowels of any animal, they poison the animal's blood, they cause all fresh food to be tainted, and when voided they are the source of contagion to others."

"Now, then, we seek a remedy which shall not be poisonous in itself; which shall have tonic or nutritive virtues; which shall restrain excessive discharges; and which shall have the power of deodorising and disinfecting the contents of the alimentary canal. Such a remedy is the tincture of sesquichloride of iron."

Our readers will, doubtless, expect, when they have read these lines, that Dr. Druitt will proceed to give cases showing the efficacy of this proposed remedy in the disease in question; but nothing of the kind. Instead of this, he quotes, for the benefit of Sir F. Kelly, from vol. III of the *Obstetrical Society's Transactions*, a "Case of Puerperal Fever, complicated with Diphtheria, in which Life was saved by the Sesquichloride of Iron."

Dr. Druitt also recommends mineral acids, tris-nitrate of bismuth, sulphate of potash, permanganate of potash, and creasote. What is the value of recommendations in the cure of Rinderpest, founded on theory and supported by a case of puerperal fever cure, we will leave others to decide.

Dr. Allnatt, in his pamphlet, puts forward, above all, a claim for saline medicines as the proper remedies for the disease. His theory is, that, the blood being poisoned, the only means to purify it is by salines. His views may be gathered from his concluding sentence.

"It appears, from all the collateral evidence adduced during this dreadful cattle-plague, that the only successful results which have been recorded were obtained by purifying the poisoned blood through the agency of saline matters thrown into the system. And so convinced am I of the efficacy of this most rational and scientific mode of treatment, that I would solemnly impress upon the holders of stock throughout England the necessity of carrying it out to its very fullest extent in all the phases of this fell disease."

Much more satisfactory is the Report made by Dr. Smart to the magistrates of Edinburgh, on the symptoms and treatment of cows affected with the disease. The report is founded on observations made on sick cattle treated in an experimental byre erected by the magistrates.

From the Report, which is scientifically and very carefully drawn up by Dr. Smart, it appears that five or six, out of thirteen, cows have been cured under the treatment adopted by him. Dr. Smart's

observations lead him to conclude that the period of incubation terminates on the seventh day.

"The earliest recognisable symptoms are: Loss of appetite. The cow ceases to chew the cud, and the milk gradually diminishes. The ears, horns, and extremities, are under their natural temperature. The breathing is slightly accelerated; the expiration prolonged; the orifice of the vagina reddens, and the colour deepens as the disease advances. This appearance of the vulva is the most characteristic and reliable mark of the disease at this stage. A faint red or purple line about the same time appears on the under gum along the roots of the teeth. All these symptoms concur within a day or two of the incubation period.

"As the disease advances, the breathing is more laborious. The pulse is more rapid and weaker; constipation and thirst. The superficial membrane of the mouth, especially of the inner side of the upper lip, roughens; and a viscid discharge appears in the vagina. The milk is scanty, and entirely changed to cream, or there is none at all.

"The most advanced symptoms preceding death are unattended by any very marked outward signs of pain. The breathing is very laborious. Pulse slow and small. Where purgatives have not been given, there is great distension of the abdomen, and obstinate constipation. The fluid, and sometimes sanguineous, discharges from the bowels, which occur in some cases, are the results generally of the too frequent use of irritant drugs. The superficial membrane of the mouth peels off from the gums and lips, leaving the surface raw; and frequently, but not invariably, there is a viscid discharge from the eyes, nostrils, and vagina. The animal dies without a struggle, apparently from simple exhaustion.

"The 'staring hide' and 'arched back,' so frequently mentioned as distinctive features of this disease, while characteristic of the advanced forms of pleuropneumonia are not at all marks of the Rinderpest. There is no cough or lung-symptom in the pure and uncomplicated examples of the disease."

The general principles upon which Dr. Smart founds his treatment are the following facts derived from the pathology of the disease: the lowered animal temperature; the loaded distended stomachs; extreme vital depression. And hereon he says:

"No method of combating the malady can be of any use in which careful nursing does not form the basis of every other effort to restore health. Hence arises the necessity of there being kind, skilful, and experienced attendants, and a well regulated dietary."

The remedies are few and simple to meet the indications—laxative, with a diuretic action; stimulant; and tonic.

"*Laxative.* Nitrate of potash and powdered ginger, of each 1 ounce; powder of sublimed sulphur, 2 ounces; treacle, 1 lb; water to make a quart, and well mixed.

"This quantity is given night and morning, or, if requisite, oftener, until scouring is produced. Afterwards, an occasional bottle will maintain in free, without excessive, action.

"As the vital powers sink rapidly, there should be as little delay as possible in administering stimulants. I have found the following mixture possessing stimulant, diuretic, and diaphoretic properties, very efficacious.

"*Stimulant.* Carbonate of ammonia, $\frac{1}{2}$ of an ounce; sweet spirit of nitre and spirit of mindereris, of

each 1 ounce and a-half; cold water, 9 ounces. Mix.

"This dose is administered thrice a day during the entire course of the disease.

"When convalescence is established, the best tonic is cinchona bark, in doses of one ounce and a half of the powder. At a later period of convalescence, it may be given with a quart of good sweet ale once daily. Two tablespoonfuls of laudanum may be occasionally required to obviate straining and control excessive diarrhoea. No other drugs are used.

"The diet should be simple, well cooked, and given in small and regulated quantity.

"I use the following. Full mash. It is composed of: Four handfuls of bran, four handfuls of brewer's draft, 1 lb. of peasemeal, 2 lb. of mashed turnips well boiled. Not too thick, and given night and morning. At midday, a drink of gruel is given, made with 2 lbs. of oatmeal, well boiled in six quarts of water. In addition to these, some raw turnip (2 lb., for example, of green tops), and 1 lb. of hay, may be allowed in small quantities during the twenty-four hours. To allay thirst, three to four quarts of water, previously boiled and allowed to cool, is given in mouthfuls during the day. This constitutes the full diet of a decided convalescent. Half of this diet is, in most instances, during the acute course of the disease, too much."

The following is a summary of the treatment.

"1. The animal is taken from its ordinary food, and separated. 2. Placed in a well aired byre, the temperature at 70° or 75° Fahr. 3. The animal is cleaned and covered with a good rug. 4. If there be constipation, begin with laxative and continue night and morning, or, if required, oftener, until there is free scouring. 5. Let there be no delay in giving the stimulant, and, if needful, combine it with the laxative. 6. Defer giving ale and bark until convalescence appears. 7. To obviate straining or excessive purging, two tablespoonfuls of laudanum night and morning may be added to other medicine. 8. Be careful to avoid over-feeding, as an error in diet may prove fatal. 9. See that the cow is well milked night and morning (even when there is no yield) during the course of the disease. 10. All the droppings should be at once disinfected by solution of chloride of lime, and quickly removed. 11. The affected animals should be frequently and closely observed, and threatening indications treated as they occur."

On Tuesday last, at the Pathological Society, the subject of the pathology of the cattle-plague not unnaturally was discussed. Dr. Murchison and Dr. Crisp exhibited specimens of morbid conditions of cattle killed by the plague. Dr. Murchison showed the condition of the intestines of healthy and the diseased animals; and his statements were fully corroborated on all points by Dr. Crisp. The views on this subject given by Dr. Murchison in a paper "On the Anatomical Lesions of the Cattle-Plague now prevalent in London," in the *BRITISH MEDICAL JOURNAL* of August 26th, 1865, p. 210, are completely confirmed by his subsequent and now much larger experience. We are glad to hear that Dr. Murchison's numerous pathological investigations will shortly be brought, in a complete form, under the notice of the Medical and Chirurgical Society.

A report has been presented to the magistrates of Edinburgh by the Medical Committee appointed to

investigate the causes and symptoms of Rinderpest, and the means of prevention and cure. The report is signed by Dr. Andrew Wood, and may be regarded as embodying the best available skill of the medical and veterinary colleges of Edinburgh. The following is an abstract of its conclusions.

"1. That the disease is communicated by contagion, and apparently by contagion alone. 2. That the poison of Rinderpest is a specific poison, which filth may intensify, but cannot generate. 3. That the question, whether the contagion can be propagated by inoculation, remains to be tested. 4. That the poison, as in other zymotic diseases, is introduced chiefly by means of inhalation into the lungs. 5. That it seems probable that infection may be carried by the poison adhering to the clothes of persons. 6. That the liability of sheep to take Rinderpest, or to carry infection, is being submitted to tests in this city which may be regarded as decisive.* 7. That, even during unsuspected incubation, infected animals may communicate the disease to others. 8. That the period of incubation generally lasts for six or seven, but may extend to ten or fourteen, or even to twenty-one days. 9. That there is a great risk in bringing together droves of cattle, as at fairs or markets. 10. That fairs and markets for the sale of lean or store cattle ought to be for the present suspended. 11. The committee are decidedly of opinion that cases of Rinderpest may and ought to be treated with a view to cure. 12. That the disease may be expected to become milder in its type and more tractable after it has lasted some time, and the proportion of deaths will become notably diminished. 13. That the committee deprecate and strongly protest against the indiscriminate slaughter recommended."

The report proceeds to specify the symptoms and pathological conditions of the infected animals; and, remarking that Rinderpest is a disease of low type, and lowering treatment wholly inadmissible, the report proceeds to offer a safe and simple mode of treatment, which is very similar to the treatment adopted by Dr. Smart.

The *Times*, having effected all the mischief in its power by attempting at a most critical moment to support the absurd hypothesis that the cattle-plague was engendered by the dirt of cow-sheds, now quietly says, as if it had never asserted anything to the contrary:

"It may be considered as established that the disease is the true Russian Rinderpest, or steppe-murrain. The question which has been most hotly debated—that, namely, as to the precise means by which the plague was introduced into this country—must be regarded as still unsolved, and, indeed, has never yet been properly considered."

The *Times* knows perfectly well that this statement is not a true one. The question "hotly debated" was, whether the plague was or was not Rinderpest; was or was not introduced into the country. The question as to *how* it was introduced was a matter quite secondary. Gross ignorance, bad faith, and shameless perversion of facts, towards the medi-

cal profession, are still steadily kept up. On the 18th inst., we are told, in a leader:

"Mr. Caird gives us still more decisive information to the same effect from Belgium. Under the ordinary treatment in that country, twenty-five per cent. of the cattle attacked have recovered; and it is said that, under homœopathic treatment, no less than fifty per cent. have been saved."

Mr. Caird writes from the Hague, and speaks of the doings of the Dutch Government. Mr. Caird's statement is as follows.

"The most successful treatment is said to have been by homœopathy. This has been practised by two Belgian practitioners, who volunteered their services to the Dutch Government. By them fifty per cent. of the animals which were sick had been cured; and out of 148 sound animals treated by them with preventive medicines, and placed in contact with diseased cattle, not more than four had taken the disease."

This hearsay statement given by Mr. Caird is thus rendered in a leader of the *Times*.

"Unless, in short, we can detect the disease at a sufficiently early stage to enable us to separate the animals before contagion has become possible, or unless, as Mr. Caird says has been done by the homœopathic doctors in Holland, we can discover some specific against infection, we have nothing left but to render it in some way impossible for healthy animals to come into contact with any strange cattle whatever."

THE Cattle-Plague Commission have resolved to have a thorough scientific investigation into the whole history of the Cattle-Plague. And, for this purpose, they have already appointed men of science to busy themselves with the subject. Dr. Marcet and Dr. Beale have, we hear, been appointed to inquire into the disease from a microscopical and chemical point of view. Dr. Budd, Dr. Bristowe, Dr. Murchison, and Dr. Sanderson, have also been requested to take a share in the inquiry. Considering the importance of this inquiry, that it is a governmental inquiry, and that the investigation will require from the gentlemen above named long, laborious, and in some cases very disagreeable operations, we have a right to expect that there will be no question here of anything like the "gratuitous medical services" payment. The names of the eminent physicians who are on the Committee, are a sufficient guarantee to the profession that the scientific labourer in this cattle-plague inquiry shall be properly remunerated for his labour. We have heard it stated that £50 has been the sum offered as remuneration to each of the above mentioned gentlemen on the delivery of his report. But surely a fixed sum like this can be no remunerating payment at all for the performance of the duties required. Conscientiously to investigate the pathology of this disease will demand, we might say, some months of most unpleasant, not to say dangerous work, as well as high scientific attainments. To perform, for example, fifty to one hundred *post mortem* examina-

* We understand that the fact of the possible transmission of the disease to sheep has been lately demonstrated in London. EDITOR.

tions, and to scrutinise and analyse the results, is a work for which £50 can surely be considered no equivalent. The profession will look to the medical members of the Committee to protect the interests of the scientific inquirers, and so to protect also the credit of the profession at large. When men of law are engaged in an inquiry by the Government, they have a distinct and proper payment for the *time* as well as the talent used in the work. They do not undertake an indefinite amount of work for a specific sum. Why, then, should men of science in our profession be asked to do work for the Government without being assured that they will receive a proper equivalent? Why should they not be paid for their *time and services*, as men of law would be paid?

WE apprehend that we are only speaking the sentiments of the profession when we say: that the *Times* newspaper is not the proper journal to which new remedies, supposed or real, for diseases should be addressed by members of the medical profession. The impropriety of the proceeding is obvious. The public is not and cannot be the judge of the value of a remedy. Let the recommended agent—be it good, bad, worthless, or highly injurious—only find admission into the *Times*, and it is sure to find plenty of employment. Many notorious quack remedies of the day have been prominently puffed into notice by the *Times*. Certain cancer-curers and consumption-curers also are deeply indebted to that journal for reputation and much practice. If a medical man has, or thinks he has, a new cure for an old evil, why cannot he be content to tell the fact to his medical brethren through the medical press? Why should he hasten to throw in his cast with the *ambubiarum collegia* who disport their wares in the *Times*' pages? Why not let his new method be tried and tested by those who are capable of testing it? Why not let the profession pronounce upon it, before proclaiming and asserting its dubious merits to the remedy-loving plebs? Medical men seem to forget the great discredit which the proceeding so often inflicts upon their profession; though, Heaven knows, the instances of the disgrace thereby brought upon us are abundant enough! The specific cure vaunted in the *Times* is widely employed by plebs; and in ninety-nine cases out of one hundred the specific turns out a bubble; and then plebs, represented by the *Times*, not unnaturally turns round upon us: "A pretty profession yours is, surely! A nice set of men, you pretended curers of diseases!" The insulting ignorance lately displayed in the *Times* towards the medical profession is, no doubt, in some degree explained by the style of correspondence on matters medical which finds admission into its columns. We sincerely trust that our medical brethren will not follow the example set them, and inundate that journal with the things it delights in—viz., uncrude

theories of cholera and other diseases, and announcements of positive and miraculous cures of incurable disorders.

THE following apparently authentic account, copied from the *Daily News*, of the outbreak of cholera at Epping, if correct, indicates a much more contagious character in cholera than is generally supposed.

"A farmer named Groombridge, staying with his wife at Weymouth, was seized with cholera on the 24th of September. He recovered sufficiently to return home to Theydon, a village in the vicinity of Epping, on the following day. Two days afterwards, Mrs. Groombridge was attacked with the disease, and narrowly escaped with her life. Her daughter next, a young girl, took it and died in eight hours; whilst a boy who worked on the premises was attacked, but recovered. Next, Mr. M'Nab, the doctor who attended these cases, was seized with cholera and died in a few hours. About the same time a housemaid of the establishment was taken ill, but rallied from the disorder. Mr. Groombridge himself was then again attacked, and died in ten hours. On the same night, a farm-labourer who slept on the premises was seized with cholera and died. His body was removed to his own cottage, and a woman who laid it out became affected, and died in a very short time. The house is described as beautifully situated on rising ground. We learn, however, that there is no provision for drainage, and that the water supply is derived from wells. A sanitary inspector from the Privy Council has been despatched to the spot to investigate the circumstances, and we shall doubtless ere long be presented with his report."

MEDICAL reports concur in stating that the cholera is sensibly on the decline in Paris; not that the cases have been much fewer in number, but that they are less grave. The *Union Médicale* announces a "considerable diminution" of cases and of deaths.

"The number of cholera patients has decreased in the Paris hospitals, with the exception of the Hôtel Dieu, where special services, well established, have been organised. Let us add, that if in this hospital the number of admissions has been more considerable than on preceding days, that of the deaths is less. This is easily explained. The existence of the epidemic being known by the public, the persons attacked are attended to sooner and enter the hospital at a less advanced period of the malady, when a favourable reaction may be obtained."

The *Union Médicale* again censures the authorities, who, while they publish precautions against the cattle-disease, say nothing with respect to the epidemic which attacks human beings. Dr. Montanier blames the authorities for a silence which naturally alarms the public, and makes them fancy the evil to be much greater than it is in reality. The fact of the existence of a diarrhoea premonitory of the cholera is shown in the statistics published by the Inspector of "Public Assistance" in Paris. Of 4740 patients received into Paris Hospitals, 4359 had diarrhoea before they entered the hospital.

WE have much satisfaction in recording an instance of liberal justice to our profession, which we hope will be followed in similar circumstances. The Directors of the Great Western Railway Company have forwarded to the funds of the Salop Infirmary a cheque for £100, and also £100 to be divided between the honorary surgical staff, and £70 to be divided among the resident officers and servants of the Infirmary, in consideration of the very great labour caused by the serious accident at Rednal Junction.

THE French journals record the death of Surgeon-Major Pointis in his eightieth year. Dr. Pointis had seen much service. He had passed through the campaign of Italy in 1807; of Dalmatia, 1808; of Germany, in 1809; from 1811 to 1814, he served in Spain and France; in 1815, he was with the army in the north; in 1823, with the army in the Pyrenees; in Algeria in 1830 to 1837.

"We have" (wrote Guy Patin) "no such thing as a Pharmacopœia. The Parliament once ordered twelve of the oldest physicians to set to work at one, somebody having pointed out its utility. But death having diminished the number, our faculty never could agree to substitute others in their place, as those who should have been substituted held different opinions. Some said that *natura gaudet paucis*; that to practise medicine well few remedies were necessary, and still less compounds whose value was chiefly to keep up the rogueries of the Arabs and the profits of the apothecaries. For myself, I have learnt by my experience that an infusion of senna in a glass of water purges all sorts of peccant humours as well as a heap of Arabian compounds, and even more surely. I make my pharmacy as simple as possible, ordering easily prepared remedies in order to save the apothecaries trouble; they, however, do not thank me; but little do I care for them, or for what they say of me—not caring to engage my honour, nor my conscience, nor the purse of my patients. Besides this, the people are sick of their *bezardesque* trickeries and of their barbarous tyranny, and glad at any price to escape from their hands. Not one of our company approves of their insatiable avarice; and if it had not been for some false brethren, we should long since have brought them to reason. In most great houses, there are now no apothecaries; the lavements and medicine being administered by a servant."

UNIVERSITY OF CAMBRIDGE. C. W. P. Overend, from the Liverpool Institute, has just been elected to a Natural Science Scholarship of the value for £10 per annum at Sidney College. Examinations of Natural Science and other scholarships at this College take place annually in October. They are open to all students who have not entered at the university. There are similar scholarships at Downing College. Information respecting them may be obtained by application to the tutors of the respective colleges.

CHOLERA.

MEMORIAL TO THE FOREIGN OFFICE.

THE following interesting document has been presented by the Epidemiological Society.

The Epidemiological Society, which was founded at the beginning of 1850 for the study of epidemic diseases, not only at home but also in foreign countries, has had their attention directed in a special degree to the investigation of malignant cholera. No pestilence in ancient or modern times has had a wider or more destructive range over the face of the globe, since its first great migratory movement which commenced now nearly fifty years ago. After ravaging India, it spread in all directions, so that scarcely a country in Asia during the next few years escaped, from China to the Ural Mountains, and from the Indian Ocean to Siberia. After occasional hulls and intermissions in its progress, it at length reached the confines of Europe in 1830-1, and then steadily advanced in its westerly course, chiefly through the central part of the continent, until it appeared on our shores in the autumn of the latter year. In 1832-33 America was attacked; and during the next three or four years the southern countries of Europe bordering on the Mediterranean seem, as far as our imperfect information enables us to determine, to have been the principal seat of its ravages.

After 1837 Europe was, it is believed, free from the pestilence for the next nine or ten years, when a second great epidemic wave or current, so to speak, again set in from the remote East, and passed over Europe and onward to America in 1848-49. This visitation was both wider spread and more disastrously fatal, alike in Europe and in the New World, than the former epidemic.

The interval between the cessation of this epidemic and the following one was much shorter than on the previous occasion; it did not exceed three or four years at most, and, indeed, it is doubtful whether the germs of the disease had ever become thoroughly extinct or annihilated in Europe and America.

The epidemic at present existing along the shores of the Mediterranean is generally supposed to have commenced in or near to Alexandria during last June; but no reliable data have been obtained respecting the circumstances or conditions under which it manifested itself in Egypt, and whether it had been previously prevailing—and if so, for how long—in Mecca or other parts of the Arabian peninsula. Most imperfect, too, is the intelligence as to the earliest occurrence of the disease in many places which have been already attacked, more especially in Syria, the islands of the Archipelago, and the Adriatic coast of Italy, etc.

Hitherto, the information before the profession respecting the exact course of the development of cholera in the several epidemics which have traversed Europe has been far from being either so correct or so complete as the interests of science demand. A much more full and accurate knowledge of the geographical history of the disease—as it appears in different lands, and under the varying conditions of climate, country, the habits and diet of peoples, etc.—is greatly to be desired. Epidemiological inquiries have to be conducted in much the same way as meteorological inquiries; to be fruitful of good, both must equally rest on accurate data collected in a wide area of observation, and over periods of time more or less extended. What the Board of Trade now does to advance the progress of meteorological science may be done by other departments of the government to advance the interests of epidemiology.

On no point is authentic information more needed than as to the exact dates when the pestilence first appears in the different localities attacked over the face of the continent. Great Britain possesses greater facilities in obtaining such information, from her wide spread relations and intercourse, than most other countries. It is respectfully submitted that the object in view might be efficiently attained, through the co-operation of H.M. Consuls, if the Secretary of State for foreign affairs would be pleased to give instructions to those gentlemen to record and communicate the most reliable information within their reach in respect of their consulates and the surrounding districts, and if all such information were made available for the benefit of medical science. To the following points the Council of the Society would particularly invite attention:—

1. The exact dates of the earliest recognised or ascertained cases of the disease, whether the cases proved fatal or not.

2. Did these cases occur among strangers or persons recently arrived in the place?—or among residents who had not been recently away from it?

3. Had there been any unusual amount of bowel disorders, or other form of sickness, prevalent among the inhabitants prior to the occurrence of these cases?

4. In what part of the town or village did the first cases occur?—and what part or district suffered most during the visitation?

5. What is the nearest place where the disease was known to exist at the time of the occurrence of the first cases, or to have existed shortly before such occurrence?

6. What precautionary measures have been taken by the authorities to avert, or to meet, the visitation?

GAVIN MILROY, M.D., F.R.C.P., *President*.

J. N. RADCLIFFE, *Secretary*.

SYPHILIS IN THE NAVY. On the very threshold of the seamen's entry into the service, and in the seaport towns of his own country, he has been left exposed to such a mass of disease as renders these localities more destructive to health than the most pestilential rivers of Africa. It is considered that from Portsmouth and Plymouth more syphilitic disease has been sown broadcast over the globe than from any other cities on the face of the earth. Partial measures have at length been devised to mitigate this evil, but it is hoped the day is not far distant when effectual steps shall be taken to remove to the utmost this foul scandal from the nation. The surgeon of the *Euryalus* has reason to believe that most of the 48 cases of syphilis in his return for the first quarter of the year were caught in the same house at Portsmouth; therefore, he adds, "the sanitary precautions necessary for preventing such a common source of immense loss of labour to the service are simple enough." "I have now," he says, "a man under treatment who has had successively the primary, secondary, and tertiary forms of the disease; a strong, hale young man when he joined the ship, he has now become useless to the service. It is one example among many." The disease was almost unknown in Malta until 1860, owing to a system of surveillance established by custom, but whether derived from the knights or from the French it is not easy to say. In 1860 the Maltese women, discovering that there was no law upon the subject, refused to submit to the rules of custom. The results of this suspension of surveillance were unhappily so marked that it was found necessary to pass an ordinance in 1861 reviving it. The beneficial consequences of this law, writes the Deputy Inspector General, "have far exceeded my best expectations." Facts like these are unmistakable. The bane and antidote are both before us.

Association Intelligence.

BATH AND BRISTOL BRANCH: ORDINARY MEETING.

The first ordinary meeting of the session will be held at the York House, Bath, on Thursday, October 26th, at 7.15 P.M. Dr. BRITTON, President, in the Chair.

In the circular sent round to members of the Branch, an error has occurred by the substitution of the word "aneurism" for "anæmia", in the communication of C. Gaine, Esq.

R. S. FOWLER, *Bath Secretary*.

SOUTH MIDLAND BRANCH: AUTUMNAL MEETING.

The next autumnal meeting of this Branch will be held at Market Harborough, on Thursday, October 26th, at 2 P.M.; GEORGE ASHDOWN, Esq., President, in the Chair.

Gentlemen intending to read papers or cases, are requested to give early notice, with the titles, to Dr. Bryan, Honorary Secretary, Northampton.

JOHN M. BRYAN, M.D., } *Hon. Secs.*
G. P. GOLDSMITH.

Northampton, September 24th, 1865.

SOUTH-EASTERN BRANCH: WEST KENT DISTRICT MEDICAL MEETINGS.

The next meeting will be held at the Kent County Ophthalmic Hospital, at Maidstone, on Friday, October 27th, at 3.30. Dinner is ordered at the Star Hotel for 5 P.M.

Dr. Woodfall has consented to occupy the Chair.

Papers have been promised by Matthew A. Adams, Esq., on "The Modern Methods of Dealing with Cataract"; and by Frederick W. Atkinson, Esq., on "The Treatment of Gonorrhœa in the Female".

FREDERICK J. BROWN, M.D., *Hon. Sec.*

Rocheester, October 18th, 1865.

SHROPSHIRE SCIENTIFIC BRANCH: ANNUAL MEETING.

The Annual Meeting of this Branch will be held on Friday, Nov. 3rd, at the Museum of the Natural History Society, Shrewsbury, at Two o'clock. President-Elect, J. W. MOORHOUSE, Esq.; Vice-President, E. BIRD, M.D.

Papers will be read, and the Members afterwards adjourn to dinner at Five o'clock.

SAMUEL WOOD, *Secretary*.

Shrewsbury, Oct. 18th, 1865.

EAST YORK AND NORTH LINCOLN BRANCH: GENERAL MEETING.

A GENERAL meeting of this Branch was held at the General Infirmary, Hull, on Wednesday, October 4th, 1865; R. M. CRAVEN, Esq., in the Chair. Twelve members were present.

New Member. Henry Souby, M.D., Hull, was proposed as a member of the Association and of the Branch.

Communications. The PRESIDENT made some highly instructive remarks on several interesting surgical cases that had recently occurred at the hospital.

J. MORLEY, Esq., Barton, related a singular case of Preternatural Labour, which the meeting unanimously requested Mr. Morley to forward to the JOURNAL for publication.

Dinner. At the close of the meeting, the members dined together at Glover's Hotel, and spent a most agreeable evening.

Correspondence.

ON THE MINERAL ACIDS IN CHOLERA AND CATTLE-PLAGUE.

LETTER FROM GEORGE BODINGTON, L.R.C.P.E.

SIR,—In the absence of any exact knowledge of the nature of the cholera or cattle-plague poison, all we can do, apparently, is to observe under what conditions or circumstances those poisons are neutralised or rendered innocuous; and, if there are facts indicative of such results, then the course to take would be to multiply and diffuse such facts as much as possible, and take due notice of the effects.

When the cholera invaded this country in the year 1830-31, it was remarkable that the populous town of Birmingham almost wholly escaped from the infliction; and the only exceptional cause assignable was, that the atmosphere over the town was almost constantly impregnated with the fumes of mineral acid gases, escaping from several manufactories of sulphuric acid which are carried on in various parts of it. I was so impressed with this notion, that, being then in general practice in the neighbourhood, I treated a case of Asiatic cholera, which came under my attention from Bilston, by the internal administration of mineral acid; and with complete success. I wrote and published a pamphlet on the subject; and, some years afterwards, a dispute arose and was carried on in the *Lancet* as to who had originated the treatment by sulphuric acid; and that journal assigned to me the credit, if any belong to it.

My object now is to endeavour to point out how sulphuric acid may be used beneficially as a prophylactic, as well as a direct remedial agent; for, if safe and perfectly effective prophylactic measures can be by any means discovered, then the onslaughts of the contagion may be defied. Cleanliness is good and necessary, but it is not enough. And all the common disinfectants are, no doubt, useful. But there is wanting some antidote in a gaseous shape, which may penetrate and impress with its own nature those passages which lead into the interior of the body. What is so cheap and constantly accessible as chlorine gas? Some common salt and a bottle of sulphuric acid can be always at hand; and once, or perhaps twice a day, a certain quantity of chlorine gas may be diffused; and the mucous membranes of the fauces, trachea, and air-passages of the animals could be impregnated with it; and, judging from analogous results, the contagious poison of the plague, if in the place, would be neutralised or rendered innocuous. Then why should not a certain dose of the acid be administered internally in a drink occasionally, perhaps two or three times a week, in any neighbourhood where the disease is prevailing? Again, as to the external application: a liniment of linseed, olive or neatsfoot oil, sulphuric acid, and spirits of turpentine, in proper proportions, might be applied occasionally along the whole course of the spine, which it would tend to tighten or render æsthetic, as we term it—a condition the very opposite to that which the spinal cord gets into when the contagious malady is prevailing. Evidently the whole nervous system is

out of tune, like a violin with the strings all loose. Or a mixture of common tar with a due proportion of sulphuric acid or any mineral acid might be applied to the face of the animal above the nostrils, and along the spine and tail. When cows are turned out, the complete fumigation of the cowhouse may be effected by chlorine gas, and by closing the doors and every aperture.

As to diet, all the animals should be kept in the best condition; and, as an antiseptic and febrifuge, a gallon of malt twice a day, given to each, would probably be very effective, in addition to other food. When in general practice many years ago, I commonly observed that, of two families living in the same locality and exposed equally to the contagion of typhus, the one would be prostrated by the disease, the other escaped. The former got no beer, and but indifferent food; the latter lived well, and drank beer every day. It was the difference between nine or ten shillings per week and thirty shillings.

Now what the Government ought to do, as I think, is not to poleaxe every animal, but experimentalise. I have more faith in prophylactic measures than any other, although we ought not to despair of finding remedies to check the progress of this disease even when developed. Take an animal, or some animals, and treat them systematically as aforesaid, by fumigations, by smearing, and by internal means; and then expose them to the contagion, and observe the results. Would not John Hunter have done this? In some such way he would have made discoveries of some kind, even on a subject so obscure as the cattle-plague.

If the Government would sanction and encourage a system of experimentalising, the various plans and suggestions for preventing or curing the disease would be quickly brought to the test. Besides chlorine gas and sulphuric acid, we should have a long list of remedial agents. At all events, there is nothing very scientific in the poleaxe cure. Cannot the two professions between them discover something better? *Fiat experimentum in corpore vili.* The sacrifice of a few beasts in this manner might turn out the most economical way of proceeding, by the discoveries it might lead to. At least, we should be likely to discover how we actually stand, or are likely to stand in future, in respect of the nature or possible suppression or mitigation of the cattle-plague.

I am, etc. GEORGE BODINGTON.

Sutton Coldfield, October 9th, 1865.

WHENCE CAME, AND WHAT IS, THE "YELLOW" FEVER OF SWANSEA?

LETTER FROM J. ROSE CORMACK, M.D., F.R.S.E.

SIR,—Important items of truth have oozed out since I addressed you in reference to the famous cases of fever at Swansea, in which the skin was so yellow, and the general symptoms so severe as to originate the rumour that a foreign pestilence had reached our shores. In my former letter (*BRITISH MEDICAL JOURNAL*, October 7th, 1865), I called in question the propriety of applying the terror-striking name of "yellow fever" to these cases; and stated that the necessary conditions do not exist in this country for the spread of those aggravated and rapidly fatal fevers, grouped under that dreaded name in tropical localities. The malignant forms of intermittent, remittent, and continued fevers of the tropics—called in the aggregate (unfortunately for science) by the general name of "yellow fever"—flourish amid the favouring conditions of a very high temperature, filthy dwellings, rotten vegetation, bad water, excessive humidity, and miasmatic pollution of the air,

coupled with the required "epidemic constitution of the atmosphere," to use the phraseology of Sydenham. I neither argue nor believe that tropical fevers are essentially, that is, pathologically, different from those of temperate regions; but I suggest that "yellow fever" is a vulgar term which ought to be discarded from modern pathology. It is a fertile source of confusion to the student of the literature of tropical fevers; and into the nomenclature of the fevers of this country there can be no pretext for now introducing it.

In Great Britain and Ireland, we have three well marked and essentially distinct kinds of fever—viz., the "typhus" or low nervous fever with mulberry rash; the "typhoid" or gastric fever with elevated rose-coloured rash; and the "relapsing fever" without eruption. It is necessary to the proper understanding of the Swansea yellow cases, to remember that it has been placed on record by numerous authors, and is within the personal knowledge of myself and many readers of the BRITISH MEDICAL JOURNAL, that under certain conditions, particularly when there is a high atmospheric temperature in conjunction with filth and bad air, any one of these three essentially different fevers may, and often does assume a tropical, or semi-tropical type; and moreover, that during epidemics of the three fevers already named, cases have been very minutely observed and described in which were seen both black vomit and yellow skin. These two symptoms cannot, therefore, be accepted as distinctively descriptive of any specific fever. They generally, but by no means always, indicate an aggravated type; but certainly they do not furnish, in a scientific sense, a diagnostic criterion by which to establish the specific kind of fever to which any particular case belongs. This fact has been entirely lost sight of in the recent newspaper discussions on the Swansea fever, which is much to be regretted. Its recognition would have reduced an occurrence seemingly extraordinary and alarming to the dimensions of a not very unusual event; viz., hot, and otherwise peculiar weather, giving a somewhat tropical aspect to a contagious fever, which may or may not have been imported.

I reserve my opinion as to the precise connection between the arrival of the *Hecla* and the occurrence of the yellow cases, till the facts have been published in a circumstantial and authentic form; and in the meantime, ask particular attention to recent disclosures regarding the state of Swansea when they occurred, expecting that therein will ultimately be found an explanation of the whole matter.

The *Western Daily News*, a few days ago, said:—"Fever of one kind or another is chronic at Swansea, and has long been so. To the inhabitants it has been a terror, and the cause of much family bereavement". . . . "The north-eastern and the north-western portions of the town are scarcely ever free from disease. In part of the last mentioned district called the Sandfields, the resident medical men, and the records of the infirmary could prove beyond dispute that slow fever, and malignant diseases of all shapes and kinds are seldom absent". . . . "The private drainage in this section of Swansea has for a lengthened period been in a disgraceful state. No effective regard has been paid to it by the owners of the small tenements, of which it mainly consists; and the Town Council, identical with the Board of Health, have never employed as inspector of nuisances, any with better qualifications for the office than a common policeman. The town has always been, upon the whole, a foul spot, and therefore we repeat that alarm in the inhabitants and others may well be aroused for the safety of life. Also the matter is one where, in other towns on the same side of the Bristol

Channel, and the public at large are seriously concerned, and on which they are entitled to make grave complaint."

In the face of these disclosures, it is rather clever in the good people of Swansea to have made a scapegoat of the barque *Hecla*. No one, however, will be disposed to press this point too hardly against them, if it be true (as the newspapers tell) that they have at last done the right thing, by commencing in good earnest the hygienic reform of their town, under the direction of a fairly salaried and fully competent officer of public health.

With a view to confirm and illustrate what has been said in this letter regarding the non-specific character of yellowness of skin and black vomit, I may be allowed to refer generally to Chapter III of my account of the epidemic fever which prevailed in Scotland in 1843,* and to subjoin a few facts. In the hot summer of 1822, Andral treated in the Hôtel Dieu of Paris cases of "typhoid" fever, in which yellow skin and black vomit were seen. Dr. Graves and Dr. Stokes saw similar cases in the Meath Hospital of Dublin, during the epidemic of 1827. On June 7th, 1843, Mr. Henry D. S. Goodsir, of Anstruther, communicated to the Medico-Chirurgical Society of Edinburgh a paper entitled, "Account of a Form of Continued Fever accompanied by Jaundice, which occurred in the Eastern District of Fife in 1841 and 1842." The fever described by Mr. Goodsir was typhoid fever. I have seen cases both in Scotland and England of typhoid fever with yellow skin. The late Dr. Alison of Edinburgh and others have described yellow cases of typhus; and I have seen such cases. Yellow cases of relapsing fever, which occurred in the "highly congestive form" of the Edinburgh epidemic of 1843, were noticed in my former letter.

There is another aspect in which it is necessary to examine the origin of the late outbreak of fever at Swansea. What was the condition of the hold of the *Hecla* as to bilge-water? Had it been recently rummaged? "Yellow" fever has frequently broken out in our ships in the Caribbean Sea, and on the coast of Africa, when there had been no communication with the land from the time of leaving a healthy British port. In such cases, it has been generally remarked that the ballast had been altered, or the hold rummaged for some particular purpose. The stench and putrid vapours which arise on such occasions are often terrible; nor is this to be wondered at, when we recollect the corrupted water, dead rats, and decaying organic matter of all kinds which is too often allowed to accumulate in the holds of ships, and allowed there to rot unmolested for months and years. Forget states, in his work on *Naval Medicine*, that two French war-ships, when cruising off the Antilles, changed their ballast, and that immediately in all of them men were lost from "yellow fever." The *Bedford*, an English 74-gun ship arrived in Gibraltar Bay in 1794, from the Mediterranean, with all hands on board in perfect health. In the course of one week, "after the shipping of the shingle ballast," 130 men were taken to hospital with "yellow fever." Dr. Griffiths, of Philadelphia, designates "yellow fever" as the "ship fever" of tropical climates; and Dr. Thomas Parke, another American physician, thinks that "yellow fever" may be produced by the bilge water of vessels, stating as his reason for holding this opinion that, since 1793, he has always seen this disease commence at Philadelphia near Delaware, and gradually extend to the west.

Reviewing, therefore, the facts which have transpired in relation to Swansea and its "yellow fever,"

* "Natural History, Pathology, and Treatment of the Epidemic Fever at present prevailing in Edinburgh and other Towns: illustrated by Cases and Dissections." Edinburgh: 1843.

there does not appear to be anything exceptional in what has occurred, if we except the great heat of the weather. The yellow cases can be perfectly well accounted for, without supposing that the fever of which they were aggravated examples, was imported from Cuba in the *Hecla*. At all events, when the *Hecla* arrived at Swansea, the town was in a fit state to yield bad cases of any kind of native fever, with and without yellow skin, independent of foreign aid.

I am, etc.,

JOHN ROSE CORMACK, F.R.S.E.,
*Formerly Physician to the Fever Hospital and Royal
Infirmary of Edinburgh.*

5, Bedford Square, London, W.C., October 11th, 1865.

P.S. The questions now discussed possess a commercial as well as a medical interest. Frightened by the name of "yellow fever," the French Minister of Commerce has directed that ships from Swansea and Llanelly arriving in French ports be subjected to quarantine.

J. R. C.

THE MEDICAL PROVIDENT SOCIETY.

LETTER FROM A. B. STEELE, ESQ.

SIR,—I feel sure that all who are sufficiently interested in this subject to have read the correspondence will regret that the Vice-President, in his reply, did not address himself more directly to the specific objections raised, instead of ignoring the leading points, and contenting himself with a running commentary upon my style, and, with curious inconsistency, condemning as "illogical," "discursive," and "trivial," the letters upon which, in his opening sentence, he has passed the high and unmerited eulogium, that they comprised "every aid which rhetoric and language could command". If the Vice-President will once more look over my letters, and, passing by the "trivial objections", condescend to reply specifically to "the half-dozen inconsistencies" which, in his view, prove the excellency of the laws, and if he will also answer some questions asked, we may join issue, and pursue the discussion with satisfaction to ourselves and benefit to others.

Although we cannot doubt the sincerity and good faith of the Vice-President, when he tells us "how illogical are many of my objections"; and, again, that "under them (i.e., the tables adopted), the Society must flourish"; "that the onslaught on the Rules of the Society has proved, in Mr. Steele's hands, an utter failure"; yet I think we may fairly remind him that mere expressions of opinion are not arguments; and, if he wishes to carry conviction to the minds of others, he must show in what respect his own conclusions are more correct than those of his opponent.

I particularly desire to disabuse the minds of all whom it may concern of the supposition, entirely groundless, that my objections to this Society are in any way connected with "a rival project of my own". If I should ever venture to point out to the profession how they may provide against sickness, my suggestions will have reference to no new scheme, but to principles and institutions which are older and more firmly established than either the Provident Fund or the Association itself.

I do not claim to understand "the science of mutual assurance", nor am I familiar with the somewhat abstruse calculations of the professed actuary; but I have for the last twenty years enjoyed considerable opportunity of watching the progress and working of "sick benefit clubs", and possessing, I believe, some powers of observation and a modicum of practical common sense, I have drawn the conclusions from experience which led me from the very

first to the conscientious opinion that a mutual benefit club for medical men was unsuited to their social position, ill adapted to meet their requirements, and calculated to degrade rather than to elevate the status of the profession. That opinion was corroborated and confirmed by a careful examination of the scheme adopted by the Association; and, as one of its old and attached friends, I felt bound to raise my warning voice against the attempt to induce the British Medical Association to lend the weight of its name and influence to an undertaking which, I was convinced, possessed neither the elements of safety nor the promise of substantial benefit to the profession; not forgetting that the experiment had already been tried, and proved a failure, ten years ago. Nor have I been unsupported in this view. It is my privilege to enjoy an intimate professional acquaintance with a large number of my medical brethren; and amongst them are men of sound judgment, foresight, and experience. To those I have frequently appealed for an opinion upon this Society; and I find almost all to whom I have spoken, and who have thought about the matter, agree with me in regarding it as an impracticable and undesirable project. I may even add that in this, one of the largest and most influential Branches, and in this populous town, I have never yet met with a single individual who has expressed the least intention or desire of becoming a contributing member. Some of those who supported the resolution by which this Branch identified itself with the election of Directors, confessed that they knew nothing of the intrinsic merits of the scheme, but very naturally concluded all must be right because it was sanctioned by the Association.

How can we consider the Society is meeting "the want of the profession", when, without going beyond the limits of the Association, a mere handful of men have responded to its appeal by enrolment as contributing members? Surely, if there were anything like an enthusiastic or confident feeling, instead of ninety, we should have had, by this time, a list of nine hundred. If the profession really wish for a sick-club, they are bound by every consideration for their own interests, as well as for the encouragement of those who, with the Vice-President, are sacrificing their valuable time and energy in its promotion, to come forward in overwhelming numbers, and thus give a practical answer to the first important question—namely, Is such an institution really felt to be a want in the profession at large?

The Vice-President reiterates the erroneous proposition, that, "by registering the Society, security has been obtained for its funds, and ample guarantee of judicious government for its officers." Will he explain how this is reconcilable with the notorious fact that many registered societies have been ruined by bad management and insolvency, and with the recent public declaration of the Registrar himself that registration does not necessarily confer immunity from either of these contingencies?

I cannot conclude without pointing out that the Vice-President has, unconsciously perhaps, proved to a demonstration that assurance against sickness, as a principle, is impracticable. He tells us that a sliding scale of subscriptions and benefits will not succeed, but that the rates must be positive and unvarying; which, in effect, declares that the principles of assurance are inapplicable to sickness. In insuring furniture or other effects against fire, the insurer is enabled to cover the contingency by a sum equal to the loss; and, in assuring a sum at death, he can fix the amount according to the estimated extent of the pecuniary loss sustained by the survivors; but, in the case before us, one fixed payment alone can be secured, which, in many cases, it would

be absurd to consider as even an approach to a sufficient provision against the losses incurred by sickness. I am, etc., A. B. STEELE.

Liverpool, September 26th, 1865.

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND. The following members of the College, having been elected Fellows at previous meetings of the Council, were admitted as such on October 12th.

Price, Joseph Bainbridge, Newcastle-on-Tyne; diploma of membership dated June 25th, 1842

Hoare, William Parker, Dartford; April 9, 1836

M'Leod, Alexander Charles, the Queen's Indian Army; November 13, 1840

Oldham, James, Brighton; December 10, 1841

APOTHECARIES' HALL. On October 12th, 1865, the following Licentiates were admitted:—

Arrowsmith, William Hyon, Colchester, Warwickshire

Klont, Svidenhain John, St. Mary's Hospital

Lyons, Moses, Birmingham

Taylor, James Mare, Hanley, Staffordshire

Webster, Thomas James, Conway, North Wales

APPOINTMENTS.

ROBERTSON, Robert, M.D., appointed Resident Medical Officer to the Workhouse Infirmary and Fever Hospital, Liverpool.

WATERWORTH, Thomas H., M.D., elected Surgeon to the Surrey County Gaol.

ARMY.

APPLIN, Assistant-Surgeon A. O., 68th Foot, to be Staff-Assistant-Surgeon, *vice* O. Codrington.

CODRINGTON, Staff-Assistant-Surgeon O., to be Assistant-Surgeon 68th Foot, *vice* A. O. Applin.

HANDURY, Surgeon W., 33rd Foot, to be Staff-Surgeon, *vice* J. Sinclair, M.D.

LARDY, Staff-Assistant-Surgeon S. W., to be Assistant-Surgeon 61st Foot, *vice* A. Hoyte.

SINCLAIR, Staff-Surgeon J., M.D., to be Surgeon 33rd Foot, *vice* W. Handury.

WILLIAMS, Assistant-Surgeon C., 68th Foot, to be Staff-Assistant-Surgeon, *vice* A. Sanderson.

INDIAN ARMY. To be Surgeons-Major, Bengal Army:—

ATKINSON, Surgeon R. J.

BAXISTER, Surgeon G.

DOUGLAS, Surgeon F., M.D.

LEE, Surgeon J., M.D.

MACTIER, Surgeon W. F., M.D.

PLAYFAIR, Surgeon G. R., M.D.

SMITH, Surgeon C. M.

THESIDER, Surgeon J. N.

TURNER, Surgeon St. George W., M.D.

TURNBULL, Surgeon F., M.D.

To be Surgeons, Bengal Army:—

ALLEN, Assistant-Surgeon J. B.

CLARK, Assistant-Surgeon S.

MACNAMARA, Assistant-Surgeon F. N., M.D.

PESKETT, Assistant-Surg. W.

WILLIAMS, Assistant-Surgeon H. F., M.D.

To be Surgeons, Madras Army:—

CLEVELAND, Assist.-Surg. E. S.

DAT, Assistant-Surgeon F.

DICKINSON, Assist.-Surg. J. E.

EYEZARD, Assistant-Surgeon E.

D'Arcy

HARRIS, Assistant-Surgeon W. H., M.D.

JOSEPH, Assistant-Surgeon J. M.

MONTGOMERY, Assist.-Surg. H. L.

SMITH, Assistant-Surgeon C.

To be Assistant-Surgeons, Bengal Army:—

BENNETT, J., M.D.

CLEGHORN, J., M.D.

GARDNER, E. B.

HARVEY, R., M.B.

KELLY, J., M.D.

KNOWLES, B. M.B.

MACIVER, J. R., M.D.

M'Leod, K., M.D.

REID, R.

SKEEN, A., M.B.

SPENCER, L. D., M.D.

THOMSON, R. B., M.D.

To be Assistant-Surgeons, Madras Army:—

FFRENCH, T. E.

FOX, W. S.

HUNT, S. B.

M'CARNEY, D. J., M.D.

M'DIARMID, A., M.D.

PORTER, A., M.D.

RAWSON, W. S., M.D.

SPENCE, J. A. W.

To be Assistant-Surgeons, Bombay Army:—

BARRIE, A., M.D.

BROWN, A., M.D.

COOK, H., M.D.

DECKERING, S.

LYON, I. B.

WELSH, J. T., M.D.

WILLIAMS, J., M.D.

MILITIA.

MOXEY, D. A., M.D., to be Assistant-Surgeon 3rd Middlesex Militia.

BIRTH.

ELLIS. On October 17th, at 8, Belkiff Parade West, Bristol, the wife of R. W. Ellis, Esq., of Bristol.

DEATHS.

HEELIS, Edward, Esq., Surgeon, at Limehouse, on October 10.

LAWLESS, Robert W., Esq., Assistant-Surgeon 23rd Foot, at Parasnauth, Bengal, aged 23, on August 18.

LESLEY. On October 5th, at Clarendon Road, Kensington, Mary S. de Lacey, widow of Thomas Lesley, M.D.

PERKINS. On October 3rd, at Wenhaston, Somerset, aged 15, Laura Mary, only daughter of the late Dodd Perkins, Esq., Surgeon.

RANSFORD. On October 10th, at Bournemouth, aged 27, Isabella, eldest surviving daughter of John Ransford, Esq., late Staff-Surgeon Bengal Army.

ROBERTS, Charles, M.D., at St. Leonard's, Upper Deal, aged 44, on October 6.

SMITH. On October 17th, at Holland Place, Clapham Road, aged 63, Mary, wife of Joseph Smith, Esq., Surgeon.

MEDICAL STUDENTS. It appears that there is an increase in the gross number of students at our metropolitan hospitals, although some schools have not so many new entries as others. There appears, however, a decrease in the number of students pursuing their studies as dentists only.

CATTLE-PLAGUE. A deputation consisting of the Lord Mayor, Dr. Letheby, Dr. Aldis, Dr. Whitmore, Dr. Jarvis, Dr. Stiff, and other medical officers of health, etc., went before the Royal commission on the 15th inst. Some of them were examined, and expressed their views in reference to the appointment of sanitariums. The principal speakers are understood to have expressed themselves strongly against the system of indiscriminate slaughter of animals infected with the disease, and to have urged the commission to test its curability.

THE TEMPERATURE OF SEPTEMBER. Several observers have called attention in the public papers to the extraordinarily high temperature of September in the present year. The thermometer rose to 80 in an unusual number of days; and on two days—the 8th and 16th—stood at 85°, which has only once before occurred in September during the last eight years. The mean maximum temperature was about 9 degrees above the average. The temperature of this month was higher than that of July and August—a circumstance which has not occurred before for many years at least.

THE HUNTERIAN MUSEUM. Mr. Flower, the conservator of the museum of the College of Surgeons, during a recent visit to Paris, was so fortunate as to secure a fine and remarkably perfect skeleton of the Aye-aye, or *Chiromys*, which he found in a dealer's possession, and purchased at an expense of only £20. An interesting and fully illustrated account of the anatomy of this rare animal, by Professor Owen, was published in the *Transactions of the Zoological Society* for 1863. That Society has a living specimen in its gardens; but as the animal is of nocturnal habits, it is rarely seen by the visitors.

UNIVERSITY OF CAMBRIDGE. On the 12th inst., the undermentioned appointments were made: Dr. C. J. Hare (Caius), Dr. Humphry (Downing), and Dr. Latham (Downing), Examiners at the First M.B. Examination; and Dr. Paget (Caius) and Dr. Humphry (Downing), at the Second M.B. Examination; Mr. Holmes, to be Examiner for the Degree of Master in Surgery; Dr. Paget (Caius), to be Assessor to Dr. Bond, the Regius Professor of Physic; Dr. Drosier (Caius), to be Deputy to Dr. Clark, Professor of Anatomy. A grace also passed to allow attendants upon Dr. Humphry's Surgical Lectures the same status and privileges as attendants upon the Lectures of Professors.

APOTHECARIES' HALL. At the recent examination for the annual prizes in Botany, given by the society, the successful candidates were: Messrs. Stephen Wootton Bushell, of Guy's Hospital, the gold medal; and Henry Franklin Parsons, of St. Mary's Hospital, the silver medal and a book.

THE PADDINGTON GREEN DEAD-HOUSE. At an inquest lately held in Paddington, Dr. Gibbon said that he wished to call attention to the state of the dead-house. The place had not been cleansed for a length of time, and it was besmeared with the blood from former autopsies. There was no water, and the smell was shocking. A police constable said that there was a row of cottages at the back of the dead-house, and the inhabitants complained of the intolerable smell issuing from it. The coroner said that the place was in a foul and indecent state. The jury recommended that the parish authorities should provide a proper dead-house, removed from the neighbourhood of inhabited houses, and that it should be kept properly cleansed.

ST. GEORGE'S HOSPITAL. At the ordinary Quarterly Court of Governors of St. George's Hospital on Friday, the 13th inst., the prizes and honorary certificates for the past session were distributed to the successful competitors by the chairman. The following is a list of the students to whom they were awarded. The "Lewis Powell" prize for Clinical Medicine, Mr. W. Leigh; the "Brodie" prize for Clinical Surgery, Mr. Watson; the "Thompson" medal, Mr. Heywood Smith; the "Henry Charles Johnson" memorial prize in Anatomy, Mr. E. C. Ring. Honorary certificates in practical anatomy were also awarded to Messrs. Cant and G. A. Kenyon. The prizes for general proficiency in all the subjects of each year of study were obtained in the third year by Mr. Underhill; in the second year by Mr. Cant; in the first year by Mr. Pode. Honorary certificates were awarded in the third year to Mr. Watson; in the second year to Messrs. Ring and Tindale; in the first year to Messrs. Brett, Luking, and Lovegrove. Certificates of having passed the examination satisfactorily were also awarded in the third year to Messrs. Barrett and Ridout; in the second year to Messrs. Davson and F. W. Jackson; in the first year to Messrs. Cox, E. Jackson, J. E. Kenyon, McCormell, and Stanley Stevens. It is hoped that ultimately all students will present themselves for these examinations at the close of each year of study, in order that the teachers may be able to estimate their respective progress.

LADIES' MEDICAL COLLEGE. The second session was opened at the Hanover Square Rooms on October 2nd, with an address by Dr. Edmunds. He said the attempt to provide for ladies opportunities like those which had been accessible only to gentlemen, for the scientific study of midwifery and its cognate subjects, was last October a mere embryo project. A year's experience in the work on the part of the officers of the Female Medical Society only confirmed the opinion of those who had set the project on foot. Fourteen students had entered to the first year's courses of lectures, and the fees paid by those ladies had almost entirely reimbursed the committee for the cost of the lectures. Having spoken at length on the special qualifications of women for this work, Dr. Edmunds proceeded to say that it was a singular anomaly that up to this day in England the practice in midwifery was altogether unprovided for and unregulated by the state; that any worn-out old woman could set up and practise midwifery with impunity; that women who wished to qualify themselves properly had no means of doing so; and that there was no recognised examination open to women which

would enable the public to distinguish the qualified from the unqualified, and would save respectable practitioners from being confounded with the careless, ignorant, drunken old creatures, who now attend thousands of our poorer class women. Until the act of 1815 medical men were in the same position, but now every one must follow out a specified course of study and pass a recognised trial by public examination before commencing practice. It would at once be evident that the practice and privileges which attach to public recognition would benefit alike this class of practitioners and the public who require their services. The Female Medical Society were anxious to come forward at some future time with a complete scheme for subjecting female practitioners of midwifery to appropriate regulations, but at present its powers were fully occupied with organising proper means of instruction and arousing the attention of the public. He contended that the practice of midwifery should be separated from the general practice of medicine and surgery with which it was now associated in the hands of the general medical practitioner. He concluded by stating that the society was in debt £200 to the treasurer, but he was confident that when public attention was aroused the needful assistance would be rendered.

THE LATE JOHN C. SPENDER, ESQ. Mr. John Cottle Spender was born in the neighbourhood of Bath, on October 12th, 1801. Early bereft of both his parents, he was brought up by his maternal uncle, Mr. John Cottle. He was educated at the Grammar School, Wantage, and subsequently, for the medical profession, at St. Peter's Hospital, Bristol. He settled in Bath, and soon attained considerable practice. He early took part in political and philanthropical questions; and at the stirring times when the Reform Bill was still under discussion, he devoted all his energies to the furtherance of that measure. He was Councillor in 1835, elected by the burgesses of St. Michael's Ward. In 1841, he was chosen as alderman. He was repeatedly solicited to accept the highest civic post, but always declined to do so. On several occasions, he either proposed or seconded the nomination of one of the liberal candidates for the representation of the city in Parliament. Since 1847, he has, for the most part, withdrawn from public life—his health, at no time robust, having begun to fail. He devoted his spare time to reading, especially the higher branches of philosophy, of which he was always an ardent student, and on which he has on one or two occasions lectured at the Literary and Scientific Institution. In 1858, he published a little volume, entitled *Aids and Cautions in the Search after Truth*. In 1854, he relinquished his profession. For the past four years, especially, he has had to endure the most intense suffering, arising from an obscure disease, that at last deprived him of all muscular power. His mental capacity, however, was unaffected, and continued so until within a few hours of his death. Under this severe trial of fortitude, his faith became more steadfast, and as the flesh grew weaker, the spirit gathered strength. Mr. Spender was married in 1828. In his convictions and views he was an earnest Christian man. The roots of his life were in the great facts and truths of Divine revelation; and as years advanced, they struck deeper and drew richer nourishment, which appeared in "much fruit". Prolonged study of the great problems of existence, impartial inquiry into different sides of religious truth, devout investigation of the Divine records, and a somewhat lengthened experience of life, all made him cling to the simple and sublime verities of the Gospel with increasing thankfulness and joy. (*Bath Gazette*.)

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By order of the Senatus.

ALEXR. SMITH,

September 1865. Secretary of the University.

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President's Address

IN THE

PUBLIC HEALTH DEPARTMENT OF THE
SOCIAL SCIENCE ASSOCIATION.*Delivered at Sheffield, October 9th, 1865.*

BY

EDWIN LANKESTER, M.D., F.R.S.

SUDDENLY called upon to fulfil the important duties of Chairman of the Public Health Department of the Social Science Association, I do not feel myself at all prepared to do justice to the subjects on which I am this morning expected to discourse. At the same time, I am so fully impressed with the value of the contributions made to our *Transactions* from year to year, by the addresses of the Presidents of our Departments, that I should be sorry to set the example of declining a duty, however unworthily I may perform it, so as to lead to the imperfect fulfilment of this part of our annual proceedings. In my address, I feel that I must rather bring before you the general principles of the various branches of science on which our Department of the Association is founded, than dwell upon details which would have required a larger amount of time and leisure, than I have had at my disposal, to collect and arrange.

In the minds of those who attend the meetings of this Association from year to year, there can be little doubt that the inquiries embraced by the Departments of this Association, are as much based upon scientific principles, and are as amenable to law, as any of those more generally admitted branches of science cultivated by the British Association for the Advancement of Science. It has, however, been the fashion of those who cultivate the natural sciences, to declaim against Social Science, as though it pursued its investigations in a different spirit; or had less satisfactory methods of inquiry. It is very certain that, if our laws, our education, our health and trade, had no better foundations for their existence than the prejudices and opinions of mankind, there could be no more ignoble and uninteresting work than for men to meet together and babble about them. But, if I understand this Association rightly, it has been established for the purpose of showing to the world that there is a science of society; that, just as we can inquire into the functions of a plant, and discover the laws of its existence, so that we can predict with certainty what will occur to it under certain known conditions, so, with regard to man, even in his most complicated relations, we may hope to discern the laws of his being, and, by predicting what must happen under certain conditions of his existence, to constitute the science of society. Nor is this a new idea. The thought that even the complicated phenomena of human life might be reduced to law, was present to the mind of that first great thinker of our race, the immortal Socrates. Lord Bacon saw that the rational method of inquiring into the properties and laws of natural objects did not terminate with the body of man, but applied to the results of the reaction of his thought and feeling on the external world. The great French philosopher Comte (mistaken, as most English writers believe

him to be, on so many points of science and philosophy) was the first to define the limits of Social Science, to give it a name, and place it in a classification of the natural sciences. But, above all men, we in England are indebted to that great political philosopher and acute logician, John Stuart Mill, for clearing away all difficulties, and, with a philosophical insight and comprehensiveness of thought unrivalled in our day, showing that the science of society could be placed on the same inductive basis as astronomy, chemistry, or physiology. To almost any other mind, the reduction of the chaos of facts presented by that wonderful mass of phenomena exhibited in the history and social conditions of man upon the earth to anything like law and scientific prediction would have presented insuperable difficulties; but he has shown the way, and it is the function of the Social Science Association to follow in the path that he and his disciples have opened up to us.

Fortunately for society, its main facts rest on the branches of science presenting less complicated phenomena than itself, so that, as these sciences advance, it also is advanced. Let me give an illustration. There is Oersted, holding his magnetic needle on the galvanic current. He is studying the relations of those great forces, magnetism and galvanism. He discovers the laws of that relation. In the hands of others, this law is imparted into the transactions between men. It becomes the electric telegraph, and effects the relation of man to man through all time. Our own Department deals with human life—the relation of the laws of life to what we call health and disease. There is no practical hygiene unless we understand the laws of health and the causes of disease. We know not the laws of health but as physiology advances. Physiology is, again, dependent on the advances of chemistry. The phenomena of chemistry have been understood by the light of the facts borrowed from the sciences of heat and electricity, whilst all its precision has been given to it by the aid of mathematics.

The sciences are bound together by indissoluble links. Man separates them through his feebleness and for his convenience; but there is reason to believe that, analysing all the facts and phenomena of the external world, there is underlying one great force, one primal mover, out of which, with unvarying precision, the great phenomena of the universe proceed. Recent researches have shown that heat itself is but a mode of motion; that heat at certain temperatures becomes light. Light, in its turn, as we see in the photographic art, becomes the source of chemical change. Chemical force becomes galvanism; galvanism is converted into magnetism. Motion generates electricity. Galvanism and magnetism produce heat, light, electricity, motion. This demonstration of physical forces is regarded by some philosophers as complete, while others have gone yet a step further. It is but as the heat and light of the sun are poured down upon the earth that plants live. The rays of the sun become more direct, the heat and the light become chemical force in the plant, and now in its secret cells fresh energy is felt, and all the phenomena of plant-life are manifest. The rays are now withdrawn, the heat and life diminish, chemical change ceases, the plant-life grows sluggish. Some plants die, the majority drop their leaves, and our winter is characterised by a dormant vegetation. Here we have a correlation of physical and vital forces; but the correlation does not stop here. During the life of the plant there has been deposited sugar, and starch, and gluten, in its roots, its stem, its leaves and seeds. These are the food of animals. Withdraw this food, and they die. The chemistry of the sun has formed the starch, the sugar, and the

gluten. This chemistry is undone in the animal; it becomes heat—animal heat; it becomes motion—muscular force in the muscles, and that most refined of all motions, nerve-force, by which the spiritual consciousness of man becomes cognisant of sensations, accumulates ideas, reasons, and becomes an intelligent, conscious, and responsible being.

It is here, I think, that we get a glimpse of a real connection of the sciences; of a dependence of one upon the other; and of such a connection between the most recondite and the most practical departments of Social Science, and the most elementary inquiries of the physical philosopher, as clearly demonstrates the claim of this Association to the position of a scientific body, and clearly points out the road it must follow, in order to achieve for man the highest triumphs of his intellect in unravelling the deepest secrets of his existence.

But now let us inquire what is the position that the Department of Public Health should take amongst the branches of Social Science. At first sight, it is very evident that there is no sharply defined line between our various departments, and that each contemplates facts and principles which are, more or less, common to all. At the same time, our consciousness of health and sickness is one of the most common facts of our existence; and we have no records of communities of men who are not cognisant of disease as opposed to health, and who do not employ some measures, whether efficacious or not, for the prevention of disease. Our Department, then, contemplates the laws of health and disease, with the object of applying that knowledge to the prevention of the latter.

Herein hygiene differs from medicine—the first prevents, the latter cures. Or, if you like to enlarge the meaning of the term medicine, our department may be otherwise called that of preventive medicine. Our inquiries, then, must be more particularly carried on by the aid of the science of physiology, which contemplates the laws of life; and, in so far as physiology is connected with the science of chemistry, and with the various branches of experimental and physical science, we must call them to our aid.

Our object being the discovery of the causes of disease and death, and the means of so averting and altering these causes as to prevent these calamities, it becomes essential to us that we should classify our facts, so as to present them in a simple and comprehensible form. Now the great factors of our life are air, water, food, and heat. To one or other of the relations of these agents to our life, can we refer all the varied questions with which we have to deal.

There is no animal existence without air. The humblest monad needs for its existence a supply of oxygen gas. It moves and lives but as that oxygen produces chemical changes in its interior. The law is universal. Man is but an aggregation of monads. Each busy cell, of which his body is composed, contributes to the aggregate of his life, only as it is acted upon by the oxygen of the air. This fact lies at the foundation of a hundred branches of our inquiry. It is the necessity for this oxygenation of our tissues that gives all the importance to our inquiries into the ventilation of houses and workshops, of cow-sheds and stables—in fact, of any place where living breathing beings are enclosed. It is this fact which lies at the foundation of all our anxiety about the overcrowding of our dwelling-houses, factories, and shops. By the aid of this great primal fact, we explain the unnecessary disease and death from scrofula and consumption; and by rendering it more and more a first principle of human action, we hope to save the lives of thousands of our fellow-creatures. These inquiries result from the one single fact that

man requires oxygen, which he obtains from the air. But the air in which he lives not only supplies him with oxygen, but it is the great repository of all that is exhaled from the earth, and it comes to him and to the lower animals, burdened—alas! too often fatally burdened—with poisons; chemical agents that, swiftly coursing through his blood, work their destructive action on his frame, and either damage the functions of his life or destroy his existence altogether. All the great questions that gather round us of epidemic or endemic, miasmatic and contagious diseases, will find their appropriate place in our inquiries into the nature of impure and poisoned air.

Water is another factor of organic life. Without water, no chemical change can take place in a living body. A large number of animals have their existence determined by water. Water enters into the composition of all organic beings. A man weighing 154 pounds contains 111 pounds of water in his tissues. The oxygen that vitalises his tissues is conveyed by water. The starch, the fat, the protein, necessary to the existence of animals, are all digested, absorbed, and conveyed to the tissues by water. These substances, through whose chemical change life is possible, are decomposed in the presence of water, and the products of this decomposition are carried off by the agency of water. All the higher animals drink water for this very purpose, and the adult human being, on an average, in one form or another, drinks from 70 to 80 ounces of water a day. Water is the most potent of chemical agents; its solvent power is equal to that of aqua fortis or oil of vitriol, and it associates itself in nature with a vast variety of compounds with which it comes into contact in the external world. It dissolves both organic and inorganic matters; hence it may become so contaminated as to be unfitted for the purposes of life. From the inorganic world it may take up the salts of lime, iron, lead, and other compounds, in such quantities that when taken into the human body it is not only unfit for healthy life, but it may become the source of immediate disease or death. Like the air, it may become the medium of introducing those definite organic poisons, which, kindling similar poisons in the living system, are at once the source of disease to others and the death of the individual suffering from their action. Hence our inquiries embrace the means of supplying to every individual a sufficient quantity of pure water for his healthy existence.

But water has other than this fundamental relation to the life of man. Man is a washing, cooking, and manufacturing animal; and wherever water is used in these relations so as to affect his health, the question raised is one that belongs to the department of public health.

As the animal organism cannot live in air and water, but requires varied compounds of carbon, oxygen, hydrogen, and nitrogen for its existence, the whole question of the relation of the compounds of these elements used as food, becomes the subject of our inquiries. Here our researches are based especially on chemical facts, and we must take for our guides Mülder and Liebig, and the great school of chemical physiologists. The freshest air and the purest water will be no protection from disease and death, unless the human system is supplied in its food with the elements necessary for the play of those chemical forces which result in life. Not only must there be food supplying the materials of combustion and nutrition, but each tissue is built up and constituted in its own peculiar way. The blood must be supplied with chloride of sodium and with iron; the bones with phosphate, carbonate, and fluato of lime; the muscles with potash; the bile with sulphur; the saliva with cyanogen; the teeth, hair, and nails with silica.

A diet deficient in all these materials may be the source of disease. Our navy were formerly decimated for want of fresh vegetables. Our army was starved on an excessive diet of salt beef. Our children die if fed alone on arrowroot and corn-flour. Those who inhale abundance of fresh air, and have access to infinite stores of pure water, nevertheless fall easy victims to diseases which result from the redundancy or deficiency of the compounds which in natural quantities constitute the source of their daily life. The inquiry as to what constitutes the best food for man in all the various conditions of his life is one yet in its infancy, and it is perhaps a question as to whether the entire ignorance of a great portion of the community on this point is a greater evil than the arrogance with which pseudo-scientific teachers pretend to instruct the public as to what they should "eat, drink, and avoid." In the absence of all consciousness that he knows, man, like the lower animals, is guided by an instinct which is sufficient to preserve and increase his race; but with knowledge comes this danger (which in all cases must be risked), the danger of hasty generalisation. In this frail bark, how many of our race have perished before gaining a firm footing on the truths of well established science! This is the reproach which the student must patiently bear from the crowd, whilst he is seeking some higher guide than that which they possess in common with the brutes that perish.

Nor ought we to forget in our department, as a question of food, the remarkable tendency of man to partake of nervous stimulants. The extent to which substances may be taken with impunity that address the nervous system, is a question that is occupying the attention of some of our most distinguished physiologists; and, whilst at the present moment science cannot be said to have pronounced on the question, there is no doubt of the fact, that one of the most terrible scourges of the human race is the tendency to indulge to excess in drinking alcoholic beverages. The vices of tobacco-smoking, chewing, and snuffing, with opium and hemp eating, exert but little evil as compared with the terrible vice of drunkenness. There are many here who will feel that the interdiction of these beverages is not the sound conclusion of social science; but all must acknowledge, in a scientific point of view, the value of the large body of facts which have been presented us by total abstiners from alcohol, who have thus demonstrated that the consumption of these fermented liquors is not necessary for the maintenance of health or strength.

Air, water, and food, are necessary to the naked savage. Not in this climate could civilisation advance, without provision for the artificial maintenance of heat. At the temperature of 32°, water becomes solid, and is no longer capable of maintaining life. In those regions of the world where the temperature never rises above this, there is no life. At much higher temperatures, only plants and animals of the lowest types and feeblest vital powers exist. It is not till we ascend the animal scale, and arrive at birds and mammalia, that we find animals constructed to maintain their own temperature, and thus become independent of external sources of heat. This animal heat is maintained by the combination of the carbon of the food in contact with oxygen, and animals living in low temperatures maintain their heat by large supplies of food. Their whole existence is absorbed in seeking food, to maintain their heat against the cooling influence of the external atmosphere. Withhold food, and they perish. So with man; unclothed he barely exists; but he clothes himself with skins, and builds himself houses. He economises his heat, he consumes less food, his skins are changed for cotton, linen, and fibrous fabrics;

his huts for houses, mansions, and palaces; and in this relation of his vital functions to that mode of motion we call heat, we see one of the great causes of his civilisation. No questions that can come before our department can have a higher or more commanding interest, than this one of heat. Look at the thermometer on your garden wall at this season of the year. Night after night it falls lower, and as it falls degree after degree, the rates of mortality rise. A cold day in winter is the death-knell of thousands. We know this. It is a law. Can we not avert this disaster? Must our intelligence be brought up at this point, and man be told that although he has, by clothing, and by warming his dwelling-place, successfully resisted the cold that must have made him a savage, he can go no farther? I do not believe it. Here is a great question for us to discuss and look into—how we can best save the life which is every year destroyed in our climate by cold.

But high temperature has its perils, though not perhaps so great as low. Diarrhoea, in the summer of our country, is the representative of the chest-affections of the winter; and, I believe, is more under the control of the application of known laws for its removal, than the latter diseases. We must then study the laws of heat in relation to the life of man, in order to be able so to construct and warm our houses, and arrange our clothing, as to secure immunity from temperatures destructive of health and life.

I might have prolonged this sketch of the fundamental principles and objects of the Department of Public Health; but I am anxious to dwell a little more at length on some occurrences which, at the present moment, have assumed a gravity that, in point of interest, throws a shade over all other questions. I allude to the presence of cholera on the continent of Europe, and to the extensive prevalence of the Siberian cattle-plague in England. In anticipation of the one plague, and in the actual presence of the other, there is enough to excite the keenest interest of the most apathetic, and to induce the most anxious inquiries as to the causes of these diseases, and the best means of arresting their progress.

I will not now attempt to settle the question whether these diseases are contagious or not; whether they arise from a special poison which is propagated in one body and is conveyed to another, or whether there are certain general conditions of external agents which engender poisons capable of spontaneously producing them. I need but generally remind you that amongst our sanitary reformers there are two great schools, the disciples of one of which maintain that the great mass of zymotic diseases are produced by special poisons, and are called contagionists; whilst the followers of the other school do not believe in the existence of special poisons, but maintain that certain general conditions of sanitary neglect and dirt are alone necessary to produce the group of zymotic diseases, and they are called anti-contagionists. Now, I believe that the extreme views of each school are wrong; and I have a very deep impression that for sanitary measures to be directed by one or other party, in the present state of our knowledge of the diseases, would be to plunge us into worse evils than quiet submission to their unresisted influence. For an officer of health to suppose that cleansing, and draining, and washing, would arrest the progress of small-pox in a house full of unvaccinated persons, would be an utter absurdity; whilst the placing a cordon around an ill-ventilated and badly warmed house, expecting to keep off bronchitis and pneumonia, whilst the temperature is 12° below freezing point, would be equally absurd. But, whilst all are agreed that small-pox is a contagious disease and

bronchitis is not, there is a large class of diseases on which sanitary authorities differ as to their nature, and the best modes of arresting their development. It is on this account that I now propose briefly to examine what is really known of the nature of contagious diseases and their mode of propagation; and if I succeed in nothing further, I hope I shall be able to show that it is of the utmost importance in all our sanitary operations that we should at least consider the issues of both theories; that, whilst believing in contagion, we should act as if all depended on the removal of the general external agencies of disease; or, whilst believing in the spontaneous origin of diseases in dirt, we should yet do all to avert the possibility of their propagation by contagion. It is of the highest importance, at the same time, that we should pursue the inquiry into the origin and nature of those zymotic or pneumatic diseases which carry off annually upwards of 100,000 of our population. In order to do this, I think there are three circumstances that demand our attention. There is, first, the poison that is supposed to kindle the disease; and, secondly, there is the medium that conveys it to, thirdly, the person predisposed to take the disease. If we lose sight of any one of these elements in investigating zymotic diseases, we shall most assuredly go wrong, and practically commit great mistakes. Thus, let me take small-pox as an example. In order to propagate this disease, there must be, first, the poison-matter from a small-pox pustule; secondly, a medium of conveyance, either the point of a lancet or an atmosphere to convey the poisonous germs; and, thirdly, there must be a person predisposed to take it. If the poison be not there, no amount of predisposition, that we are aware of, will engender the disease. Again, if the poison be there, and the predisposed person, there must be a medium of conveyance; if a predisposed individual be at one end of a room and the affected individual at the other, and the current of the atmosphere blow from the unaffected to the affected individual, no poison will pass and no disease be established. Or, again, the atmosphere may be so extensive as to dilute the poison to a tenuity by which it becomes powerless; or the atmosphere may be artificially ozonised, or iodinated, or chlorinated, so as to destroy the germs of the poison. But let the poison be ever so intense, and the medium ever so ready to convey it, if the unaffected individual have had the small-pox or have been vaccinated, no disease will be produced. Hence, we must study the poison-makers, the poison-bearers, and the poison-takers.

Now, with regard to poisons, even the anti-contagionists admit that, in what they call miasmatic diseases, conglomerations of dirt and filth, or matters in their wrong places, do enter the system, and, at one time or another, do upset and damage the healthy working of the machinery; and they are also bound to state in a scientific way what compounds are produced by dirt, and in precisely what way they affect the system. There can be no doubt that certain inorganic agencies, such as carbonic acid, sulphuretted, phosphuretted, and carbonated hydrogens, ammonia, and sulphocyanogen, do produce injurious effects upon the system. Continued exposure to such exhalations may prevent a proper oxidation of the tissues, and render the body predisposed to take in the diseases of special poisons; but we have no evidence to show that any of these agents—although they will destroy life—are capable of producing alone any of the forms of miasmatic disease.

Again, it seems demonstrated that there arise, during the decomposition of vegetable and animal matters, certain organic molecules, which, being taken into the system, will produce certain definite

changes in the system constituting well known forms of disease. Thus, ague and kindred fevers, called paludal, and paroxysmal fevers, do not seem to be produced by poisons formed in the animal system, but by poisons formed during the decomposition of vegetable matter. A certain amount, also, of the diarrhoea of summer is to be set down to the decomposition of animal and vegetable matters. Certain quantities of these matters are directly taken into the stomach and bowels; whilst others appear to come into contact with the mucous surfaces by inhalation. There is, also, one of the endemic and epidemic fevers of our country that is supposed by high sanitary and medical authorities to originate in the spontaneous decomposition of organic matters in drains and sewers; hence it has been called "drain-fever". It is, however, generally better known by the name of gastric or typhoid fever. That this disease is generated by a specific poison, has been demonstrated by Dr. William Budd of Bristol; and, should it be capable of demonstration that this disease is really generated *de novo* by the matter of drains and sewers, it would be an interesting fact, as showing the possibility of a contagious disease being produced afresh. But, up to the present time, we have no conclusive experiment with regard to the origin of any of the specific contagious diseases. There is no error, perhaps, of more vital importance to the public health than that which was fallen into by some of our early sanitary reformers—a belief in the spontaneous origin of the several forms of diseases produced by specific contagions.

The most common forms of contagious disease in this country are small-pox, scarlet fever, measles, whooping-cough, typhus fever, typhoid fever, and our occasional visitant, Asiatic cholera. Of the intimate nature of the poisons producing these diseases, we know but little; but recent researches with the microscope lead us to hope that we are not far distant from the time when, at least, the form of these poisons will be made visible to the human eye. It is a fact known to all, that the blood contains two sorts of cells or globules, one red, the other white. The white cells are composed of matter in a state of vital change. It is these cells which accumulate in inflamed parts, and which form the pus found in vesicles, pustules, abscesses, and inflamed surfaces of the body. These pus-cells have a great power of multiplication; and they retain their vitality after they have been removed from the living body. We can convey common pus-cells from one living body to another, and make them increase. There is a disease of the eye attended with a large formation of these pus-cells, and these may be conveyed through the air from one person's eye to that of another, and produce the same disease. In the disease known as pyæmia, these cells assume a specific character; and Dr. Richardson informs me that he has succeeded in producing, artificially, pyæmia in animals by introducing the secretions of an animal affected with pyæmia into one that is not. In small-pox, we have a disease characterised by pustules over the body. Each pustule contains a secretion abounding with pus-cells, and the matter of which they are formed. It is the introduction of this purulent matter into the blood, that sets up the dreadful malady of small-pox. In the same way, we find the vesicle of cow-pox charged with white cells, and the "germinal matter" of Dr. Beale. The germinal matter here, however, does not possess the vitality and energy of that of the small-pox pustule. It is seldom conveyed through the air; like some other animal poisons with which we are acquainted, it requires contact; but, on being introduced into the blood of another person, it produces the same disease—always the same disease, never another. We

may learn much of the nature of these poison-cells by the study of those which we know so well. These cells, or germinal elements, retain their vitality long after they have been removed from the body, if you exclude them from the air. The vaccine lymph has been conveyed between pieces of glass, or dried on tips of bone or threads of linen and cotton, all over the globe, and has been found capable of engendering the disease cow-pox. This shows us how all these poisons may be covered over in linen, cotton, and woollen fabrics, how they can be conveyed in letters and newspapers, how they may adhere to inanimate substances of all kinds, and only need the awakening influence of a little moisture to summon them to awake and live anew.

No one, that I am aware, has yet isolated the poison of scarlet fever, of measles, of typhus, of cholera, and of the other diseases of the group of contagious diseases; but, reasoning from analogy, and there could hardly be a better instance of the process, we are driven to the conclusion that these diseases depend on a cause similar to that of small-pox, and that the real form of the poison is the charged white cell of the blood. It is, however, interesting to notice some varieties in the habits of these poisons. Thus, we are not aware that the poisons of small-pox, measles, scarlet fever, or typhus, are conveyed by any means but through air; whilst there is every reason to believe that the poisons of typhoid fever and cholera are conveyed by the agency of water. There is an interesting relation between this fact and the seat of the disease; for, whilst one set of diseases manifest themselves by eruptions upon the skin, the other set is characterised by derangements of the mucous membrane of the intestines.

A question of high interest arises here, and it is one that has not at present been settled; and that is, as to whether the poison-matter of these diseases is capable of multiplying itself by cell-division, or the ordinary forms of the growth of fluvial matter out of the body. It does not seem impossible that this should be the case, although at present we have no demonstration of the fact. We know that such multiplication takes place among the lower forms of plants, as the yeast, or ferment-fungus (*Saccharomyces Cerevisie*), and that it also occurs amongst the vibriones and monadines in the animal kingdom.

Another interesting question connected with these poisons, is the possibility of transformation or development. In the animal kingdom, we have this phenomenon taking place, that an animal passing from its egg to its adult state is capable at each stage of multiplying itself, so that a number of creatures are produced at each period of its growth, capable of attaining, under proper external circumstances, the adult stage. Now it may be that, amongst these cell-poisons, there are stages of development at each of which the cell is capable of propagating its own form and no other, till it meets with the proper external circumstances for a further change or development. Professor Huxley relates that, on board the *Rattlesnake*, after they had been six weeks at sea, the cook got an attack of erysipelas; this spread through the ship and ceased. After this, one of the sailors had mumps, and this also spread through the ship. There are other interesting facts bearing on this point; but I throw out these hints here as subjects full of practical importance to the sanitarian.

Let me now say a few words with regard to the means of conveyance of poisons. The most obvious of these means are the atmosphere and water. The air, to carry most poisons, must be warm and moist. The poison of yellow fever spreads in hot climates; the poison of typhus is arrested by heat on the one side and by cold on the other. It prevails, in fact, only

in climates having a range of temperature between 40° and 62° Fahrenheit. At the temperature of boiling water, all these poisons are destroyed. A most important fact, as we have in every household in Europe the means of destroying them.

But there are other means of conveyance besides air and water. Articles of food, articles of wearing apparel, bed-clothes, curtains, carpets, and all vessels and depositories containing the secretions of human beings, may retain the poison-cells in all their integrity. These things may carry the poisons from household to household, disseminate them in our streets, our omnibuses, our railways, steam-ships, and public conveyances of all kinds. The drain may carry them into the sewer, and the sewer into the river; but, in their course, they may escape from our ventilating-shafts, our gully-holes, and open closets. They may be emptied into our wells and rivers, and conveyed to our bodies by means of spring-water or river-water. They may be shut up in drawers or in old closets (of which there are many striking instances on record), and, at any moment when brought into contact with the human system, they may start into life and activity again, to renew their ravages on systems predisposed to their action.

That the poison of a disease may exist, and every possible access to a system be present, and yet the disease be not taken, is well known. Instances frequently happen of persons living to old age, without having had any of the ordinary contagious diseases of mankind. It would be well to make a more accurate study of these cases. But we know something of the laws of the predisposition to disease. We know, for instance, that persons who have had the small-pox are not disposed to take it again. We know that, in nine cases out of ten, if persons have been vaccinated, they will not take small-pox. This is one of the great triumphs of our modern civilisation. It is the beacon of our hopes with regard to crushing out for ever the poisons that can only be propagated in human systems. But our knowledge of predisposition extends further than this. We know that, where the four great factors of our life have been scantily supplied or vitiated, there predisposition exists, not only to idiopathic and self-generated disease, but to receive the germs of the poison-fevers of which I have been speaking.

So well is this known, that we can point out certain external conditions, which will so act upon the human system as to predispose it to certain forms of disease. Thus, amongst our working men and women, who live in badly ventilated and overcrowded houses, we find those who are most ready to take the poison of typhus. Amongst the underfed, the fever called relapsing, which differs from typhus and typhoid, finds its most ready victims. Hence it has been called famine-fever. But no class or condition of men have been discovered who are not susceptible of these poisons. The medical man who lives free from the influence of overcrowding or famine, in his own home is frequently stricken down with these fevers. The anxiety of the student, the statesman, or the prince, may undermine his health, and render him a ready victim for the poison that lies concealed like a snake in the grass in his path. It is not necessarily among the overcrowded and badly ventilated rooms of the poor, and the squalor and filth of our lowest classes, that scarlet fever selects its victims and commits the greatest ravages. The homes of the rich and the hearths of the comfortable middle classes of England are made desolate by this all-pervading scourge; and it is a mockery to say that we know the conditions of those who will be the subjects or the victims either of scarlet fever or its twin-sister of mischief, diphtheria. That both these diseases depend

on a special poison, which can be communicated through the medium of the air, and preserved in activity on inanimate substances, as clothes and excreta, I have no doubt; but we cannot predict with any certainty who will be their victims.

What is true of human diseases, is also true of those of the lower animals which man associates with himself. The horse, the ox, the sheep, and the pig, are all liable to idiopathic and contagious diseases. Like human diseases, many of them are *sui generis*, and incommunicable to man. The sheep of our country have just passed through "a great epidemic of small-pox." It had all the peculiarities of the small-pox in man, but it was not capable of extension to man. At the present moment, a more frightful scourge is visiting our cows, drying up one of the great sources of the food of our infant population, and rendering scarce the animal food so necessary to the health and strength of the working man. This disease is not new; it is the steppe-murrain of Siberia, where it seems permanently to exist. It is well known in Europe. Germany stands in constant fear of it; and, by her excellent quarantine arrangements, has for years stopped its introduction into the rest of Europe. It has, at last, escaped her vigilance; and, a cargo of affected beasts having found their way to Great Britain, our herds have been already more than decimated by its visitation. There is no mystery about this disease. Warning voices have not been wanting on this matter; and we are especially indebted to Professor Gamgee for having pointed out, years ago, the danger we were incurring in not taking steps for the prevention of the introduction of this terrible disease. It is not for me here to discuss the question of the nature and origin of this plague. But should there be any persons who are doubting either that this disease is contagious, or what are the best steps to be taken to arrest it, I would urge upon their attention the facts which have already been accumulated on this subject, for the purpose of removing that hesitation in adopting preventive measures, which is as fatal in cattle as in human diseases. In an able paper, read by Dr. W. Budd at the last meeting of the British Medical Association, he has clearly pointed out the close similarity of this disease to human typhoid fever, and has expressed his opinion that it is quite as nearly related to that disease as the small-pox of the sheep is to human small-pox.

That it spreads and behaves itself as a contagious disease, I have had the opportunity of observing in the parishes of Hampstead and Hendon. In the now celebrated case of Lord Granville's cows at his farm at Golder's Green, Hendon, the disease appeared in some cows not belonging to his lordship, but which were kept in a meadow contiguous to his lordship's farm. The disease broke out on that farm, in the largest and best ventilated cowshed of three that contained altogether 140 cows. Now this cowshed, which contained at least 1200 cubic feet of space for each cow, against a much smaller space for the other cows, was the one in which the disease first appeared. If dirt, overcrowding, or want of ventilation, had anything to do with this disease, it would not have broken out in that shed. But that shed is situate on the common footpath from Child's Hill to Golder's Green, and men, women, and children, are continually passing and re-passing that cowshed from the meadow in which the cows were first diseased. Knowing, as we do, that the excretions of these animals must contain the poison-germs of the disease, we can have little doubt as to how the cattle-plague got into that well kept and well ventilated shed on Lord Granville's farm.

Studying this disease from the three-fold point of

view of its poison, the means of its communication, and the predisposition of its victims, we are struck at once with the fact that it is not the lambs, or the bullocks, or barren cows that are attacked, but it is the milch cows. We cannot fail to see a cause of this predisposition in the comparatively unnatural condition in which the milch cow is kept for the purpose of obtaining from her milk all the year round, that gives to her, beyond all her congeners, the tendency to take this disease. In such facts as this, we may see beyond the law which devastates our flocks—a law maintaining the integrity and strength of the species by the letting loose of poisons to destroy the weak and those which are likely to produce an enfeebled race. Nay, even further, is not this the great lesson that we should learn from the epidemic attacks of these poison-fevers,—Are they not sent to take from us the constitutionally weak and feeble, so that the race may retain its reign upon the earth? This, however, must be no excuse for indolence in doing all we can to place our race in such a position that it may successfully defy the attacks of poison, and each member of a community be the possessor of all the highest physical qualities of his race.

But I must pass on from the consideration of the abstract principle involved in our inquiries, and invite you for a moment to consider the practical action they involve. Our subject here very appropriately divides itself into two heads—public action and private action. It is the duty of the civil Government, in matters of life and health, to do for the individual what he cannot do for himself; and it is the duty of individuals to do for themselves what the Government cannot be expected to do for them.

If we could place our towns and cities under the governance of an enlightened despot, we should at once gain much from the application of our present knowledge of principles. Could we carry out as severe a code of sanitary laws as those which the ancient Jews submitted to as a divine dispensation, there is no doubt that results of a most astonishing nature would follow. But we must rest satisfied with following the slow genius of our nation, and submit to the government and institutions with which we are surrounded. I cannot here enter into the details of our sanitary legislation. It has been slow, and its action has been by fits and starts, as now and then the public mind has been alarmed and the legislative mind has sympathised with it. But the fearful death-rate of many of our large towns, the neglected and unsanitary state of our villages, show that, whatever our legislation may have been, it has yet failed to produce any great impression on the mass of our population; dirt and filth, disease and death, keep pace with our activity. We no sooner improve than we go back again. Here is a record of our deaths from zymotic diseases (the absence of which is regarded as the best indication of our sanitary activity) for the last twelve years. (See Table, next page.)

You see we have made but little, if any, progress.

In 1860 it looks as if these diseases were at bay; but how fearfully the mortality rises in 1863. My conviction is, that our legislature wants earnestness. All our acts are so constituted that they may be defied with impunity. They, in fact, give the power of action or inaction to those who are either interested in maintaining sanitary abuses or are ignorant of the dangers which arise from their toleration. The Metropolitan Management Act was, undoubtedly, the largest instalment that legislature ever made towards correcting the sanitary abuses of London; and, in the creation of the office of medical officer of health, has laid the foundation of future sanitary legislation. That this office has worked well in London, and has contributed to a large amount of sani-

tary action, there can be no doubt. But, from the fact of the medical officer of health being entirely dependent on the vestries of London for his appointment, his duties have in many districts been interfered with, and his ability to act for the public good reduced almost to a sinecure. So much has this been the case, that persons have suggested that he should be appointed by the Government, and responsible to the Government alone. The objection to this plan is, that he is at present paid by the parishes requiring his services; and that Government appointments are not always free from the objection that Government does not monopolise all the intelligence of the country, and is not free from the charge of favouritism in its selection of officers. The great bar to sanitary action in our vestries and local boards is their parsimony; and if they could be once made to see that disease and death are the most costly luxuries in which man can indulge, they would possibly give more scope to the action of their medical officers of health. Perhaps one of the greatest improvements that could take place in the London system, would be the appointment of the medical officers of health for life, and reducing their numbers, giving them larger districts to superintend, and appending salaries which would render it unnecessary that they should attend to private practice.

The same system should be extended to districts beyond the metropolis. It is almost impossible, under the present system, to initiate sanitary improvement in the villages and small towns of the country. The most gigantic nuisances are allowed to grow up without let or hindrance; and it is only when some terrible calamity visits a place, that any action is taken. The metropolitan boundary is studded with villages that the Management Act does not reach, and which are a disgrace to our civilisation. Such a village exists at Child's Hill, in the midst of a farm belonging to the Lord President of the Privy Council. I mention this to show how defective our sanitary legislation is at the present moment, as the representative of all sanitary authority in Her Majesty's Government is helpless to remove nuisances at his very door. It is most necessary that medical officers of health should be appointed to large districts in the country, with power to remove, and to compel owners of property to remove, the most common and obvious sources of death and disease.

In all great public improvements, which have for their end the health of the people, the law should act with more certainty, and the rights of property should not be allowed to interfere with the higher claims of health and life.

In thus commenting on what appear to be the defects of the law, I am aware how fully the laws represent the opinions and feelings of the people of this country; and if the law is inefficient or unacted upon, it arises from the want of knowledge on the part of the people themselves. Not only does this ignorance tell upon the legislature; but even leaves the legislature to provide all the conditions of a healthy existence. This object could not be obtained unless the people were sufficiently instructed to avail themselves of the rights thus conferred upon them.

I have alluded to some of the great facts upon a knowledge of which our healthy existence depends. It is in vain that the legislature enacts a plan upon which houses shall be built to ensure ventilation, unless the inhabitants of those houses understand the worth of fresh air. In vain is fresh water brought to our doors, if, in our indolence and ignorance, we refuse to use it. There must be intelligence both in the legislator and those for whom he legislates, if we are to take advantage of our present knowledge of the laws of life, to secure us from disease and death.

When one sees how little effort is made to introduce into our general systems of education a knowledge of those great laws of physics, chemistry, and physiology, on which our life depends, one is filled with dismay at the prospect before us. When the leading educationists in our country are carrying on a controversy, as to whether the highest rates of marks shall be given to classics, mathematics, history, or modern languages, one feels that they are quarrelling over dry bones, and forgetting all that which gives reality and life to our existence. It is not till the great facts of the natural sciences shall take a proper position in the studies of our Universities, where the majority of our statesmen are instructed, that we can expect them to be taught in the middle-class schools, where our vestrymen gain the elements of their education. It is only when those who instruct weekly in their pulpits, and influence the education of our lower-class schools, are themselves taught the great laws by which the Creator governs the life of the world, that we can expect our working classes to exercise that judgment and self-control with regard to their health, the want of which causes the sacrifice of holocausts of victims amongst them every year.

When I consider the sacredness of human life, when I know how sacred we all regard it, I feel as if it were a bathos which I ought to avoid, to remind you how costly a thing is disease and death. But it is true the gain of those 100,000 lives annually would pay ten times over the cost of all the exertions that would arise to secure them for life and for their country. But I will not pursue the subject. I leave now the question of the public health in your hands, to work out its great problems, as amongst the most patriotic and the noblest to the solution of which the human mind can be devoted.

Annual Rate of Mortality per cent. from Miasmatic Diseases in England and in London, in each of the years 1851 to 1863.*

Years.	Deaths annually to every 100 living.	
	England.	London.†
1851	.49	.53
1852	.52	.50
1853	.47	.54
1854	.61	1.07
1855	.45	.53
1856	.41	.50
1857	.47	.49
1858	.55	.58
1859	.52	.57
1860	.36	.43
1861	.42	.52
1862	.43	.59
1863	.56	.67

* The class of cases coming under the term of "miasmatic", are typhus, dysentery, diarrhoea, cholera, scarlatina, &c.

† The results for London were derived from the deaths in the Weekly Returns embracing 364, and in some cases 371 days in a year. The above rates have been corrected for the difference between those numbers and 365.2422 days in a year.

ROYAL PRESENT FOR SICK CHILDREN. The little patients under treatment in the Hospital for Sick Children in Great Ormond Street have again been the objects of Her Majesty's regard. A large packing-case full of articles selected by Her Majesty as suitable for distribution among the children arrived from Coburg.

Original Communications.

ON THE TREATMENT OF ASIATIC CHOLERA IN THE STAGE OF COLLAPSE.

By JAMES RISDON BENNETT, M.D., F.R.C.P., Physician to St. Thomas's Hospital.

AMID all the nostrums and theories daily thrust before the notice of the public, and claiming the usual degree of infallibility, it is cheering to find a thoughtful physician offering, as an excuse for calling attention to a remedy for cholera, "that it is in perfect accordance with every rational view of the disease." Fully coinciding with my old friend, Dr. Joseph Bullar, that the treatment to which he has called attention merits this description, I am anxious to give him, and others who may be disposed to carry out his experiments, that support and encouragement which I believe my experience is calculated to afford. If, as he says, and truly I think, a single case such as that which he relates "should lead any thoughtful physician who observed it to try the remedy again," it will be admitted that analogous treatment adopted by me in 1849, has still stronger claims on the attention of all who may be called upon to renew the struggle between medical science and a disease which has hitherto proved but too victorious. For Dr. Bullar will be as ready as anyone to acknowledge that a single successful case has, after all, comparatively little value.

In 1849, a considerable number of cases of cholera came under my care at St. Thomas's Hospital, soon after the death of my predecessor, Dr. Burton (who himself fell a victim to the disease), and when the epidemic was at its height. On first taking charge of the cholera-ward, I determined to give a full and fair trial to the following treatment. My patients, on their admission, were stripped and packed in blankets wrung out of hot water, as hot as it was possible for the nurses to use; large mustard-plasters were applied to the feet, calves, and abdomen; and the patients were then covered up with dry blankets and counterpane. This treatment, as in Dr. Bullar's case, was frequently complained of at first, and the patients would have rid themselves of it, had it been possible. Ice and iced drinks, with light fluid nourishment, were then given freely. The iced water was, for the most part, acidulated with mineral acids; and sometimes I gave small quantities of stimulants in a dilute form, or champagne; but, generally, no medicine till reaction was fairly established. Under this treatment I had, in the hospital, sixteen consecutive recoveries. They were, for the most part, in a state of profound collapse when brought in; but all, whatever the degree of collapse, were treated alike till reaction set in. In the subsequent stages, the treatment varied. But, after this cheering amount of success, by which I admit that I was greatly elated, there came, alas! a number of fatal cases under precisely the same treatment.

In private consulting practice, my experience was similar; that is to say, I met with a number of cases in which this simple treatment appeared to be highly successful, and others in which it failed. But the general result of my experience in 1849 was such as

to impress me very strongly with the conviction, that this sort of treatment was both the most rational and the most successful of any that I had tried, so far as regards the stage of collapse.

The rationale of the treatment I will not attempt to discuss; but I should like to know what evidence there is to sustain the assertion that "the rice-water secretion in the stomach is known to be a virulent poison." I know some disgusting experiments which directly negative such an assertion. Few physicians who have seen much of cholera will be disposed to deny that as yet we have very little ground for placing much confidence in any of the various specific forms of treatment that have been put forth; but there is now a considerable amount of evidence to prove that the simple treatment here described is attended by great relief to the chief sufferings of the patients, and is followed by success in many cases presenting all the worst features of the disease in its most dangerous stage. It has, moreover, the advantage of being readily and in almost all circumstances available. The hot wet blanket may be obtained even where neither a hip nor slipper bath can be had; and both mustard and cold water are easily procured.

No doubt this and all other modes of treatment will, as Dr. Bullar says, fail in those cases where, from the effects of a concentrated dose of the poison, "the disease begins with death". But this is only saying of cholera what may be said with equal truth of scarlatina, small-pox, or typhus. Most of us have seen cases of scarlatina where all remedies are manifestly as hopeless as they would be if the patient had taken a fatal dose of prussic acid or of aconite. Nor is it likely that our knowledge either of the pathology or therapeutics of cholera will be so much advanced by the study of the disease merely in this, its fully developed fatal stage, as by its careful observation in its milder phases, in the stage of premonitory diarrhoea, and in the important subsequent stage of secondary fever, as it occurs in cases that have not been complicated and aggravated by violent disturbing treatment.

In conclusion, I would beg to direct anew the attention of the profession at this time to the invaluable Reports of the Cholera Committee of the College of Physicians, as not only containing a vast amount of carefully sifted evidence on all points connected with the origin, spread, and pathology of this mysterious disease, but also as affording very important evidence corroborative of the opinion which it has been the object of these brief remarks to sustain; viz., that the simple treatment advocated by Dr. Bullar is in accordance with rational views of the pathology, and has been attended with no small amount of encouraging success.

NOTES OF CASES OF DIARRHŒA AND CHOLERA.

By G. K. HONEY PATERSON, L.R.C.P.E., L.R.C.S.E., Balbeggie, Perthshire.

DURING the past hot and dry month of September, several cases of diarrhoea occurred, of two or three days' duration, amongst young and middle-aged persons living in this country district, and who were pretty healthy previously to being attacked suddenly, without any assignable cause. All of them I have treated with either acid or alkaline mixtures and sedatives internally, with occasional snappings of mustard externally, according as the nature and symptoms individually seemed to indicate; each becoming well again speedily. I beg to subjoin also the following case of cholera, which happened

about the middle of September last, and may not be deemed uninteresting.

J. M., middle-aged, stout, and generally in good health, while employed in the country, and being much in the open air daily (during September last), had felt languid and more tired at evening than was usual with him, for a few days before being attacked. Previously to his supper-meal, he was seized with severe vomiting and purging. As evening came on, cramp ensued; and a messenger was sent off to summon my attendance immediately. On my arrival, he still had vomiting and purging, and was violently affected with cramp in the lower extremities. His voice was husky; the pulse feeble; the skin cold. The stools were watery and bilious-looking. I procured a warm bath with salt in it as soon as possible, and put him into it; but ere long he wished to be out of the bath, on account of the cramp seizing him; and he was put into bed. Still relief he had none; therefore I ordered ice to be got, which was fortunately soon procured from a kind-hearted neighbouring landed proprietor. The ice I applied often in a bladder to the spine of his back; but, there being no appearance or sign of speedy relief, I gave him the ice to suck internally, and also requested two individuals to take a large piece of ice in each hand and rub the parts cramped. They did so for some time, after which his suffering was much less; and also the motions from his bowels (latterly mucous) had greatly subsided. Nevertheless, as there was considerable coldness of surface, I applied sinapisms of mustard to the calves of the legs and the epigastrium, which induced a normal reaction, and he did well.

NOTES ON CHOLERA.

By R. W. WATKINS, F.R.C.S., Towcester.

[Read at the Annual Meeting of the South Midland Branch, 1865.]

[Concluded from page 440.]

3. *Treatment.* When the epidemic first commenced, I was induced by what I had read, and by what I had heard from friends who had extensive experience of the disease in large towns, as well as from the successful result of the few sporadic cases which had occurred in my own practice, to place reliance on the calomel and opium treatment. In the earlier cases, it was given in doses of two, three, or sometimes four grains of calomel, and a quarter to half a grain of opium, at intervals more or less frequent, according to the urgency of the case. Observing the rapid passage into collapse of some of these cases, I thought that calomel was too powerful a sedative; and that the specific effect of mercury—the restoration of the biliary secretion—might be produced by the hydrargyrum cum cretâ, which might have an equal effect with calomel in checking the vomiting, and which I had already found very successful in diarrhoea, both simple and choleraic. Accordingly, from August 9th to September 6th, the majority of cases were treated with hydrargyrum cum cretâ and opium. Brandy was given frequently in moderate doses; and external warmth was applied by means of hot sand, hot water, mustard plasters, turpentine fomentations, and every other available method. Cold water was given *ad libitum*, to allay the urgent thirst; and in many cases a weak solution of chlorate of potash was used as a common drink. In the collapse stage, chloric ether was given very frequently, with brandy, and occasionally port wine. In several cases, a mixture of chalk and catechu with opium was given; but in every case it was rejected almost as soon as swallowed, and its use was therefore speedily discontinued. Six cases were treated by dilute sul-

phuric acid and opium, which had been found very successful in choleraic diarrhoea; but it was much less so when cholera was fully developed.

At the end of a month, I found that fifty-one cases had been treated with hydrargyrum cum cretâ and opium, of which twenty-four had recovered, and twenty-seven died; five cases had been treated with calomel and opium, of whom two had recovered, and three died—making twenty-six recoveries to thirty deaths under the mercurial treatment with opium. In twenty-one cases, chloric ether had been given, of which twelve had recovered, and nine died. It had, however, been given in many of these cases alternately with mercurials and opium. When given with opium only, the recoveries and deaths were about equal. The hot-air bath was tried in four cases, but all were fatal; in one only did it give even temporary relief.

The result, then, of our first month's treatment, though very successful in choleraic diarrhoea, was very unsatisfactory when the third stage of cholera (to which alone the above statistics refer) had developed itself. The deaths from the commencement had been as numerous as the recoveries; and, during the last week of the four, they had exceeded them in the proportion of thirteen to nine, showing that the epidemic was increasing both in the number of cases and in severity. I had lost all confidence in the mercurial treatment, both from the unfavourable results, and from having observed that, in the recoveries from collapse, a decided improvement in the symptoms had commenced before the biliary secretion had made its appearance in the evacuations. I had also begun to doubt the propriety of using opium; for although, under the pressure of so large a number of cases of cholera and diarrhoea, we had been unable to take notes of cases (other than the brief memoranda on the prescription-cards), we had not failed to observe that a cessation of the vomiting and purging was by no means an assurance of the patient's recovery, that several cases had died in the collapse stage after the evacuations had ceased, and that some who recovered had continued to vomit and purge (though less frequently) until decided symptoms of reaction had commenced. We had already determined to abandon the mercurial treatment with opium; my assistant had commenced the use of calomel in small doses every ten minutes, as recommended by Dr. Ayre; and I was using chloric ether and other stimulants.

It was at this period that I read the first letter of Dr. George Johnson, advocating the use of castor-oil, and describing its success in the earlier cases at King's College Hospital. My previous experience seemed strongly to corroborate his views as to the eliminative principle of treatment, and I determined at once to adopt it. In the following twenty-eight cases, castor-oil was administered in twenty-one, generally in doses of two drachms, occasionally of half an ounce, in milk or suspended in mucilage; and the result was that, of the twenty-one cases, nineteen recovered, and two died. Of the other seven cases, five were treated by small doses of calomel every ten minutes, and of these four recovered, and one died; two were treated by hydrargyrum cum cretâ and opium, and both died. I also observe from my memoranda that one case, which had been treated in the second stage with hydrargyrum cum cretâ and opium for two or three days, passed into collapse; that the mercurial treatment was changed for castor-oil, and she ultimately recovered.

During the last month of the epidemic, cajeput-oil was used in a large number of cases, either with ether or with castor-oil; and it certainly had a very remarkable effect in relieving cramps, even when

opium had failed to do so. But this, I believe, is the limit of its action: it did not appear to check the tendency to collapse. It is certainly a valuable auxiliary remedy.

In four cases, no medicines were taken. One of them was moribund when first visited; another, eighty-two years old, refused medicine, and died. A boy of three and a girl of fourteen obstinately refused medicine, but drank cold water with great avidity; both lay in a state of extreme collapse for a lengthened period, and gradually recovered—the boy without consecutive fever, but the girl's was one of the most severe cases of consecutive fever that we observed.

In the first seven days of September, before the treatment by castor-oil commenced, there were twelve deaths; in the second seven days, five deaths, of which one only had been treated by castor-oil, ten other cases having been treated by it during the week. It will naturally occur to others, as it did to me,—Had not the epidemic reached its acme before the castor-oil treatment was commenced? and was not the more successful result attributable to the modified character of the epidemic, rather than the adoption of an eliminative treatment? I will mention three circumstances which militate against this view. In the first place, it is a very extraordinary coincidence that the mortality, which up to the day of its commencement had continued to increase, should from that day have rapidly diminished. Secondly, during that second week of September when I had just begun to observe the results of the eliminative treatment, I was unexpectedly called in to take charge temporarily of some cases at Silverstone, four miles distant, where cholera had broken out about a week previously, and where it was, consequently, in the period of increase, instead of decline. Two of these cases have such an important bearing on the eliminative theory, that I must narrate them in detail.

CASE I. My unfortunate colleague, Dr. Lett, had previously visited several of my cases at Towcester, and had expressed to me in strong terms his reliance upon opium as the "sheet-anchor" in this disease. Previously to my being called to him, he had treated seven cases by full doses of opium, and every case had died. On September 8th, Dr. Lett, who was much exhausted by his labours and discouraged by his ill success, was further depressed and very anxious in consequence of two of his children being attacked with diarrhoea. During that day he had two liquid evacuations, and on each occasion took a full dose of solid opium. About 8 p.m. he fell exhausted in his own surgery; and, being carried to bed fainting, he sent for me. On my arrival, I found him in a very excited state; he was in extreme anxiety about his own recovery and the prospects of his family; also about the illness of his children. He had no symptoms of cholera, and there had been no evacuation for six hours. I sat with him an hour, quieted and calmed him, and reassured him as far as possible as to his own case. After giving him a cup of coffee, finding him inclined to sleep, I left him to see a very urgent case in the village (Case II). About 12 I returned, found him in a quiet sleep, and at 1 a.m. left him in charge of another surgeon, whom I had summoned from a distant village. He slept quietly till 3 a.m., when he had an evacuation. He immediately got up in great agitation, and, taking some crude opium from his pocket, bit a piece off and swallowed it. From this period to the hour of his death, he had no other evacuation. I received an urgent message to revisit him about 11 a.m., and found he had been in a state of collapse more than an hour, and that stimulants had been freely administered for three or four

hours. I immediately administered castor-oil in half-ounce doses frequently, and continued moderate stimulants, external heat, etc.; but he never rallied, neither did the castor-oil take any effect. The symptoms gradually increased in intensity till 3 p.m., when he died, having had no evacuation by vomiting, and but one by purging, for twenty-four hours previously.

CASE II. A young man, a sawyer, who had gone to his work as usual on the morning of September 8th, had been attacked with diarrhoea, and was brought to Dr. Lett's surgery in a cart about 3 p.m. The collapse stage was then commencing, the hands being blue and shrunken, and the fingers cramped. It was about 11 p.m. when I first saw him; and he was then in a state of extreme collapse, with the most severe cramps I had ever witnessed. I immediately gave him half-ounce doses of castor-oil, repeated every hour, and warm applications to the surface of the body. Three hours later, I again visited him, and found him considerably relieved, the cramps very much diminished, and the warmth of the skin returning. In the morning, he had completely rallied from the stage of collapse; the skin and face had resumed their natural hue, and the cramps had entirely ceased. He had three or four evacuations that day, tinged with bile, and was able to take food. On the following morning (the 10th), he was equally well when first visited; but, having had two evacuations in the course of the morning, he had been incautiously given two pills, the composition of which was not known, but was suspected to be calomel and opium. On visiting him about an hour after the pills had been taken, I found him, to my great surprise, again in a state of collapse, the surface perfectly blue and shrunken, the voice gone, cramps in the limbs, and rice-water evacuations. I once more administered the castor-oil in frequent doses, and in the course of two or three hours he had again rallied from collapse; the stools were feculent; and from that time he recovered without consecutive fever or any bad symptom. This was the first case of recovery at Silverstone.

The third reason for my opinion, to which I shall advert, is the fact that the cholera assumed a more virulent character at Towcester just when we thought it had entirely ceased. There had been no new case for nine days; the old cases were all progressing favourably; I had left home to recruit my strength at the sea-side, when four other cases unexpectedly occurred. The first only (who, like many other cases, had been previously trying "Dr. Coffin's medicine" until cholera was fully developed) was treated with castor-oil for several hours; but, as soon as collapse had set in, it was discontinued, and chloroform in ten-minim doses, and subsequently chloric ether, were given without effect; and the patient died in twenty-nine hours from the commencement. My assistant, who had not seen the cases at Silverstone, and who attributed the recoveries after castor-oil to the modified character of the disease, and not to the treatment, resorted to frequent doses of calomel, with the addition of chloric ether in collapse; but all the three cases thus treated died.

In conclusion, it is far from my wish to vaunt castor-oil as a specific in cholera; but I do think that the result of the cases thus treated should lead us, if it should ever again be our duty to treat an extensive epidemic of cholera, to use a mild eliminative treatment simultaneously with moderate stimulants, and carefully note the results week by week. For my own part, I have resolved not to administer opium, except, in combination with alteratives, in simple diarrhoea, in which cases I believe it is certainly of great utility.

British Medical Journal.

SATURDAY, OCTOBER 28TH, 1865.

CHOLERA.

THE *Moniteur* repeats the instructions for treatment already issued in 1854. The instructions drawn up in 1854 by the Board of Health, and by the Academy of Medicine in 1849, are a model of precision and clearness. The counsels are reduced to very simple precepts. These are—scrupulous personal cleanliness, warm clothing, cleanliness in habitations, removal of filth of every kind, ventilation, ordinary regimen, the usual food, provided it be not prejudicial to health, and the absence of all excess, above all shunning the abuse of strong liquors, bad *eau-de-vie*, and especially absinthe.

The *Union Médicale* says:

"The number of admissions to the hospitals has diminished sensibly. The patients admitted have a better aspect, and the cases are becoming more accessible to the resources of art. The general opinion of the doctors is that the malady within the last few days has reached its maximum of intensity, and that it has now entered on a period of decline."

The *Union Médicale* of the 21st has the following retrospective details concerning cholera.

"The information we have been enabled to give to our readers respecting the cholera, although not based on figures (which have been constantly refused), has nevertheless been as exact as possible, and has faithfully reproduced the movement of the epidemic. Our latest intelligence stopped at the 17th inclusively, and showed on that day a slight diminution in the number of deaths, especially in the hospitals. On the 18th instant, the situation remained stationary, with a tendency rather to a decline than an increase. On the 19th, there was no perceptible change; the deaths remaining at about the same figure, both in the hospitals and in the city. At the moment of going to press, one of our collaborators sends us the following note. 'During the last two days (18th and 19th), the number of cholera-patients in the hospital is perceptibly the same. In the city, there is an apparent diminution; thus, in one of the central *arrondissements*, the fourth, the number of deaths from cholera on the 18th was only three, and on the 19th only five. On the 17th, there had been fifteen deaths. The Administration of Public Assistance has opened at the old Hospice des Ménages an establishment of convalescence for patients leaving the hospitals. Many relapses have thus been prevented.'

Dr. Bonnafond, at the Academy, said that the condition of climate, geology, etc., of a country engendered distinct maladies. Thus, cholera is peculiar to India, yellow fever to America, intermittent fever to Africa, and so forth. He did not think that the carcases of the animals sacrificed by the pilgrims to Mecca could account for the epidemic. Africa should, on these grounds, be constantly ravaged; and the plains of La Plata, where thousands of cattle were slaughtered, should be likewise infected. He

was of opinion that the malady should be combated in the very place of its origin; namely, India. The measures which the French Government recently suggested should not be limited to Cairo or Constantinople, but be extended to India.

M. Le Verrier complained that the time of the Academy was taken up in condemning remedies without indicating those which were more capable of arresting the evil. The newspapers published receipts every day which contradicted each other. Every medical man had his own system. What was necessary was to point out at least what should be first done in the absence of the doctor. In a word, he wanted positive indications, instead of negative discussions.

The answer given him by M. Velpeau, we recommend to the publishers of cures for cholera in the *Times*.

"To indicate efficacious remedies is easy to say, but difficult to realise. The cholera is a malady as yet really little known, and which, like other maladies, is often cured without remedies. Many maladies, gentlemen, are cured without remedies. The truth should be told. In 1839, we tried all the means which are at this day again so much spoken of. In some instances they were successful; in others they failed. Was it because the patient cured himself alone, or was it the remedy that cured him? We do not know. How many persons are sure of their remedy? They speak of it confidently, and yet the patient is lost. It is probable that in the first case he cured himself, and that the remedy did not do much. This does not prevent every one from believing that his own receipt is infallible. Every doctor, like every other mortal, has his remedy. There is nothing so difficult as to indicate remedies where every one meddles in the matter.

"I am obliged to avow that it is not always in our power to point out an efficacious remedy. The cholera is no doubt caused by the introduction of a poison into the organism. If the poisonous element is in small quantity, and the organism strong, it makes no ravages; if the contrary be the case, the danger is real. Also, when the patient absorbs what is administered to him, his cure is probable. But sometimes the stomach refuses to absorb anything; and, in this case, recourse should be had to external means, which are often insufficient. In a word, the malady almost always commences by characteristic symptoms, such as premonitory diarrhoea. The preventive treatment is easy; and it is for each person to guard himself. Excess of every kind should be carefully avoided, and the rules of salubrity attentively observed. The means of arresting the malady at its outset are very simple. My advice is this:—Pour from three to four drops of laudanum on a lump of sugar, and swallow it. Repeat in two hours afterwards, and so on until the cholice vomiting pass away. Take also very small injections of starch, poppy-flowers, with six, seven, eight, or ten drops of laudanum. But when the disease has become confirmed—when vomiting begins—remedies are no longer absorbed, and we may just as well throw them out of the window. In such case, we must employ external remedies, frictions, etc. Of course, such remedies are feeble enough against the effects of this terrible poison. But then so it is. We may grieve over the fact, but we cannot alter it."

On the 20th inst., the Emperor paid an unex-

pected visit to the Hôtel Dieu. His Majesty went through all the wards, in which he stayed an hour, speaking to all the patients suffering with cholera. His Majesty perceived with great pleasure that a great number were convalescent, and that many beds were already vacant, which showed that the epidemic had ceased to make progress. The patients were affected by the marks of interest shown them by their sovereign. The Emperor expressed his satisfaction to the sisters, the physicians, and attendants.

The *Moniteur* gives the following account of the visits paid by the Empress to the hospitals of Paris.

"The Empress, although suffering from a severe cold, devoted the entire day to visiting the patients suffering in the hospitals from cholera. Her Majesty successively visited the hospitals Beaujon, Lariboisière, and St. Antoine, and approached the bedside of all the cholera patients, questioning and exhorting them with solicitude and devotion. A Sister of Charity stated with great satisfaction that the number of recoveries showed a notable abatement of the epidemic. A large crowd cheered Her Majesty on leaving the hospitals."

The English Government has given its adhesion to the proposal of France that an International Sanitary Conference should assemble at Constantinople, with the object of devising means for preventing the spread of cholera from Asia into Europe, and removing, as far as possible, the causes which lead to the outbreak of this epidemic. The proposal has been favourably received by most of the European Governments.

M. Drouyn de Lhuys, in a circular to the diplomatic agents of France abroad, says:

"In order to prevent the spread of cholera, the Government of the Emperor has deemed it a matter of urgent necessity to establish a preliminary understanding with foreign powers, and to propose a conference at which delegates from the different states would consult with scientific men considered most capable of throwing light on the deliberations. The object of the conference would be to discover the first causes of the cholera, to ascertain the principal places in which it originates, and to study the characteristics of its progress. It would further propose practical measures for confining and suppressing the cholera upon its first appearance. It must be well understood from the commencement that the conference, while preserving the greatest liberty of opinion, would neither be entitled to interfere in the internal administration of any country, nor to take the initiative in any proposals of a nature to obstruct the free exercise of territorial sovereignty. The measures, of which the conference would advocate the adoption, could only be put into practice in each country by the independent authorisation of its Government. M. Drouyn de Lhuys, in conclusion, draws attention to the successive improvements which have taken place in Turkey in the administration of the Department of Public Health, and adds that this consideration naturally points to Constantinople as the proper seat of the conference."

The *Avenir National* says:

"The medical world is at this moment painfully affected by the deaths of MM. Cacciaguerra and Mocquot, of the Hospital St. Antoine, who have fallen

victims to cholera whilst attending the sick. Three pupils of the College St. Louis have been attacked; two of them died on Thursday, and the other on Friday. One of the servants of the college has also been carried off. The death from cholera of Dr. Bréard, an eminent Parisian practitioner, aged 64, is also announced." Dr. Aquarone also died at Toulon on the 17th inst. of cholera.

Mr. JAMES HOUGH of Cambridge has published a pamphlet showing the shameful injustice to which he has been subjected by the *Times*. The *Times* published a very incorrect and injurious account of the treatment by Mr. Hough of the unfortunate gentleman who was lately drowned at Cambridge. To defend himself, Mr. Hough naturally wrote an explanation to the *Times*; but it was refused admission. Dr. Humphry and Mr. Temple also wrote letters to that journal defending and explaining Mr. Hough's treatment. Their letters were also rejected. One can only conclude, from the systematic slandering of the medical profession, the gross, unpardonably gross, ignorance, and the quackish mind and utter absence of philosophic spirit, which have lately characterised that journal in its dealings with medicine, that its medical department has fallen into the hands of some bitter apostate, some medical atheist, or American herbalist. At all events, in the case before us, every honest man will join with us in condemning a journal which first calumniates and then refuses the calumniated an opportunity of reply. We can only regret that Mr. Hough is not able to tell his tale through a court of justice. Mr. Hough, referring to Mr. Purkiss's death, says:

"I adopted the modes of artificial respiration known as Dr. Marshall Hall's and Dr. Silvester's..... When at length all hope of restoring animation by these means failed, I opened the trachea, and introduced a quill which I obtained from one of the bystanders. It should be borne in mind that I was in a field at a considerable distance from any house; the nearest surgery whence a suitable tube could have been obtained being upwards of a mile off. We had sufficient proof that we were justified in our operation by the free admission of air into the lungs, whereas I had found that I could not effect the same by simply blowing through the mouth and nostrils. Mr. Lewis, writing to the *Times*, suggests that such a course as I adopted is likely to be pursued by the inexperienced, and he, therefore, undertakes, at least indirectly, to condemn it. The improbability of any non-professional person attempting such an operation as tracheotomy is too great to need argument."

In reply to this attack of Mr. Lewis, Mr. Hough writes to the *Times*; but his reply was rejected. He said in his note:

"Mr. Lewis tells us, that none of the medical men consulted by the institution of which he is the secretary recommended cutting 'the apparently drowned man's windpipe with the view of inflating the lungs.' I should have been surprised had they recommended the performance of this operation in a paper evidently drawn up for the instruction of bystanders at an accident, among whom, perhaps, no surgeon

might be present. Surely no surgeon is to be fettered by instructions of this kind. Amid the almost infinite variety and combinations both of circumstances and symptoms, his best guide will be his professional knowledge and experience, and not the mere letter of any code of instructions, however excellent."

Dr. Humphry also, without any communication with Mr. Hough, addressed a letter to the *Times*, but it was not inserted.

"The procedure" (he said) "adopted by Mr. Hough, when all other means had failed, of opening the windpipe and inserting a quill for the purpose of carrying on artificial respiration, may not have received the recommendation of any of the medical gentlemen consulted by the National Life-boat Institution; yet it must not, therefore, be assumed to be either unauthorised or improper. I find it suggested as a *dernier ressort* in the very first essay on the subject that I refer to. The most effectual, indeed, in some cases, the only really effectual, means of carrying on artificial respiration (which is the chief thing to be resorted to in asphyxia) is the alternate compression of the throat and careful blowing of air into the lungs through a tube inserted into the trachea. Blowing into the mouth or nose cannot be relied on. I think that, when the other means of artificial respiration had been tried and failed, Mr. Hough was justified in the step he took; indeed, is to be commended for it. Such a proceeding is not likely to be attempted by any but a medical man, which may be the reason that it was not recommended to be included in the 'popular instructions' issued by the institution."

On September 21st, a second letter appeared in the *Times* on the same subject. The anonymous writer expresses an opinion that the death of Mr. Purkiss was not caused by drowning, but by a "rush of blood to the head or other affection, etc." He further regrets that a *post mortem* examination was not thought necessary." The *Times* publishes the letter, and in so doing sends forth to the world a reflection upon two Cambridge surgeons. To rebut this implied accusation, Mr. Temple wrote to the *Times*. He said:

"As a medical practitioner of more than thirty years' standing, and having assisted in the efforts which were made on this occasion to restore animation, I am at least as well qualified to pronounce a judgment on both the above points as Mr. Lewis and W. M. F., M.A. I entirely approve of the treatment pursued by Mr. Hough."

Like Dr. Humphry's and Mr. Hough's, this letter was also suppressed by the journal which had given so ready a welcome to assailants.

At a meeting held on the 13th instant, the English Branch of the Medical Council appointed the following of their members to visit the examinations of the English diplomatising bodies. Dr. Storrar and Mr. Cæsar Hawkins to visit the Royal College of Physicians; Dr. Sharpey, Mr. Cooper, and Dr. Parkes, the Royal College of Surgeons; Dr. Parkes, Dr. Quain, and Mr. Rumsey, the Society of Apothecaries; Dr. Paget and Dr. Quain to visit the University of Oxford; Dr. Acland and Dr. Embleton, the University of Cambridge; the President (Dr. Burrows) and Dr.

Alderson, the University of London. The appointment of visitors for the University of Durham has been deferred, as there will be no examination for medical degrees until next June. The visitors are not to be paid for their services.

THE question of permitting country Fellows of the College of Surgeons to vote in the election of Councilors by papers has, we have reason to know, been under the consideration of the Council of the College. We believe that the question was received in a very fair spirit; and we cannot doubt that, if the country Fellows wish for such power of voting, they may now have it for the asking. Perhaps some of our readers will be surprised, when we tell them that one great objection taken to the proposal was this, that the country Fellows had themselves expressed no desire of the kind! The Council feel, and we must admit reasonably enough, that to justify them in taking the steps necessary for giving such vote to country Fellows, they ought to have some demonstrative proof that the country Fellows really are in earnest in asking for the privilege. The Council say: "It is all very well for a meeting of the British Medical Association to pass a resolution calling upon the College to take the steps necessary for giving country Fellows a vote by paper; but how do we know who, and how many Fellows of the College, were present when the resolution was passed? They ought to have sent us in their names. The Fellows must remember that, in order to obtain the privilege in question, the College must seek for a new Charter—an important and expensive affair. In order, therefore, to justify them in moving in the matter, the Council require that they should have the proof that the Fellows desire this vote—should have it under sign manual, or in some other way." We may remark, that it was even said in the Council, that country Fellows had been heard to exclaim that they did not want the privilege. Thus, then, the matter stands. We have heard enough to satisfy us that, if the country Fellows really want to have the vote, and will take the very simple and easy step of showing that they want it, the Council will assuredly do its best to further their wishes by endeavouring to obtain from the Queen the necessary alteration of the present Charter. If Fellows, therefore, really desire the vote by paper, they will show that they do so by petitioning the Council to that effect. The idea that this method of voting by paper might lead to great canvassing, etc., no longer exists. The last and several previous Council-elections have dispelled all illusion on this score. Whatever supposed evils this placing of the election in the hands of the Fellows at large may lead to, assuredly it will not produce this one. The experience of the last and several previous years shows that the system of canvassing—of hard election-fighting—is already an

established fact. Those who object to the canvassing system may reasonably hope to see it suppressed by such a widening of the constituency.

WE have been informed, on good authority, that the number of cattle that have died in this country of the Rinderpest does not exceed 1700 up to the present time. Not a single sheep has yet been reported as killed by the disease. The rise in the price of butcher's meat is, therefore, in no way fairly attributable to the destruction by disease of animal life.

WE are sorry to find that Dr. W. Budd's professional engagements prevented him from taking a part in the investigation concerning the Cattle-Plague; and that for the same reason, also, he was reluctantly compelled to decline the honour of a seat on the Commission which was offered him by the Government.

At the meeting of the British Pharmaceutical Conference at Birmingham, the President (Mr. Deane) spoke of the publication of the *British Pharmacopœia*, and justified the Medical Council in the publication of bare formulæ, without notes and comments. He then spoke of the revised edition now in preparation.

"As you are aware, the *Pharmacopœia* is at present under revision by a committee whose names are a sufficient guarantee that the work will be performed in a manner satisfactory alike to the prescriber, the pharmacist, and the purely scientific man; and I anticipate that the new edition will show that the existing volume contains the nucleus of the best medical code which we have yet seen. Probably, it will be found that the chemical notation and some other matters of abstract science which vary with the changing opinions of scientific men will be entirely omitted. That physicians will have greater liberty in the use of the old and convenient apothecaries' symbols for grains, scruples, and drachms; and that with the general revision of the work, and the removal of many existing inconsistencies, we shall have the insertion of formulæ for a large number of generally prescribed remedies for which it is most important there should be recognised Galenical preparations."

The preparation of an Indian *Pharmacopœia* was then alluded to; and its scope described as follows.

"Its object and aim is to supply medical men and pharmacutists in India, as well as the medical students whose education may be conducted in the Government colleges, with a mass of information respecting the more useful drugs, including their method of preparation and administration. One object to which particular attention will be given is the introduction into notice of the more important drugs of India, hitherto but little employed except by native practitioners. As it will be necessary, in most cases, to describe the physical characters of the drugs, to point out their place of growth and manner of preparation, as well as to notice their therapeutical applications, the *Pharmacopœia* of India will have somewhat the character of a dispensatory. It is not intended to introduce into it chemical processes; and certain other drugs and preparations specified in the *British Pharmacopœia* will probably be omitted from

that of India, as being either superfluous or not adapted to a hot climate such as that of India. It is intended that the work shall contain lists of drugs in some of the principal Indian languages, in order to facilitate the identification of drugs met with for sale in the bazaars."

DR. MURCHISON, in the *Standard*, denies the correctness of the statement said to have been made in a speech delivered by Lord Brougham at the late Social Science meeting at Sheffield, that

"The sheets, linen, etc., from the Fever and Small-pox Hospitals, at the north of London, were carried right through the heart of it in the same carts that are used for the other customers of the laundry, to go to a laundry three miles south of London, which did the washing for many of the clubs, institutions, public schools, hotels, etc."

As regards the London Fever Hospital, says Dr. Murchison,

"The statement is utterly devoid of foundation. For seventeen years at least, the entire washing of the establishment has been done on the premises. Moreover, of late years, especial care has been taken to disinfect the clothes of all the patients before their discharge."

THE *Journal de St. Pétersbourg* denies that the Rinderpest was introduced into this country from Russia. It says:

"An investigation having been ordered by the Minister of Finance to examine into the condition of the cattle of Esthonia, and to ascertain the number exported to England in 1865, we are enabled to give positive data to correct the erroneous assertions of the foreign newspapers. Since 1859, a period at which there were some isolated cases of disease introduced by cattle from Ukraina, no malady has occurred in that province, and the sanitary state of the cattle is excellent. During the month of May 1865, the steamer *Tønning* exported from Revel to England 321 oxen, 331 sheep, and three horses, which were not affected by any disease whatsoever."

THE cholera has not appeared at Vienna; but the medical journals say that the fear of its advent has been a great boon to the people, in that it has caused, of late, great and energetic doings in the sanitary way.

At an evening meeting of the Bordeaux Medical Congress, the subject of the cholera was discussed; and, by order of "superior authority", the public was excluded, and the press requested to keep the debates secret! It is unnecessary to say that the secret was spread all over Bordeaux the following morning. Could official folly go further?

M. Bucquoy lately read a paper to the Hospital Medical Society for the purpose of showing the necessity of isolating cholera patients in hospitals. The facts which he has analysed justify, he says, the following propositions. 1. The importation of cholera into the midst of persons enfeebled by disease appears to have been the chief cause of the great mortality in Paris hospitals in 1849 and in 1853-4.

2. As far as experience goes, it does not appear that the isolation of cholera patients in separate wards creates a focus of infection, or increases the mortality of the isolated.

DEATH OF WILLIAM NEWNHAM, ESQ.

THIS estimable man died on Tuesday last, at his residence in Tunbridge Wells, at the age of 74. Mr. Newnham was for many years in practice at Farnham, but retired a few years ago. He had been suffering from chronic disease of the brain for six or seven years; and on Sunday week he had an attack of paralysis, and on last Sunday a second, after which he gradually sank. He will long be remembered as the zealous and indefatigable Treasurer of the Medical Benevolent Fund, which, indeed, he may be said to have founded, and of which, as long as he was able, he never failed to advocate the claims on all occasions, with the earnestness of a man who has resolved to devote his energies to a good and noble cause.

DEATH OF T. HERBERT BARKER, M.D., F.R.S.E.

THE profession will hear with deep regret of the death of this distinguished member of the Association. Those who saw Dr. Barker, little more than two months ago, receive from the hands of our President the Hastings Gold Medal, little anticipated such a sad result. Dr. Barker died on the 24th instant, at Bedford, of typhoid fever. He passed through the first three weeks of the fever very favourably; but the disease then took a turn for the worse, and he ultimately sank on the twenty-eighth day. Dr. Murchison visited him several times during his illness.

DEATH OF FRANCIS COOPER, Esq., OF SOUTHAMPTON.

AFTER three days' illness, from a violent attack of cholera of the worst type, Mr. Francis Cooper, the Officer of Health for Southampton, died on the 24th inst. He was seized about two o'clock on Saturday morning. Notwithstanding the remedies applied, it was painfully evident from the first that the attack would in all probability have a fatal termination. His naturally strong constitution struggled against the malignant disease, but he gradually sank. The deceased had been suffering slightly from diarrhoea for three or four days previously, having complained of it to his friend Dr. Wiblin. So devoted was he, however, to the performance of the arduous duties of his office, that on Friday he inspected a cement factory at Northam, to ascertain the effects of a new invention for getting rid of noxious effluvia which detrimentally affected the health of the neighbourhood. Mr. Cooper, who was 64 years of age, has been in practice in the town about forty years. He was appointed Officer of Health in 1850, and performed

the duties of that office for nearly eighteen months without any salary. After this, he had £150 *per annum* up to three or four years ago, when the salary was increased to £200. For a week or two before he was seized with his fatal attack, he now and then complained of exhaustion, and he had a careworn appearance, compared with his usual sturdy robustness, which was attributable, no doubt, to the harassing nature of his duties and the petty annoyances to which he was occasionally subjected, especially during the last few weeks, in the discharge of them. Added to this, one of his two sons, 31 years of age, died on the 14th inst. at Leith. Mr. Cooper was universally held in the highest respect and esteem by his townsmen, and his death is deeply regretted. In his own profession, also, he held a high place in general esteem.

LIFE IN BEDLAM. Suppose, then, that a patient has just left his home, reached the hospital, and been received with a few kind words by one of the two excellent physicians. A bell is rung, and the patient is committed to the care of one of the chief attendants, who introduces him to the bath room, and then gives him a general introduction to the other patients, who are seated or walking in the capacious gallery, and with whom he may form a closer acquaintance, or keep them at a distance, as his disease or judgment may dictate. He then finds the order of the day is as follows:—Rise at six, or thereabouts, perform your ablutions, make your bed, attend to your devotions, and be ready for breakfast about eight o'clock. The breakfast consists of a sufficient supply of tea and bread and butter, to which the patients may add any luxuries of fish, flesh, or fowl, which their private purse can provide. Breakfast being over, the patients betake themselves, after a brief interval, some to the tidying of the gallery, bedrooms, and library; a few to the carpenter's shop, and more to work in the gardens and grounds of the hospital, where, under the kind superintendence of the head gardener and his assistants, the patients may, till half-past twelve, do any horticultural work which ability or inclination may dictate, from mowing the grass, the digging of the trenches for the celery, down to the gentler exercise of watering the plants, or brushing the insects off the hothouse flowers; the labour of the patients being agreeably diversified by a lunch at eleven, consisting of a sufficient supply of bread and cheese and wholesome beer. At half-past twelve the patients return to the galleries, to attend to their toilettes, and be ready for dinner, which is served up about an hour after. The chief meal consists of a sufficient supply of roast or boiled meat (generally cold on Sunday), with vegetables varying with the season, and a liberal supply of agreeable beer. The commissariat department is well attended to under the superintendence of the kind steward, who now and then regales the patients with a first class fish dinner, not to mention the savoury geese with which he gladdens them on Christmas Day. Dinner being over, and thanks returned, the patients again separate till five. The artisans return to the shops, the gardeners to the grounds; some take a nap, some a pipe or a cigar; a few look over the books, take to chess or draughts; discuss the news of the day, or gather round the boards, of which there is a full supply, for a turn at billiards or bagatelle. At five the company assemble for tea, then spend about two hours more as they list, and at eight retire to rest for the night. (*Shilling Magazine.*)

THE VALUE OF LIFE IN SHEFFIELD.

IN the Health Department of the Social Science Association, Dr. J. C. Hall read a very important paper on "The Effects of Certain Sheffield Trades on Life and Health."

"The parish of Sheffield," said Dr. Hall, "is ten miles in length, its average breadth three miles, with an area of rather more than 22,000 acres. At the last Census, the population was 185,157. The present population is more than 200,000. The number of houses is 43,563. In the ten years ending 1860, the death-rate was 23 in 1000; in 1863, 34 in 1000; in 1864, 34 in 1000. In 1615, the population was only 2207; in 1736, 9695. And this high rate of mortality prevails notwithstanding that the people are in many respects very advantageously situated. The wages of many of the artisans are also much higher than in other towns. Few towns have more pure and better water than Sheffield. The supply of all the necessities of life is abundant, and generally reasonable in price. Most of the artisans have a house of their own, and those who live in the suburbs have frequently a garden."

"There is probably less of the confined alley and narrow *cul-de-sac* in Sheffield than in many other manufacturing towns. A good deal has been done of late years to the sewers and surface-drains of the town."

"The forging, grinding, cutting, and hardening of files forms one of the most important branches of our local trades, and one in which the workmen suffer most severely."

"Now, what is the file-cutter's disease. Poisoning by lead. The file rests on a bed of lead during the process of cutting; and fine lead dust may be seen to rise every time the chisel is struck by the hammer. The men have a foolish habit of wetting the finger and thumb with which the chisel is held, by licking them. They frequently eat their meals without washing their hands, and often take dinner in the workshop where the files are cut—as though fine lead dust, handling the lead at each shifting, and licking the fingers, were not sufficiently efficient poisoners. I saw, in one of the file-cutters' shops during the last few weeks, a man, whose wife had just brought him his dinner, eating it with unwashed hands, and dipping his fingers blackened and covered with fine lead dust into a paper which contained the salt for seasoning his beef. I went (Sept. 25) into a file-shop in which several men were at work cutting. These men all took their dinners in the shop; they never wash their hands until they get home at night 'sometimes not then.' They do not change their clothes when they get home. The file-cutters, after repeated attacks, have a peculiar dirty white and sallow appearance; the dropped wrist is common, and the blue line round the teeth, arising from the deposition of sulphuret of lead, very marked. A boy was admitted into the Sheffield Public Hospital a few weeks ago. He had all the symptoms of lead-poisoning except the blue line; being a file-cutter no doubt existed as to the nature of the disease. Iodide of potassium was given to him, and in a week the blue line appeared. If formed, it is difficult to say when it will disappear. I once had a file-cutter under my care who had suffered in early life from lead colic; he had not, however, cut files for eighteen years before I saw him, nor had he been in any way exposed to the influence of lead. The blue line was still present."

With respect to hardening files in lead producing the file-cutters' disease, my own experience leads me to

say that it most certainly is not nearly so injurious as file-cutting."

Dr. Hall suggested attention to the following simple rules for the prevention of the file-cutters' disease:

"a. Children ought not to begin to cut files at so early an age as at present; it tends to make them feeble in body, and deprives them of the possibility of being properly educated."

"b. Without the greatest care, lead will enter the system through the skin. Common sense will, therefore, point out the importance of washing the hands, arms, and face, many times a day; of frequently combing and brushing the hair; and of having one set of clothes for the shop and another when out of it. The mouth ought also to be frequently rinsed with water."

"c. The meals ought not to be taken in the workshop, and never taken without first washing the hands, arms, face, and lips, and changing the working-jacket, or the poison will enter the system with the food."

"d. On no account lick the fingers when at work."

"e. An orininal respirator worn when working would keep out much of the fine lead dust, and consequently keep the poison from entering the air-passages."

"f. The dress should be of coarse linen; a cap of the same material would keep the lead-dust from the hair."

"g. The working-dress and shirt should be put on when entering the shop, and both should be changed for the ordinary dress before going home."

"h. On no account neglect the use of the hot and cold bath."

"i. Attached to every large manufactory where files are cut, there ought to be a large room supplied with hot and cold water, where the men could wash themselves and change their dress."

Grinders are divided into three classes: 1, Dry grinders, using only the dry stone; 2, mixed, or those who partly grind on the wet, and partly on the dry stone; 3, wet grinders. It is in dry grinding that the workmen are exposed to by far the greatest danger. The dust which is created by the stone and steel fills the room in considerable quantities."

"It is easy to protect the nose and mouth with a light handkerchief during this process; but the precaution is seldom taken. On my asking a file-grinder at the Union Wheel, a week or two ago, why he was thus exposing himself to causes certain to bring on a disease that would quickly bring him to a miserable death, he replied, 'We know all about it, doctor; but we never give it a thought.' Fork-grinders work on a dry stone, and their calling is perhaps more destructive than any of the grinding trades. The present number of men employed is about 150. Personal inquiries at the various wheels induce me to conclude the present condition of these men is no better than when a fork-grinder told me, some years ago, 'I shall be 36 next month, and you know that is getting an old man at our trade'; and when I found the average age of the men only 28."

"There is no more melancholy object than a fork-grinder, looking prematurely old and dying from the dust inhaled in his trade; no object more deserving of our pity, as we see him often crawling to his hull to labour when altogether unfitted by the grinders' disease for his calling. 'His poverty and not his will consents.' In this condition, a day or two a week, he grinds for a few hours, inhales additional dust, and, in order to obtain bread, increases the disease which already is rapidly destroying him. From the statement published a few weeks ago by the Committee of the Razor Grinders' Union, it appears there

are 200 workmen employed in grinding razors, and 81 boys under 21.

Ages.	Persons.	Ages.	Persons.
21 to 25	83	50 to 55	9
25 to 30	57	55 to 60	8
30 to 35	36	60 to 65	3
35 to 40	35	65 to 75	1
40 to 45	29		
45 to 50	29		290

The table may be left without a word of comment to tell its own tale. The Sheffield grinders' disease was formerly almost unknown. Men did not then grind day after day, as they now do."

Dr. Hall made the following suggestions for alleviating the condition of the grinders.

"1. To limit the hours of labour; 2. Wet and dry grinders ought, on no pretence, to be allowed to work in the same hull; 3. To oblige the owners of all wheels to provide a fan for every dry grinder. I propose that the owner of the wheel, and not the grinder, should provide the fan and see that it works properly. If the grinders are left to provide it for themselves, so reckless of life, so careless and indifferent are many of the fork, scissor, and razor grinders, that I am certain they will never provide it for themselves. To prevent the grinders' disease, all wheels should be placed under proper inspection, properly ventilated and kept clean, the rooms built of a proper height, with sufficient space for each man, and every wheel properly provided with conveniences, the want of which, or the substitutes for which, at many wheels are a disgrace to the civilisation of the nineteenth century, and in a sanitary point of view a great evil. Lastly, children should be prevented from entering the wheels at an early age. I wrote in 1857: 'To send a boy at eight or nine years of age into a grinding hull is an act of refined cruelty which the powerful arm of the law can alone restrain. The application of the Factory Act to the grinding trades of Sheffield would, in my opinion, be most wise and salutary. These helpless children I would, indeed, commend to the protection of the State; and glad, indeed, shall I be if these remarks attract the eye of any member of the House of Commons, and induce him to bring the question before Parliament; or, if the evils, religious, moral, and physical, under which these poor boys are suffering, lead the inhabitants of Sheffield to petition the legislature to cast around them that protection which they have not at present.' Such was the opinion I published in my work on *The Causes, Prevention, and Treatment of the Sheffield Grinders' Disease*, eight years ago. I repeat that opinion now; and right glad am I to see it in every respect confirmed by the evidence collected by Mr. White, and by the recommendation made to Her Majesty by the Children's Employment Commission."

LECTURESHIPS IN THE UNIVERSITY OF PENNSYLVANIA. The trustees of the University of Pennsylvania, through the liberality, it is said, of the Emeritus Professor of Medicine in that institution—Dr. George B. Wood—have devoted the sum of 50,000 dollars to the endowment of lectureships in the University on: 1. Zoology and Comparative Anatomy; 2. Botany; 3. Mineralogy and Geology; 4. Hygiene; 5. Medical Jurisprudence, including Toxicology. The appointments will be made in November next, and the first course of lectures will be given the ensuing spring. Each lecturer is to receive a salary of 500 dollars from the fund, and also all fees that may accrue from the sale of tickets, the fee not to exceed 10 dollars, and regular matriculants and alumni to be admitted free.

Association Intelligence.

SHROPSHIRE SCIENTIFIC BRANCH: ANNUAL MEETING.

The Annual Meeting of this Branch will be held on Friday, Nov. 3rd, at the Museum of the Natural History Society, Shrewsbury, at Two o'clock. President—Elect, J. W. MOORHOUSE, Esq.; Vice-President, E. BIRD, M.D.

Papers will be read, and the Members afterwards adjourn to dinner at Five o'clock.

SAMUEL WOOD, Secretary.

Shrewsbury, Oct. 1st, 1865.

Reports of Societies.

OBSTETRICAL SOCIETY OF LONDON.

JULY 5TH, 1865.

ROBERT BARNES, M.D., President, in the Chair.

Dermoid Cyst. Dr. BATHURST WOODMAN showed a dermoid cyst, removed after death. It was attached to the right ovary. The ovary itself was converted into an enormous polycystic tumour, larger than the gravid uterus, filled with colloid matter, in which a few cells, many nuclei, granular matter, and exudation corpuscles in great abundance, were found. There were no evidences of malignancy. Ovariectomy would have been performed by Mr. Couper, but, apparently from the bursting of one or two of the cysts, peritonitis set in, and killed the patient before the operation could be done. Her age was 47; she was a married woman, living separate from her husband. Two attempts had been made at tapping some weeks before death, but the colloid matter would not run through the trocar. The dermoid cyst had been turned inside out, displaying two rudimentary teeth and hairs growing from the inside. The contents were hair and sebaceous material.

Hydrocephalocele. Mr. WAITS recited a case of hydrocephalocele of great size, in which tapping was practised, the child living about four months.

Hysterotomy. Dr. AVELING exhibited a double-curved hysterotomy, which he had invented some time since, but which he had now discarded: (a) because incisions could only be made by it in a lateral direction; (b) because the two blades did not cut to an equal depth, the yielding structures being deeply incised and the denser ones remaining merely scarified. He also showed the single straight Hysterotomy which he now uses. By pressing a handle, the blade is projected so as to enable the operator to make an incision increasing in depth from the internal os to the external. Dr. Aveling also exhibited a Spring Tent which he uses after the operation to keep the uterine canal open.

The President thought Dr. Aveling's hysterotomy an improvement upon Professor Simpson's, as the hinge of the blade was at the end of the instrument instead of in the middle. He would, however, ask Dr. Aveling whether there would not be some difficulty in passing the uterine portion of the instrument through a strictured os?

Dr. AVELING stated that he never used the slightest force in introducing the hysterotomy, but, when necessary, always first passed a small tangle tent, which in a few hours temporarily dilated the canal.

Monstrosity. Mr. ELLIS gave the particulars of a

Case of Monstrosity occurring in two children (twins), in both of whom the nose was represented by a short trunk. In one the eyes were totally absent, but in the other they were present.

Extrauterine Gestation. Mr. TRUMAN read a report of a fatal case of tubal extrauterine foetation, to which was added the microscopical examination by Dr. Braxton Hicks. Death took place from sudden rupture of the tube at the end of the third month of pregnancy.

Mr. ROYER remarked that in the two cases of tubal pregnancy which had occurred in his practice, complete rupture of the cyst took place at the seventh or eighth week of pregnancy, and death rapidly followed from hæmorrhage into the peritoneal cavity. Coincident with the first symptoms in each case there were symptoms of menstruation. He believed that when the ovum was in the free part of the tube (not that part which passes through the uterine wall), rupture, partial or entire, might be expected at the seventh or eighth week of pregnancy, as at this period the ovum became so large that the tube would not allow of further distension without giving way; it was therefore at this period that we might look for the first symptoms of the accident. Diagnosis of the nature of the case would be importantly confirmed by noting the time at which the first symptoms happen (whether at a catamenial period), and the actual existence of a menstrual discharge. The uterus being unoccupied, the discharge might be regarded as truly menstrual, coming from the lining membrane of the uterus; and the increased functional activity of the reproductive organs at this particular period, the additional afflux of blood, and the turgescence of the vessels concerned in nourishing the ovum, were coincident circumstances likely to determine or hasten rupture.

THE PRESIDENT called attention to the fact that previously to the rupture of the cyst—that is, previously to the shock and collapse which mark the epoch of rupture—it was usual to observe a discharge of blood *per vaginam*. The hæmorrhage, he believed, was commonly produced in this way:—The ovum growing at about two or three months, the period when chorion is rapidly forming placenta, the rate of growth of the villi greatly exceeds that of the sac. The Fallopian tube is unfitted to harbour the ovum; it cannot keep pace with the shooting-out of villi. These become detached, and hæmorrhage results. Then, under combined distension from growing ovum and hæmorrhage, rupture takes place. It was by a perfectly analogous process, in his (Dr. Barnes's) opinion, that hæmorrhage took place in placenta prævia. Here is an *error loci*, as in tubal pregnancy: the ovum grows in the wrong place. The cervical zone is not well adapted to grow with the growth of the ovum. Hence a time arrives, about the fifth or sixth month generally, when the shooting villi get detached from the uterine wall, and hæmorrhage results. This explanation, the President observed, differed entirely from the theory generally received, which attributed the hæmorrhage to the lower segment of the uterus growing away in some manner from the ovum. The cases of tubal gestation and placenta prævia were strictly analogous in this respect. Both were examples of ectopic gestation: the ovum growing in a structure not fitted to grow in proportion with it.

Dr. PLAYFAIR asked whether Dr. Barnes thought that, either with the assistance of the symptom he had pointed out or by any other means, he considered it possible to arrive at the diagnosis of a tubular foetation before rupture had occurred. There could be no doubt that the question of diagnosis was one of extreme importance, because if the existence of a

Fallopian pregnancy could be ascertained with a tolerable degree of certainty, it might perhaps be possible to adopt some method of treatment which would save the patient from the almost certainly fatal result following rupture. Thus, for example, it might be worthy of consideration whether the operation of gastrotomy and the ligature and removal of the Fallopian tube and its contents might not be successfully resorted to. The risk from such an operation would be infinitely less than that which follows the rupture of the cyst. At present, the difficulties of diagnosis are undoubtedly almost insuperable; but Dr. Barnes's interesting observation seemed to indicate a means by which they might in time be lessened or overcome.

Dr. BRAXTON HICKS thought the collection of the histories and of the *post mortem* examinations of such cases very valuable, inasmuch as it would help to guide us as to the possibility of operative interference, even if the diagnosis could be clearly made out. From what he had seen, he thought in the majority of these cases there would co-exist circumstances, such as adhesions, etc., which would entirely prevent our getting below the sac, so as to tie it. Even many of the cases of tubal foetation were caused by curving of the tube by old contractions or other causes, rendering any chance of benefit hopeless.

Dr. PLAYFAIR believed, as a rule, that extensive adhesions would not be found in cases of tubular foetation before rupture had taken place. After the foetus had escaped into the cavity of the abdomen, if the patient survived the shock of the rupture, an adventitious cyst was formed round it, which was usually extensively adherent to the surrounding parts; and it would doubtless be very difficult to remove this *en masse* by gastrotomy; although Mr. Spencer Wells, in a previous discussion on the subject, had suggested the possibility of this being done. But in a tubular foetation before rupture, he (Dr. Playfair) apprehended no such difficulty would be met with.

Dr. GRAILY HEWITT observed that the diagnosis of cases of the kind now under consideration was, and he believed always would be, very difficult; and he feared that but little reliance could be placed on the circumstance adverted to by the President—viz., the occurrence of hæmorrhage as a precursor of rupture, inasmuch as it was well known that in cases of extrauterine pregnancy hæmorrhage from the uterus was not unfrequent, and that at periods some time antecedent to the rupture. With reference to the time at which rupture occurred in cases of Fallopian pregnancy, there was a very important fact to be borne in mind—viz., that, as Kassmaul had pointed out, many cases of supposed Fallopian pregnancy were really cases of bicorned uterus; and the difference in the result between such a case and one of Fallopian pregnancy with a normal uterus was necessarily very great. In the one case, rupture at a comparatively early period usually occurred; whereas in the other the pregnancy might proceed normally.

Dr. RITCHIE made some remarks on the interesting question of the period at which rupture of the sac usually occurs in tubal pregnancy. He referred to two cases which had been observed by a French accoucheur, where there was some reason to believe that the foetus, after nine months of intra-tubal life, had been extracted by the natural maternal passages. He surmised that perhaps those cases were to be explained in the manner just referred to by Dr. Graily Hewitt: that they were perhaps instances of double uterus, where the entrance to the second horn or loculus had been mistaken for the uterine orifice of the Fallopian tube.

THE PRESIDENT observed that the question now started—whether gastrotomy might not be performed

before rupture of the sac—must greatly depend upon means of diagnosis. He did not think that the preliminary hemorrhage to which he had called attention, even aided by other indications, could ever raise more than a strong presumption: the evidence could hardly be great enough to justify the operation. Again, rupture commonly took place not later than three months. He had performed *post mortem* examinations in two such cases. In both, there was great difficulty in discovering and isolating the parts concerned. In the living subject, the task would often be impossible.

Anteflexion of the Gravid Uterus. Dr. GRAILY HEWITT related the particulars of a case under his care, in which anteflexion of the uterus, which existed before pregnancy and which had been nearly cured, was found to be present at the fourth month of pregnancy, and to such an extent as to interfere with the rising of the uterus out of the pelvic cavity into the abdomen. He was called to see her at that time, and found the os high up in the vagina, and the body of the uterus tilted forwards and pressing deeply on the bladder; the soft parts were greatly swollen, micturition exceedingly frequent, and acute pain was present. The patient was ordered to lie in bed, and in three days the uterus was liberated from the pelvis, and the symptoms became relieved. Dr. Graily Hewitt believed that anteflexion of the gravid uterus was very rare, and he had not met with any description of it. In this case, the patient had been previously treated by him for anteflexion, and this gave him at once a clue to the nature of the affection.

Correspondence.

THE MEDICAL PROVIDENT SOCIETY.

LETTER FROM ALEXANDER HENRY, M.D.

SIR,—In continuation of my letter which appeared on the 14th instant, I now proceed to comment on Mr. Steele's second and third letters (September 16th and 23rd).

Mr. Steele begins his second letter (September 16th) by asserting that the Rules of the Medical Provident Society "must be interpreted according to their precise meaning". This statement is correct enough; and it is applicable to all written laws. But, as laws may be misunderstood or misinterpreted, there must be a power vested somewhere of determining their precise meaning. In the Medical Provident Society, authority is given to the Directors to determine "all questions which may arise as to the construction of the Rules"; and, more than this, provision is made for arbitration, if this be deemed necessary. The expensive litigation, therefore, which Mr. Steele holds out *in terrorem* as a thing that may be, is, at all events, of very remote possibility, and cannot occur until the more pacific means have been exhausted.

The want of power on the part of the Directors to relax or modify the Rules in individual cases is an element of safety, rather than, as Mr. Steele appears to consider, of unsoundness. If there were anything likely to give rise to discontent and jealousy, and even to litigation, it would be the exercise of a power, on the part of the Directors, of making such special relaxation or alteration.

Mr. Steele shows, by his objection to Rule 1, and by other parts of his letters, that he does not possess a knowledge of the Friendly Societies' Act. It is there stated that the place of business of any society enrolled under the Act must be mentioned in the

Rules. With regard to Mr. Steele's remark on the inconsistency of having the affairs of a British institution managed in London, we might be convinced of its validity, if it could be shown that it is inconsistent to have the seat of government of the British Empire in London.

In commenting on Rule 11, Mr. Steele intimates his intention of showing that the Society is calculated to benefit those few alone who are least likely to require its aid. But, so far as I can find, he nowhere attempts to support this assertion by proof. The assertion reads strangely in connexion with the statement in his first letter, that the Society has been instituted for the benefit of "poorer brethren"; and both statements are equally incorrect. As I have already shown in my last letter, any duly registered practitioner may present himself as a candidate for membership; and the restrictions which are necessarily placed on admission, exclude only a very limited proportion of those so applying.

Mr. Steele sees in the sixth clause of Rule 11 a "manifest absurdity"; and, in his third letter (Sept. 23rd) he objects that no interpretation or limitation of the term "organic disease" is given. He cannot have carefully read the words to which he refers in connexion with their context. The Rule says that a candidate "shall not have any organic disease, or predisposition to periodical or recurring attacks of illness, likely to incapacitate him from discharging his duties," etc.; i. e., likely to produce more than the average amount of incapacity from illness. The words which I have marked in italics, must be read with each of the two clauses preceding them, not with the last alone.

Mr. Steele finds fault with the expression "shall be healthy, and shall not have any organic disease," evidently regarding it as an absurd tautology; and yet, in his third letter, he says that certain organic diseases, such as harmless chronic tumours, varix, etc., may exist without endangering the health. How is Mr. Steele's objection to be reconciled with his admission?

In reference to what Mr. Steele considers the absurdity of a "conclave of doctors" drawing up Rules for the management of a Provident Society, I must inform him of the facts of the case. The Rules were in the first place drawn up by one of the Directors who possesses an unusual familiarity with all information relating to institutions of the kind, and were most carefully revised again and again by other members of the Board who could bring much valuable experience and sound sense to bear on the subject. When they were laid before the Registrar, they were so far complete as to require little more on his part than a few verbal alterations to make them closely fit the provisions of the law. The tables of annual premiums, too, were prepared by the Directors, and were, after careful examination by Mr. Finlaison, and after the correction of a defect which he pointed out in them, pronounced by him to be safe.

Mr. Steele compares the proceeding of the Directors to the practice of medicine or surgery on the part of lawyers. The cases are not perfectly analogous. For the diagnosis of a disease or the performance of an operation, special scientific knowledge is the main thing necessary; in drawing up Rules for a Society, common sense principles, which ought to be understood by men irrespectively of their special calling, must form a large share of the foundation of the proceedings—of course modified and guided by the skilled knowledge of the statistician and actuary. We may—notwithstanding that Mr. Steele might regard the idea as absurd—even suppose that a lawyer could set a fracture, if he had the skilled knowledge of a surgeon at hand to guide

him; and so it has been with the "conclave of doctors" who framed the Rules of the Medical Provident Society—they have not put their production forth before the world without, as I have already shown, first obtaining the advice and aid of recognised authorities. Before leaving this subject, I must ask Mr. Steele: If a "conclave of doctors" is incapable of drawing up a code of Rules such as those of the Medical Provident Society, by what special power is Mr. Steele, being a medical man and not a lawyer, made competent to criticise those Rules, or to point out any better code? In his letter of October 21st, he says: "I do not claim to understand 'the science of mutual assurance', nor am I familiar with the abstruse calculations of the professed actuary; but I have for the last twenty years enjoyed considerable opportunity of watching the progress and working of 'sick benefit clubs', and possess, I believe, some powers of observation and a modicum of practical common sense." Does Mr. Steele really mean to tell us, that his experience and common sense, *plus* his want of knowledge of the technicalities of provident assurance, are to outweigh the combined experience and common sense of the Directors who framed the Rules of the Society, *plus* the skilled legal and actuarial knowledge which they were able to bring to their aid?

Mr. Steele objects to the clause which debars a contributing member from receiving sick pay until he has been in the Society during twelve months; and intimates that it is not only unjust but unnecessary. There are two main reasons for its adoption. One is, that an additional bar is placed on the admission of men of unhealthy lives, who would be likely to drain the resources of the Society; and the other is, that time is allowed for the accumulation of funds, and for the removal of the operations of the Society beyond the unsatisfactory and perilous condition of a mere "give and take" system.

Mr. Steele objects to the rule by which members are debarred from drawing pay on account of infirmity, and gives a hypothetical case as an example of what may happen. No such case as that which he describes can occur. If Mr. Steele had not overlooked Rule v, Section 11, he would have seen that a member, when once admitted, is absolutely entitled to receive pay when sick, even though he be ill during two entire consecutive years; and, I may add, even though he have organic disease. At the end of two years—and not till then—the Directors will have to decide, after due inquiry, whether his case be one which comes within the definition of infirmity. Mr. Steele will, therefore, see that it is only the circumstance of having received sick pay during *two entire years*, without intermission, that can render a member liable to cessation of pay on account of infirmity. If his illness, though dependent on organic disease, be of shorter duration, he may again and again avail himself of the advantages of the Society; and therefore such "hardship and injustice" as Mr. Steele imagines can scarcely occur. Indeed, while the Society is necessarily strict in preventing the entrance of practitioners suffering from "infirmity", the Rules render removal from the fund a matter of some difficulty, if, after admission, a member fall into such condition of ill health as would have prevented him from becoming a member. I may here say, that an interpretation to this effect of the Rules relating to infirmity has, at my instance, been given by the Board of Directors.

The thirteenth section of Rule v was, I well remember, the subject of very careful discussion by the Board of Directors; and the words "going to reside" were inserted in order to give members an opportunity, without losing their privilege, of visiting foreign

countries for the restoration of their health. The incompatibility of this provision with the tenth section, which is so apparent to Mr. Steele, is less than he imagines. If the medical referee, at his monthly visit, do not find the member at home, he can ascertain that such member is travelling for his health's sake, and report accordingly to the Directors. In any case, he can say that the member is not engaged in discharging his professional duties; and it is not easy to imagine that any one who has to get his living by his practice, and who is entitled merely to one or two pounds a week from the sick fund, will spend any long time abroad for mere pleasure.

The section prohibiting a member from discharging any professional duties during illness was inserted by the Directors only from a conviction of its necessity. It would be very difficult, and often invidious, to determine what amount of professional work a member should be allowed to do while receiving sick pay; and no rule, except that which now exists, could be made applicable to all cases. Nor would it have been right to abstain from making any rule; for, while the sense of honour which characterises the majority of the profession would in most cases prevent members from taking undue advantage of the Society, exceptions may occur, against which it is necessary to make provision. I may inform Mr. Steele, on the authority of the Board of Directors, that the section is not intended to prevent a member from giving directions for the carrying on of his practice, although he is not allowed to perform active professional duties.

I now come to Mr. Steele's third letter.

With regard to his remarks on the provision made for the election of Directors by the Branches, I will only observe that it carries out the recommendations of the Report adopted at the Cambridge meeting; and further that, if he will again carefully read Rule vi, Section 3, he will see that it is not strictly correct to assume that one at least in every fifty members of any Branch is to be compelled to become a member of the Society. The word "District" was substituted for "Branch" by Mr. Tidd Pratt, not by the Directors. I endeavoured, in my communication with the Registrar, to have the word "Branch" retained; but was shown that it had already a special meaning assigned to it in the Friendly Societies' Act.

Mr. Steele assumes too much when he says that "of course the Report will not come under the cognisance of any of those members who are not associates." It will be for the Directors to determine whether it may be advisable to devise some means of giving such members an opportunity of seeing the Report. As to the position of the Association with regard to the Report, it has just the same power as it has with regard to the Medical Benevolent Fund. The members can hear the Reports read, and criticise the working of the Fund or of the Society, and can point out for the consideration of the managers such changes as they may think advisable. But in neither case can the Association, *proprio motu*, alter the Rules. The main object, in both cases, is to receive the approval and support of the Association.

I have already referred to Mr. Steele's remarks on the term "organic disease", and have shown that a sufficient interpretation is given in the Rules.

Mr. Steele objects to the schedule, that it "appears to have been formed on the basis adopted by life-assurance societies;" and says that the probable duration of life is not a primary consideration in assurance against sickness. But he forgets that it is a primary consideration in assurance against sickness, to know whether the candidate has, or is liable to, such disease as may produce more than the average amount of disability; and how any distinction is to

be drawn between such disease and that which may shorten life, is more than one can understand.

In his remarks on the injury which, as he supposes, may be inflicted on the Society through impropriety of conduct on the part of a member, Mr. Steele has overlooked the fact that provision is made for such an emergency. In Rule xvi, the illness on account of which sick pay is granted, is defined as *arising from causes not within the voluntary control of the member*. This limitation obviously gives the Directors the power of withholding the privileges of the Society, where such conduct as that to which Mr. Steele refers is the cause of disability.

Mr. Steele's observations on the payment or non-payment for the certificates of two medical practitioners appear to convey a doubt of the honesty of the profession with which it is impossible to agree—in fact, an intimation that it is of very little consequence whether men are or are not paid for their work. Beyond this, it is not easy to understand whether he would have the certificates paid for, or given gratuitously. In any case, they are necessary; and, I believe, by far the majority of those who give them will have before them a full sense of their responsibility. Mr. Steele has overlooked the power which the Directors hold of testing the validity of the certificates, by the visitation of members; as well as their power to expel a member, if he have made any false statements.

One further special objection in Mr. Steele's reply to Mr. Clay (BRITISH MEDICAL JOURNAL, October 21) I cannot pass by without a word of comment. Mr. Clay, he says, "tells us that a sliding scale of subscriptions and benefits will not succeed, but that the rates must be positive and unvarying; which, in effect, declares that the principles of assurance are inapplicable to sickness." Any one who reads these words of Mr. Steele might readily infer that the Vice-President had defended the principle of having one fixed and unvarying premium for all ages—a system which has again and again been shown to be destructive to provident institutions. The tables of the Medical Provident Society have been constructed on the principle, derivable from the investigations of the most eminent actuaries, that the premiums in each case must, like those of life-assurance, be founded on averages, and vary with the age; the increase depending in the latter case on the decreasing probability of life, and in the case of provident societies on the increasing probability of sickness. The tables of premiums and benefits are calculated from averages. They must be so, and in this sense they must be unvarying; for it would be most dangerous to any society if its managers had the power of altering the premiums at pleasure, irrespectively of established data.

Having thus disposed of Mr. Steele's objections to various points in the Rules and constitution of the Medical Provident Society, I have next to notice briefly his general objection to the formation of such an institution in the medical profession. He says that "a mutual benefit club for medical men is unsuited to their social position, ill adapted to meet their requirements, and calculated to degrade rather than to elevate the status of the profession." On what ground this objection is founded, is more than I can comprehend. I have in vain attempted to find anything more degrading in the attempt to make provision among ourselves against the casualties of sickness or accident, than in insuring our lives. Does Mr. Steele mean that sickness-assurance is degrading to our profession, because the principle has hitherto been generally carried out by men engaged in trade or in manual labour? In such a matter, the knowledge of the moral and social obligations being

equal, that which is honourable or dishonourable in one class of men is honourable or dishonourable in another; and, if it be a praiseworthy act on the part of our intelligent operatives to make provision against sickness, it cannot be the reverse on the part of those who are higher in the social scale, but who have equally to depend on their own exertions for the support of themselves and their families.

Mr. Steele, I have no doubt, approves fully of the principle of providence being carried out by the working classes, so that in times of sickness they may not become the dependent objects of charity; and yet he objects to this principle being carried out by medical men; or, rather, he says that the Association should not encourage them in doing so. We may, he says, "safely leave the strong and vigorous, with a fair prospect of health, and masters of a calling which, unless from their own negligence, will always secure them a respectable maintenance, to take care of themselves;" that is, until the Association has given proper support to the Medical Benevolent Fund. Now I have not a word to say against, but would rather add to, all that Mr. Steele has to urge in favour of that excellent institution, the Benevolent Fund; but I deny without reserve that the Medical Provident Society is a rival to it. The objects of the two institutions are distinct, and are each excellent and worthy of the support and influence of the Association. So far from the support afforded by the Association to the Provident Society being a hindrance to the Benevolent Fund, it would, in all probability, rather be a help to it, by relieving it of some of the distress which heavily presses on its resources. Mr. Steele must know well that the picture he draws of "strong and vigorous" men, "masters of a calling which will always secure them a respectable maintenance," far too often fails, without the aid of any negligence beyond the omission to provide against misfortune. How often does the disability of a practitioner through illness involve the arrest of the supplies necessary for living! Mr. Steele may think the provision against such misfortune degrading—a thing altogether beneath the notice of our Association; but I would ask him this question: Which is the least degrading, the most consonant with honourable independence—to make provision during health against disability from sickness, so as to be enabled, when the time of necessity comes, to claim as a right the benefits of an institution of which the privileges have been purchased? or to wait until, having the hand of sickness on him, the practitioner must either depend on the charity of his brethren to enable him to take the necessary rest from his labours, or must go on working, probably at the risk of shortening his life, and of leaving his family dependent on the bounty of others?

Before concluding, I must observe that Mr. Steele's statement, that the experiment of the Provident Society was tried ten years ago and failed, is not strictly correct. The Society which was instituted, with the most praiseworthy intentions, principally through the exertions of our lamented associate Mr. Daniell, failed because it attempted to do too much in proportion to the premiums, and had no reserve fund. It professed, in fact, to give practitioners the benefit not only of provision against sickness, but of annuity-assurance, and, I believe, of provision for widows and orphans. The Medical Provident Society, on the other hand, professes to undertake sickness-assurance alone; and has, as already been shewn, a fund on which it may depend in emergencies. The Society is founded on safe and just principles; and, if any of its provisions at first sight seem too rigorous, it must be remembered that they have been adopted by the Directors from a full conviction of

their necessity, and with a view not only to the present utility of the Society but of its permanent safety. The Society wants nothing more than the practical recognition of its value on the part of the profession, to render it not only a highly successful undertaking, but an example worthy of imitation.

I am, etc.,

ALEXANDER HENRY,

Secretary to the Medical Provident Society.

15, George Street, Portman Square, W., October 21st, 1865.

QUANTUM AND QUALE.

SIR,—It is always pleasant for a critic to find that his remarks have had influence; and it may even be a satisfaction to him, if attacked in turn, to find that the weapon used is drawn from his own armoury.

I see that Dr. Anstie, in the *Lancet*, has taken what he considers an opportunity of returning to you, with all the air of a man who has discovered a novelty, the lesson which he learned from your pages before "Mill on Hamilton" was published. It certainly was not familiar to him before, or we should not have had his work on *Stimulants and Narcotics*, which, from first to last, is full of confusion on the point he urges against you.

Anstie and Mill.

"I commend to the attention of the writer in the journal alluded to, the considerations touched upon in the following passage of Mr. Mill's examination of Sir Wm. Hamilton's philosophy.

"One of the commonest modes of loose thought and sources of error, both in opinion and practice, is to overlook the importance of quantities. Mathematicians and chemists are taught by the whole course of their studies, that the most fundamental differences of quality depend on some very slight difference of proportionate quantity,' etc."

From first to last, agent and action are confused by Dr. Anstie, through neglect of this important principle, that the action is the *quale*, dependent on the *quantum* of the agent. One sentence out of many may be taken to prove this. At page 161, he proposes "that agents which produce excessive and morbid action be refused the name of stimulants, even though small doses of them may act in a truly stimulant manner."

If Dr. Anstie would try and re-write his book with Mill's and your critic's remark constantly in view, the result would be, not a second edition, but a new work.

I am, etc., SARTOR RESARTUS.

Ireland, September 27th, 1865.

TREATMENT OF PHTHISIS.

LETTER FROM G. BODINGTON, L.R.C.P.Ed.

SIR,—By this day's post I venture to send you a copy of my Essay on the Treatment of Consumption, published in the year 1840. I do so in consequence of seeing in the *BRITISH MEDICAL JOURNAL* of September 23rd, the announcement of a work on the

same subject by Dr. MacCormac. Allow me to intimate to you, that in my work the principle is declared (and for anything I know to the contrary for the first time) that in phthisis and other diseases of debility the pulse is reduced in velocity by the administration of certain stimulants, as wine, etc. This doctrine was condemned by the critics in the medical journals of the day. Subsequently, however, the late Dr. Todd carried the hypothesis to an absurd length, and exaggerated in practice a theoretical truth, until it became suspected of being a mischievous error.

Adhering to my original principle, I claim to be exonerated from the extravagant views held by Dr. Todd on this subject. I announced also in the Essay that the terms and their meaning "phlogistic and antiphlogistic" would come to be expunged from medical literature, and I believe and hope they are so. At the time I wrote, they constituted the common language of the profession. Will you allow a humble member of that profession the opportunity of thus attempting to vindicate in the *BRITISH MEDICAL JOURNAL* his earlier views and published opinions?

I am, etc., GEO. BODINGTON.

Sutton Coldfield, October 7th, 1865.

[Dr. Bodington's Treatise gives him much more credit than he claims for it. It is a most sensible and practical Essay. The rational principles of the treatment of the disease which are accepted as orthodox at the present moment will be found there laid down in it twenty-five years ago. Dr. Bodington repudiated the treatment of consumption with "a meagre diet of vegetables, rice and water, aided by tartarised antimony: I should recommend to one thus consuming away, under the influence of this *wasting disease*, a nutritious diet of mild, fresh animal, and farinaceous food, aided by the stimulus of a proper quantity of wine."]

THE TREATMENT OF CHOLERA.

SIR,—Will you allow a former worker amidst epidemic cholera to corroborate Dr. Bullar's recent testimony, concerning the value of a hot bath with mustard in the treatment of cases of that disease?

Observation of the malady in 1849 led to a belief, which increasing experience strengthened, that, during the stage of "collapse", the external application of heat and friction was extremely beneficial; that it was, indeed, a necessary and most effectual method of treatment when it was performed properly—i.e., zealously, assiduously, perseveringly. At the same time, the chief aim in the administration of internal medicines seemed to be the *maintenance of life* until the patients could get rid of the poison which they had imbibed, and which was the cause of all the symptoms of disease. Ammonia, chloric ether, etc., with small quantities of ice, therefore, were given according to circumstances and the different exigencies of particular cases.

The mode in which heat and friction may be applied must be regulated by varying conditions. This note has been written merely in order that the principle on which the treatment mentioned by Dr. Bullar was founded may be affirmed and kept in view on one side; and that, on the other, an indiscriminate use of the hot bath may not occasion disappointment and a consequent depreciation of a very valuable remedy. The use of a bath cannot be recommended always. Whenever it is tried, however, its efficacy will depend greatly on the care with which the water is made very hot, and on the mixture of a large quantity of good mustard with the water.

In hospitals, or in well furnished houses, such a treatment as that which Dr. Bullar has described

will be very beneficial; but the method will not have a fair trial amongst those who are the chief sufferers during an epidemic of cholera. Amongst the poor, it is impossible to procure the proper means of success—hot water, flannel, blankets, nurses, good beds, etc. In practice amidst such people, recourse must be had to friction and dry heat.

In the course of no malady, probably, has there been a larger proportion—in few has there been an equal proportion—of deaths which (if we may use the phrase) ought not to have taken place, which might have been averted by careful nursing and assiduous treatment—the very advantages which it is, unfortunately, almost impossible to ensure in attempts to withstand the influence of a malady so rapid in its progress. I am, etc., W.

THE YELLOW FEVER IN SWANSEA.

LETTER FROM GEORGE PADLEY, M.D.

SIR.—Two letters have appeared in your JOURNAL from Dr. John Rose Cormack, calling in question the propriety of designating as “yellow fever” a disease which lately made its appearance in this place (but which happily now no longer exists), and attempting to trace its origin to causes of a local nature, the result of an assumed neglect of the hygienic conditions of the town. Whatever view may be taken as to the essential nature of the malady, his latter position is altogether untenable.

A ship leaves a port in the West Indies where yellow fever is endemic. Shortly after her departure, a disease breaks out on board, having the well-known characters of that fever, and several of the crew die from it on the passage. On her arrival in port, one man suffering from the same disease is carried on shore, and dies the same evening. A few days afterwards, a man working in the neighbourhood of the ship, and who had been on board, was seized with symptoms similar to those which had affected the crew, but differing from any of the forms of fever which had heretofore fallen under the notice of the medical practitioners of the town. This case, which proved fatal after a few days' illness, I saw. It is unnecessary to occupy your space by detailing the symptoms. They fully accorded with the description of the disease given in standard authorities on the subject.

If Dr. Cormack would inform us what, according to his view, really constitutes yellow fever,—what pathognomonic conditions there are which would enable us to distinguish cases having the history and symptoms of those we have lately had to deal with, from yellow fever, or, as the term is objected to, from the disease under that name which appears in tropical countries,—if he would mention any symptom or symptoms essential to that fever which, we might then find, these cases had not, we should have something tangible to assist us, assuming we are wrong, in coming to a right conclusion. The question of the identity of this disease with true tropical yellow fever will probably be dealt with by abler hands than mine. Dr. Buchanan, commissioned by the Privy Council, has been here; has investigated with great zeal and ability all the circumstances connected with the appearance, extension, and characters of the disease; has pronounced it to be specific yellow fever; and has repeated this opinion at the last meeting of the Pathological Society.

There is one point, however, on which I wish to say a word or two. It is with respect to the “important items of truth” which are stated to “have oozed out” since Dr. Cormack's first letter; and the “explanation of the whole matter” which he expects

to find in the “recent disclosures regarding the state of Swansea when they (‘the yellow cases’) occurred.” The answer to the above is a brief one—viz., that the “items” alluded to are not those of truth; that the “disclosures” are either without foundation or are greatly exaggerated; and that the arguments based upon them are therefore worthless. Immense sums of money have of late years been expended upon the drainage and water supply of the town, which is, I believe, upon the whole, at least as well furnished with these sanitary essentials as any town of its size in the United Kingdom. The water, which is of the best and purest kind, is now brought in abundance from large and well-constructed reservoirs eight miles distant; and the system of drainage is ample and formed upon the most approved principles, such as exist in but few other towns in the kingdom. It is to be regretted that Dr. Cormack should, in supposed corroboration of his views, so hastily have adopted the statements of a newspaper paragraph, the production, it is said, of a person whose interest centres in a rival port; and who has either never visited our town, or whose ideas of the points of the compass must be somewhat confused. The “Sandfields” spoken of (certainly not situated in the “north-west”) is a new portion of the town which has rapidly sprung up, the drainage and other sanitary arrangements of which have not yet been completed—it may, indeed, be admitted that they have been too long delayed; but it so happens that in this very district, thus singled out, there has not been one instance of the disease referred to; so that here also Dr. Cormack's argument fails. That in a town rapidly increasing in extent and population, as this has done, there should be room for improvement in its sanitary arrangements is not surprising; and some parts of it would doubtless be much benefited by a more active supervision; but we are certainly not worse off in this respect than other towns similarly circumstanced, and much better off than many. The impression intended to be produced that the town is the especial abode of “slow fever and malignant diseases of all shapes and kinds,” would be as unfounded as are most of the assertions contained in the paragraph which Dr. Cormack has quoted and commented upon. The disease, unquestionably imported by the *Hecla*, cannot be said to have “spread” here, limited as it was to a few cases, and it would probably never have extended beyond the single case landed, had it not been for the exceptional circumstance of the almost tropical heat which prevailed at and before that time.

The relation which existed between the fever, whatever view may be taken of its nature, and the arrival of the *Hecla*, is to my mind too evident to be disputed; and the “good people of Swansea” had certainly no thought or desire to make the ship a “scapegoat” for their shortcomings, as imputed to them by Dr. Cormack. They have, indeed, had no interest or anxiety in proving the outbreak (if such a term can be justly applied to so small a number of cases) to have been that of genuine “yellow fever.” If it can be shown on sufficient evidence to be anything else, we shall be both ready and willing to accept the truth and to submit to the correction.

There is one fact of importance which ought not to be omitted—viz., that there has been no instance of the disease having been communicated to any person who has not been more or less engaged within a limited area near the spot where the ship was first moored. It is, therefore, greatly to be regretted that there should have been so great a panic in consequence of a few cases of disease thus restricted, and, as the result both now and formerly has shown, incapable of extension in this climate.

Oftentimes, especially in such matters, “out of evil

comes good." The event, though it has not originated, has probably hastened the appointment of a medical officer of health; and will no doubt infuse more energy in the correction of evils still too prevalent in this and other large towns. But Dr. Cormack is in error when he implies that it has been the cause of our at last commencing the hygienic reform of our town. This has been commenced and energetically carried out years since; and I hold the impression conveyed in the assertion that "when the *Hecla* arrived at Swansea, the town was in a fit state to yield bad cases of any kind of native fever, with or without yellow skin, independent of foreign aid," to be an unfair reflection upon the town, and not borne out by the facts. All the evidence also goes to show that the "yellow cases" cannot "be perfectly well accounted for without supposing that the fever was imported from Cuba in the *Hecla*."

The disease which has already caused sufficient inconvenience and injury has, as I have said, happily passed away, and to persist in the restrictions which have arisen from it, by consuls and others, would now, even if they were ever necessary, be utterly unjustifiable; but still more unjustifiable is it to take the opportunity of attempting, as in the paragraph before referred to, to fix a stigma upon the town, which, as I trust I have sufficiently shown, it does not deserve.

I am, etc., **GEORGE PADLEY,**
Senior Physician to the Swansea Infirmary.
Swansea, October 28rd, 1865.

ACTION FOR DAMAGES: ACUPRESSURE. At Kilmarnock last week, Dr. John Caldwell sued one Hamilton, residing near Dreghorn, for £12 damages for defamation of his professional character. Defender's son was wounded in the leg by a scythe; and pursuer, on being called, found that the posterior tibial artery had been cut. He thought it a good case for the method of acupressure introduced by Dr. Simpson two or three years ago. He accordingly applied needles and bandaged the leg, which he said effectually stopped bleeding. On the ninth day after, secondary hæmorrhage ensued, and the same treatment was repeated; and again a third time. On the fourth occasion (September 13th), he cut up the limb in order to get at the artery, but finding it rotten up to the knee-joint, he sent for a tourniquet and screwed it on, to give time for a consultation. He then went for a few minutes into a neighbouring house, during which time the boy died. After he left, pursuer stated that the boy's parents had allowed him to unscrew the tourniquet, contrary to express instructions. It was complained that defender had subsequently said to different persons that pursuer had "murdered" or "killed" his son. The defence was that the expressions libelled on were not used; but it was attempted to be shown that acupressure was not a fit mode of treatment in the circumstances, and should not have been persisted in. Dr. McLeod approved of his treatment in every respect. Dr. Campbell thought it was unjustifiable to use needles at the depth of the posterior tibial artery, and said that the proper mode would have been to tie up the artery with ligatures. He also thought it was wrong of pursuer to enter on the last operation without professional assistance, as the parties who held the artery by thumb pressure could not do it properly unless they had a knowledge of anatomy. From the evidence, as to the expressions complained of being used, the Sheriff held that it had been substantially proved. He also held that it had not been proved that Dr. Caldwell had erred in any one particular, and his lordship therefore decreed for five pounds damages. (*Glasgow Herald*.)

Medical News.

ROYAL COLLEGE OF PHYSICIANS OF LONDON. At a general meeting of the Fellows, held on Monday, October 23rd, 1865,

Richardson, Benjamin Ward, M.D. St. Andrew's, 12, Hinde Street, Manchester Square

previously a member of the College, was duly admitted a Fellow of the same.

At the same meeting, the following gentlemen, having undergone the necessary examination, and satisfied the College of their proficiency in the science and practice of medicine, surgery, and midwifery, were duly admitted to practise physic as Licentiates of the College:—

Bruce, Alexander, 6, Albert Terrace
Burge, Frederick John, jun., Marlboro' Villas, New Road, Ham-mersmith

Gregory, George, Moses Gate, Bolton
Larkin, Henry William, Bilston
Lupton, Richard John, 58, Stanhope Street, Hampstead Road
Macklin, James Grosvenor, Isleworth, Middlesex
Redwood, Thomas Hall, L.M. Durham, Rhymsay
Savage, George Henry, 46, Doddington Grove, Kennington
Searle, Richard Burford, St. Just, Cornwall
Smith, C., 24, Richmond Street, St. George's Road, Southwark
Taylor, Francis Thomas, 5, Brunswick Place, Lewisham Road, New Cross

Wilmot, Alfred Edward, 62, Nelson Square, Blackfriars Road

The following were reported by the examiners to have passed their primary examination for the Licence of the College:—

Cant, William Edmund, St. George's Hospital
Le Grand, Louis Marie, University College
Le Rossignol, Augustin, Stratford, Essex
Pollard, William F. B., King's College
Smith, W. Wilberforce, Middlesex Hospital
Young, Frederick W., University College

APOTHECARIES' HALL. On October 19th, 1865, the following Licentiate was admitted:—

Taylor, James Alonso, Great Barr, near Birmingham

At the same Court, the following passed the first examination:—

Sausome, Thomas, Sydenham College, Birmingham

APPOINTMENTS.

ROYAL NAVY.

ASSLIN, William J., Esq., Assistant-Surgeon, to the *Spider*.
AYRE, William G. J., Esq., Surgeon, to the *Bristol*.
BARTLEY, W. F. C., Esq., to be Surgeon in Her Majesty's Fleet.
BICKFORD, Thomas L., Esq., Assistant-Surgeon, to the *Bristol*.
BROWNE, Francis H., Esq., Assistant-Surgeon (additional), to the *Implacable*, for the *Scalark*.
BUCKLE, William H. F., M.D., Acting Assistant-Surgeon, to the *Bristol*.
ELLIOTT, J. W., M.D., to be Deputy Inspector-General of Hospitals and Fleets on the Retired List.
FRANK, John, Esq., Assistant-Surgeon (additional), to the *Princess Royal*.
HUDSON, John, Esq., Surgeon (additional), to the *Fisgard*.
M'DERMOTT, William L., M.D., B.A., Assistant-Surgeon (additional), to the *Bristol*.

MILITIA.

HIBLER, R. C., Esq., to be Assistant-Surgeon King's Own Light Infantry Tower Hamlets Militia.

VOLUNTEERS. (A.V.=Artillery Volunteers; R.V.= Rifle Volunteers):—

FLOWER, I., Esq., to be Assistant-Surgeon 10th Wiltshire R.V.
SWYER, R. E., M.D., to be Assistant-Surg. 7th Tower Hamlets R.V.
THOMAS, J., Esq., to be Assistant-Surg. 6th Glamorganshire R.V.

BIRTH.

CANDLISH. At Alnwick, on October 21st, the wife of *H. Candlish, M.D., of a son.

DEATHS.

*BARKER, Thomas Herbert, M.D., F.R.S.E., at Bedford, of typhoid fever, on October 24.

BUNCE. On October 17th, at Spring Street, Sussex Gardens, Louisa, widow of John Bunce, Esq., Surgeon.

COOPER, Francis, Esq., Medical Officer of Health for Southampton, of cholera, aged 44, on October 21.
 FORD, William, M.D., of the Mauritius Civil Service, at Caroline Street, Eaton Square, on October 18th.
 GREGORY, J. L. V., Esq., Surgeon to the Government Emigration Service, at Calcutta, aged 42, on August 15.
 HENDERSON, James, M.D., at Nagasaki, Japan, on July 30.
 LEVINE, Samuel, M.D., Deputy Inspector-General, at Portsmouth, aged 71, on October 14.
 NEWNHAM, William, Esq., late of Farnham, at Tunbridge Wells, aged 75, on October 24.
 RIDGE, on October 15th, at Oystermouth, aged 28, Verrina, wife of J. E. Ridge, Esq., Surgeon.
 THOMSON, on October 12th, at Clifton, Maria, widow of the late Henry Thomson, M.D., of Piccadilly.
 TRAVIS, on October 16th, at Geneva, aged 58, Esther Jane, wife of N. A. Travis, M.D., of Nice.
 YELLOWLEES, on October 18th, at Bridgend, South Wales, Margaret Eliza, wife of D. Yellowlees, M.D.

PROFESSOR MALGAIGNE died on the 17th inst. from apoplexy. It was his third attack.

ARMY MEDICAL SERVICE. The next examination of candidates for the medical department of the army will take place in February, and that for admission to the Royal Staff College in July.

MARRIAGE OF J. F. SOUTH, Esq. The newspapers lately announced the marriage of John Flint South, Esq., of Blackheath Park, late Surgeon to St. Thomas's Hospital, to Mary Ann Emma, only surviving daughter of the late J. L. Lemme, Esq., of Blackheath.

UNIVERSITY OF OXFORD. Dr. Acland gives notice that there will be helden this term examinations for the degree of Bachelor of Medicine, both for the first, or scientific, and for the second, or practical part. Candidates are requested to give immediate notice of their intention to present themselves, personally, or by letter addressed to the professor. Candidates who may desire to pass under the old statute are also invited to intimate their wish to that effect.

SWALLOWING A HALF-CROWN: INQUEST. The deceased was a file-maker, aged 18. About three weeks ago, he, in a jest, put a half-crown-piece into his mouth, and the coin slipped down his throat. Dr. Kidley was called to see him, and prescribed for him, and he got a little better. He grew very ill on Sunday morning, vomiting blood, and gradually sinking. The doctor said he had no hesitation in saying that death was caused by the half-crown; and that a *post mortem* examination would only be for the purpose of satisfying curiosity. The immediate cause was hæmorrhage. The jury returned a verdict in accordance with the medical testimony. (*Sheffield Daily Telegraph*.)

UNFOUNDED CHARGE AGAINST A MEDICAL MAN. At an inquest in St. Luke's, a few days ago, the coroner was informed that Dr. Bruce, the parish surgeon, had been prevented by the family from making the necessary examination of the body of the deceased. The mother of the deceased stated in the most earnest manner that Dr. Bruce had killed her son. It appeared that deceased was a labourer, and was taken ill with sore throat on Friday week. The widow said that she sent for the parish doctor last Friday morning, but her husband was dead when the messenger returned in half an hour. Emma Everitt, mother of the deceased, gave similar evidence, and was reprimanded by the coroner for her unwarrantable charge against Dr. Bruce. Dr. Yarow, who had made the *post mortem* examination of the body, said that the cause of death was suffocation from sore throat. No medical man could have saved the life of the deceased. The jury returned a verdict that "deceased died from suffocation from sore throat," and expressed their strong censure of the conduct of the parents of the deceased in bringing a false charge against a medical man.

TESTIMONIAL. On the 21st inst., a testimonial was publicly presented to Mr. and Mrs. E. Hartley, on their removal from Ivybridge, where Mr. Hartley has been in practice during twenty years. The testimonial consisted of a handsome and richly embossed salver, bearing the following inscription: "Presented to Mr. and Mrs. E. Hartley, as a token of the esteem and regard in which they have been held by their numerous friends during a residence of nearly twenty years in Ivybridge; to the former for his valuable and prompt services rendered in time of need, particularly to the poor; and to the latter for her sympathy in affliction and usefulness in every good and Christian work.—Oct. 21, 1865."

CURES FOR CHOLERA. M. Grimaud, of Caux, has sent in a paper to the Academy of Sciences on the cholera at Marseilles, with a view to show that it was imported there from Alexandria before quarantine regulations were enforced. Several other communications on cholera were received. One from Dr. de Wouves, advocating purgatives to carry off the miasmatic particles absorbed, and Madeira and broth afterwards, with mustard-plasters on the limbs; another from Dr. Bertrand, recommending arsenical preparations, especially Fowler's drops; a third from Dr. J. Reids, proposing vaccination on the epigastrium as a preservative; a fourth from Dr. Dyonnet, recommending purgatives; and, lastly, one from Dr. Marie, proposing a system of fumigation for the streets during the epidemic.

ROYAL COLLEGE OF SURGEONS OF EDINBURGH. At a meeting on October 18th, the following office-bearers were elected for the ensuing year. *President*—James Dunsmure, M.D. *Secretary*—James Simson, M.D. *Treasurer*—John Gairdner, M.D. *Librarian*—Archibald Inglis, M.D. *President's Council*—James S. Combe, M.D.; Andrew Wood, M.D.; Robert Omond, M.D.; Benjamin Bell; James D. Gillespie, M.D.; James Spence; *ex officio*, John Gairdner, M.D. *Examiners*—James Simson, M.D.; Richard Huie, M.D.; William Dumbreck, M.D.; Archibald Inglis, M.D.; Andrew Wood, M.D.; Robert Omond, M.D.; James Dunsmure, M.D.; Peter D. Handyside, M.D.; James D. Gillespie, M.D.; Henry D. Littlejohn, M.D.; Patrick H. Watson, M.D.; David Wilson, M.D. *Assessors to Examiners*—James S. Combe, M.D.; James Syme; William Brown; James Spence. *Conservator of Museum and Registrar of Students' Tickets*—William R. Sanders, M.D. *Officer*—John Dickie.

CURE FOR THE CHOLERA. A St. Petersburg doctor, we infer from a statement in the *BRITISH MEDICAL JOURNAL*, has effectually made an ass of the English embassy at St. Petersburg. He had long been awaiting an opportunity to exhibit the wonderful efficacy of an infallible cure for cholera. At the outbreak of the epidemic at Alexandria, he applied to the French embassy, where they were sufficiently smart to give no satisfactory response. He then applies to Mr. Lumley, the English ambassador, who sends it to Lord Russell, and Lord Russell refers it to the College of Physicians. "The cure consists in the administration of a powerful snuff. If the patient's Schneiderian membrane responds, and eight or ten sneezes can be got out of him, he is safe, and saved; but if the snuff (which is powdered hellebore) produces no effect, the patient must die. No sneeze, no cure! It is this remedy which the philanthropic doctor earnestly hopes Lord Russell will send on at once to Alexandria, and of which Lord Russell transmits notice to the college. We recommend the notion to some of our Yankee cousins, who have already done a great business in hellebore and veratrum." Beg your

pardon, gentlemen! The point of the joke is not visible here. We have done some business in veratria, establishing beyond cavil its powerful and good effects in a number of diseases, but we must respectfully decline the honour of this kind reference until you find some American ambassador sufficiently verdant to allow himself to be duped by a foreign quack, and communicate his verdancy through official channels. (*Philadelphia Medical Reporter.*)

UNIVERSITY OF CAMBRIDGE. At a meeting of the senate on October 21, the report of syndicate upon the teaching of anatomy and zoology in the university came under discussion. This report stated that an extension of the teaching in these subjects is necessary, and recommended in addition to the professorship of anatomy, the appointment of a demonstrator with a stipend of £100 a year, and the establishment of a new professorship of zoology and comparative anatomy with a stipend of £300 a year. Dr. Paget sympathised with the object of the report, but thought it would fail to put matters on a good permanent footing, for want of a regulation such as had been introduced at Oxford—viz., one debarring the professor of anatomy from the practice of medicine or surgery. The university had a right to expect that the professor of so large a subject should not only lecture, but enlarge the boundaries of science by his own researches, or at least should have time at his disposal for so doing. The professor could not do this while carrying on a medical practice. To advance with the front rank of physiologists or zoologists required the whole of a man's time and thoughts. To perform the duties of a large medical practice required a very large share of a man's time and thoughts. To do both, and to do them well, was impossible. The professorship with a fixed stipend would probably become subordinate to the practice, and Cambridge would fall below the position of Oxford, where the zeal and activity of Professor Rolleston was a proof of the wisdom of their arrangement. In London and Edinburgh the lectureships were mostly held by young men, who resigned them when they got into large practice. Such a restriction would require an addition to the stipend sufficient, with the fees, to raise it to £600 a year, while £300 a year would perhaps suffice for the professorship of zoology. As to the mode of appointment, the electoral roll was an unsatisfactory body of electors to scientific professorships, and he thought the university should go to the Privy Council for an alteration of the statute in this respect. Dr. Humphry said that if the staff were not increased it would be better not to attempt to teach human anatomy here. The university was, however, pledged by the institution of new examinations to put matters on a better footing, and the funds would now bear the additional drain. The influence of the university on the medical profession was great, and it could not confer a greater boon on the public than by promoting the study of medical or the collateral sciences in its body. With regard to the restriction proposed by Dr. Paget, it might be a drawback if the professor of anatomy were occupied in any other way; but those who studied anatomy were a limited class, and almost all poor, so that unless the chair were highly endowed the professor must have some other means of obtaining an income. At Oxford the stipend was £1,000 a year. He (Dr. Humphry), however, did not feel the restriction as absolutely essential. Great advances in anatomy and physiology had been made by practising men, such as Harvey, Hunter, Sir Astley Cooper, and Dr. Beale. Anatomy being a practical science, was most impressively taught to those who were going to practise it when the teacher could

draw from the experience of his own life, and he did not think, taking men as they were, that the professorship would really become subordinate to a medical practice. Professor C. C. Babington said that all were agreed, that if the University had plenty of money the professors should be paid as well as it could afford, but if it could not afford more than £300 a year it would have to take its chance, even if the professor should practise medicine. Professor Liveing agreed with the last speaker. The Vice-Chancellor closed the debate, stating that he had been induced to recommend this measure to the Senate as the best that could be devised, when regard was had as well to the lectures which were needed as to the funds which were at their disposal.

TREATMENT OF QUACKS IN FRANCE. Two quack doctors, of extraordinary local celebrity, named Colandre and Benati, the latter an Italian, calling himself a commendatore, have just been tried by the correctional police at Lille, for the illegal practice of medicine, and sentenced to fines of 1,600 francs (£64) each. They drove about Lille and the environs in a carriage and four horses, proclaiming that they would cure the poor of all sorts of diseases gratis, their rich clients paying for them; and they became so much in vogue that people thronged their doors from five in the morning till eight at night waiting for their turn to get advice.

ARMY MEDICAL SERVICE. Mr. Longmore, speaking of the value of a good place in the examination list, says: The importance of promotion in military service does not end with the advantages merely resulting from increased rank, but, in addition, the promotion immediately widens your opportunities of attaining a higher elevation. The gain of a single place in the list at the end of the session may consequently have a material influence in improving your future prospects in the service. During the year comprehended between March 31st, 1864, and March 31st, 1865, 114 candidates for commissions passed through the school, and were gazetted to assistant-surgeons in the Queen's British service, while twenty assistant-surgeons were promoted to surgeoncies. Since April 1st of the present year there have been already more than that number of promotions—viz., twenty-five; but even if the number were doubled, it would still show the importance of gaining even a single place in the examination list.

A JUST ESTIMATE OF MEDICAL SCIENCE. Dr. Smart's report on the cattle-plague is a document of great value, from the careful and scientific manner in which the cases embodied in it have been observed and reported, and for the rational and logically-deduced treatment which it recommends. We should very much like to know that there was ground to hope for a series of similar reports, with equally well reported cases, from other localities, and referring to successive epochs of the epidemic. We have all the more faith in the treatment recommended by Dr. Smart that it is rational and not empirical. Here, as in fever in the human subject, our object must be to conduct the patient through his peril, obviating as best we can the tendency to death, applying our measures judiciously as difficulties arise. In conclusion, we will only add that great light has been thrown upon the nature and treatment of the cattle-plague by Drs. Budd, Smart, and others. Existing data fully justify the statement that, so far from science having proved powerless in the face of the existing danger, she has earned great triumphs through the patience and skill of her accomplished and faithful followers. (*Morning Post.*)

OPERATION DAYS AT THE HOSPITALS.

- MONDAY.....Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 2 A.M. and 1.30 P.M.—Royal London Ophthalmic, 11 A.M.
- TUESDAY....Guy's, 1½ P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.
- WEDNESDAY...St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.
- THURSDAY....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopedic, 2 P.M.—Royal London Ophthalmic, 11 A.M.
- FRIDAY.....Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.
- SATURDAY....St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.—Royal Free, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

- WEDNESDAY. Obstetrical Society of London, 8 P.M. Dr. Marion Sims, "Procidencia Uteri." Mr. Roper, "Embryotomy." Dr. Aveling, "New Mode of Treating the Pede in Ovariectomy." and other papers.—Geological.
- THURSDAY. Harveian Society of London, 8 P.M. Dr. Tilbury Fox, "Remarks on the Cholera in Egypt."—Linnean.—Chemical.
- FRIDAY. Western Medical and Surgical Society, 8 P.M. Practical Evening for the Narration of Cases and the Exhibition of Specimens.

TO CORRESPONDENTS.

*. All letters and communications for the JOURNAL, to be addressed to the EDITOR, 37, Great Queen St., Lincoln's Inn Fields, W.C.

COMMUNICATIONS.—To prevent a not uncommon misconception, we beg to inform our correspondents that, as a rule, all communications which are not returned to their authors, are retained for publication.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

MR. M.—There can be no doubt that it is a highly unprofessional act for any medical man to call upon a patient whom he knew to be under the charge of another medical man, and offer to perform an operation upon him.

FAUST ON MEDICINE.—SIR: Without the slightest wish to detract from the merit of the lines of *Faust* upon the study of medicine, published in your last impression, yet Goethe's original remarks upon man's knowledge generally, as rendered in the following translation, are, I think, at least equally worthy of note.

October 21st, 1865.

X.

Mephistopheles.

We have an oath but duly to attest,
That her dead husband's limbs, outstretch'd repose
In holy ground at Padua....
Without much knowledge we have but to swear.

Faust.

Against your plan I must at once protest.

Mephistopheles.

Oh, holy man! methinks I have you there!
In this the first time you false witness bear;
Have you not often definitively said,
Of God, the world, and all it doth contain,
Man and the workings of his heart and brain,
In pompous language, forcibly expressed,
With front unblushing, and a doubtless breast?
Yet into the depth of things you go,
Touching these matters, it must be confessed,
As much as of Herr Schwerdtlein's death you know!

Faust.

Liar and sophist, still thou wert and art.

Mephistopheles.

Yet am I right!

LADIES' MEDICAL COLLEGE.—SIR: It struck me, in reading your report of Dr. Edmunds's speech at the opening of the "Ladies' Medical College," that a very serious impediment to the due appreciation of that body by our profession, exists in the unfortunate name they have chosen. It cannot but open them to ridicule; for one naturally associates it with a miming amateur dabbler in grave subjects, with popular superficial lectures to a rustling sisken audience, with making life and death amusing (save the mark!) to crinolines and parsons. Dr. Edmunds's speech makes us pause before we attach ridiculous ideas to the scheme. It appears from him that it is not, as I fancied, for "ladies," but for women—not to communicate "medical" science, but midwifery and nursing—not a "college," but a school, like any of ours. Suppose that excellent institution, "The School of Cookery," were to call itself a "Ladies' Gastronomic College," would it be as useful as it is now? Should we send our daughters and servants to learn there as freely as we do now? A good name will not preserve a bad thing, but a bad name will ruin a good one. I trust Dr. Edmunds will follow up his explanation of the objects of the institution by altering the name into an accordance with those objects. I then, for one, should be heartily glad to see it flourish.

I am, etc., T. K. C.

VAN SWIETEN AND TANNER: ANCIENT AND MODERN THERAPEUTICS.—SIR: A perusal of a recent leader in the *Times*, in reference to the slow progress of medical science, induced me to compare the treatment of some common disease, as described by the authors above mentioned.

I think your readers will admit that rheumatism is a fair affection to select, and that Van Swieten and Tanner may be regarded as trustworthy exponents of the most approved practice at their respective periods.

Tanner speaks of nitrate of potash in large doses—480 grains in twenty-four hours—largely diluted, as one of the new fadings out. Dr. Brocklesby had published the results of the same treatment before Van Swieten's time—ninety years ago. Van Swieten, commenting upon it, says: "I have made great use of nitre, and have often given half-an-ounce in twenty-four hours, but always took care to make the patient drink largely of diluting liquids." (Van Swieten's *Commentary*, vol. xviii, article Rheumatism.)

The lemon-juice treatment is generally considered to be a modern invention.

"As rheumatism is said to be allied to the gout and the scurvy, it is not to be wondered at that antiscorbutics are prescribed for it. Boerhaave drank large quantities of the expressed juice of succory, endive, fumitory, and water-cresses." (Van Swieten, vol. xviii.)

Quinine is mentioned by Tanner. Bark was largely used in Van Swieten's time for the miasm, on the supposition that the attendant fever was allied to ague. Commenting on a case in which it had been used, he says: "It is worthy of remark, that the bark cured the fever, but the rheumatic pains and the intermitting pulse still continued." (Same Chapter.)

In the same chapter will be found much valuable information on the treatment with and without bleeding, by purgatives, diuretics, diaphoretics, opiates, sedatives, hot baths, cold affusion, mineral springs, electricity, shampooing, blistering, and firing; indeed, there is hardly a remedy, scientific, hydropathic, or veterinary, that has not been rediscovered since Van Swieten's time.

I fear the only defence we can make to the accusation of the *Times* is, that we have not tried to go back to the reign of King Edward the Sixth.

I am, etc.,

CHRISTOPHER JOHNSON, JUN.

2, Nicolas Street, Lancaster, October 17th, 1865.

COMMUNICATIONS have been received from:—MR. RICHARD GRIFFIN; DR. H. CANDLISH; DR. WM. BUDD; DR. PADLEY; THE HONORARY SECRETARY OF THE OBSTETRICAL SOCIETY; MR. R. W. WATKINS; MR. MORETON; DR. J. F. ANDERSON; MR. JAMES ROBERTSON; THE HONORARY SECRETARY OF THE HARVEIAN SOCIETY OF MEDICAL; THE HONORARY SECRETARIES OF THE WESTERN MEDICAL AND SURGICAL SOCIETY OF LONDON; DR. T. K. CHAMBERS; MR. W. H. MASTERS; MR. HUGH; MR. WILLIAM CORNEY; DR. W. F. NOOTT; THE SECRETARY OF THE HOSPITAL FOR CONSUMPTION OF DISEASES OF THE CHEST, BROMPTON; DR. BARCLAY; MR. LAWSON; DR. CURRY; MR. MOON; DR. J. RISDON BENNETT; DR. PAGET; MR. SEAMAN; DR. CARR; DR. FREDERICK J. BROWN; DR. J. D. HARRINGTON; MR. J. GARDNER; DR. ROBERT FOWLER; MR. T. M. STONE; DR. A. RANSOME; and MR. HORTON.

BOOKS RECEIVED.

1. Lectures, chiefly Clinical. By T. K. Chambers, M.D. Fourth edition. London: 1865.
2. The Elements of Prognosis in Consumption. By J. G. Pollock, M.D. London: 1865.
3. Nice and its Climate. By Edwin Lee, M.D. Second edition. London: 1865.
4. The Health Resort of the South of France. By E. Lee, M.D. Second edition. London: 1865.
5. Report on the Sanitary Condition of the City of Edinburgh; with Relative Appendices, etc. By H. D. Littlejohn, M.D. Edinburgh: 1865.
6. On the Cleansing Operations of Edinburgh, as compared with other Towns. By H. D. Littlejohn, M.D. Edinburgh: 1865.
7. The Antecedents of Cancer. By C. H. Moore, F.R.C.S. London: 1865.

Northampton General Lunatic

ASYLUM.—HOUSE-SURGEON WANTED.—Candidates must be duly registered Practitioners both in Medicine and Surgery, and unmarried.

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The Testimonials of the other Candidates will be returned. Salary £150 per annum, with Board, Lodging, Washing, and Attendance.

The gentleman elected will be expected to enter upon his duties on the 1st day of January next.

By order of the Committee of Management,
JOHN GODFREY, Secretary.

The Asylum, October 25th, 1865.

Resident Clinical Assistants.—

A VACANCY having occurred in the HOSPITAL for CONSUMPTION and Diseases of the Chest, those Gentlemen who are desirous of becoming Candidates for the vacant office are requested to send in their applications, with testimonials, on or before MONDAY, the 6th of November, and to attend the Medical Committee on the following day, at 4 o'clock. Testimonials as to moral character as well as to medical qualifications are required. Further particulars may be obtained at the Hospital.

PHILIP ROSE, Hon. Sec.
HENRY DOBBIN, Sec.

Brompton, October 25th, 1865.

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Notes

ON

THE PATHOLOGY AND TREATMENT OF CHOLERA.

BY

GEORGE JOHNSON, M.D., F.R.C.P.,

PROFESSOR OF MEDICINE IN KING'S COLLEGE; PHYSICIAN
TO KING'S COLLEGE HOSPITAL; ETC.

[Continued from p. 252.]

IN previous communications, I have adduced some facts and arguments adverse to the commonly received theory that the worst symptoms of cholera are mainly due to the drain of water from the blood by vomiting and purging. If this theory be erroneous, it is of incalculable importance that it should be discarded; for it is unquestionable that it has had immense influence on the treatment of cholera, as well as on the estimate which men have formed of the effect of various modes of treatment. Let a practitioner be thoroughly persuaded that the essential cause of choleraic collapse is a drain of liquid from the blood, and it will be difficult to convince him that opium and astringents can do harm, or that an emetic or a purgative can do anything but harm in the treatment of that disease.

A recent writer in the *Lancet* (Oct. 21st, p. 461) says: "Were we a cholera patient, we should pray to be delivered from men who have only one idea." Yet it is manifest that this writer is of the class from which he would pray to be delivered. His one idea is, that the secretions are suppressed "for want of serum; and that by supplying the materials of this, and by the use of means that shall act astringently, we are taking the best means to restore secretions." What does it avail to refer one, whose mind is thus prepossessed by a theory, to such facts as are contained in the very interesting paper by Mr. Watkins, published in a recent number of the *BRITISH MEDICAL JOURNAL* (Oct. 28th, p. 445)? Mr. Watkins there states that, in 1854, the deaths under various modes of treatment, but mostly with opium, having been more numerous than the recoveries, at a period, too, when "the epidemic was increasing both in the number of cases and in severity," he treated twenty-one cases by repeated doses of castor-oil; and, of the cases thus treated, nineteen recovered. About the same period, his colleague, Dr. Lett,* treated seven cases by full doses of opium, and "every case had died". What will be said of facts like these by a man whose one idea of the treatment of cholera is, that loss of fluid is to be counteracted by astringents? He will probably argue, that those who recovered while taking purgatives did so in spite of an erroneous and a mischievous treatment; while those who died under the opiate treatment succumbed to the disease in spite of a treatment which was theoretically correct, and which ought, therefore, to have saved them.

I am convinced, from a careful study of the history and literature of cholera, that there will be no general agreement as to the treatment of the disease until we have freed ourselves from erroneous theories as to its pathology and the relation of its symptoms to

each other. With this conviction, I purpose now to set forth, as clearly yet as briefly as I am able, certain facts and conclusions regarding the pathology of cholera which appear to me to be well established.

That the symptoms of cholera result from a morbid poison, which may enter the blood either through the lungs or through the gastro-intestinal canal, is a point so generally admitted, that I will not now stop to discuss the question, or to adduce any of the numerous facts upon which this view is based.

The most constant and characteristic effect of this poison is to excite a copious secretion from the mucous membrane of the stomach and bowels. This secretion is tinged with bile *before* collapse comes on, and again *after* collapse has passed off; while during the stage of collapse it has the characteristic rice-water appearance, and bile can be detected only by chemical tests. The vomiting and purging constitute the means by which the morbid secretions are eliminated from the alimentary canal.

It is certain that the cholera stools contain some poisonous materials by which the disease may be communicated. One fact confirmatory of this view is the frequency with which washerwomen and their families have suffered from coming into contact with the soiled linen of cholera patients. It is probable, therefore, that the poison is eliminated through the gastro-intestinal canal. It is also probable that the secretion from the mucous membrane of the digestive canal, together with the vomiting and purging, are as much parts of the natural process of cure as is the eruption on the skin in the case of small-pox. This, at any rate, is certain, that, as no patient ever yet recovered from small-pox without the appearance of the characteristic eruption, so no sufferer from cholera was ever known to get well without more or less of vomiting and diarrhoea.

As, in the worst and most malignant forms of small-pox, the patient may die of blood-poisoning before the rash appears, so, in the worst and most malignant cases of cholera, he may die of collapse without either vomiting or purging, or with little of either. There is no direct relation, as we have seen (see *ante*, p. 449, vol. i for 1865) between the degree of collapse and the amount of vomiting and purging—sometimes rather an inverse ratio between them.

There is yet one more point of analogy between small-pox and cholera. As the variolous eruption, which is unquestionably curative, may yet by its very abundance be fatal through its destructive influence on the skin, so the choleraic secretions may be so copious as to kill by exhaustion. Death by exhaustion is certainly not a common result of cholera; yet, with the known possibility of such a result, a rational eliminative treatment, while it endeavours to free the stomach and bowels from the morbid secretions which have been spontaneously poured into them, makes no direct attempt to increase the amount of excretion from the blood.

It has been suggested by some writers, that the analogy of small-pox and its treatment affords an argument against the eliminative treatment of cholera. It is said, with truth, that when the treatment of small-pox was conducted on the theoretical principle of assisting the development of the pustules and so the elimination of the poison, by keeping the patient in a close and heated atmosphere, the mortality of the disease was much increased. It would have been strange indeed if the mortality had not been increased by such a mode of treatment; but it is a result of shallow observation and reasoning, to infer that there is any analogy between that mode of treating small-pox and the use of emetics and purgatives in cholera. The unhappy sufferer from small-pox, who was covered with heaps of bed-clothes and

* The case of Dr. Lett himself is one of peculiar and most painful interest.

confined in an artificially-heated atmosphere, with closed doors and windows, was not only deprived of the refreshing influence of cool and pure air; but he was compelled to inhale again through his lungs the morbid poison which had escaped from his skin. This treatment was the exact opposite of eliminative. To eliminate is to put *à limine*, or out of the door; but this irrational treatment rendered elimination impossible by closing the doors and windows through which the poison might have escaped.

So far from there being any analogy between this destructive mode of treating small-pox and the treatment of cholera by emetics and purgatives, the analogy would be much closer with an opposite mode of treatment—one by which a patient should be made to swallow his own evacuations, or one which approaches very near to this in its results; namely, that which has for its object to restrain the evacuations by opium and astringents, thus increasing the risk of the morbid secretions being reabsorbed into the blood.

There is no known cure for cholera—there probably never will be; but, as the cooling treatment of small-pox which, in spite of violent opposition, was first introduced by Sydenham, materially lessened the mortality from that terrible disease, so the general adoption of an eliminative treatment of cholera—by means of emetics, mild purgatives, and copious draughts of water—would, I am persuaded, do much to lessen the mortality from this great modern scourge.

The analogy of small-pox and the results of the two opposite modes of treating that disease, are certainly in favour of, and not opposed to, this view, as some writers have too hastily assumed.

In my next communication, I shall endeavour to explain the symptoms of that remarkable condition which we know by the name of choleraic collapse.

[To be continued.]

A LADY DOCTOR. There is a lady doctor—Madame Newman—practising in Islington. She informs the public “that none need despair, no matter what are the opinions of medical attendants, or how complicated the disease”—of course, if they will only go to her.

GATESHEAD INFIRMARY. At the last monthly meeting of the committee of this charity, the secretary laid before the committee a letter from Mr. F. Bennett tendering his resignation as one of its medical officers. “I wish,” Mr. Bennett said, “to give place to younger members of my profession, because I think that even honorary services ought not to be monopolised.” Thereupon it was unanimously resolved—“That the Committee have heard the announcement of Mr. Bennett’s resignation with great regret. That they call to remembrance that, in the earliest report of this institution, made to the governors in 1833, after the passing away of the first visitation of cholera in Gateshead, the able execution of his duties and his kind and assiduous attention to his patients, during a period of unexampled distress, were emphatically recognised as deserving and receiving the blessings of the poor; that they feel that from that time to the present Mr. Bennett has continued to render his invaluable services to the charity, in the same earnest spirit of self-devotion, and with a kindness to the objects of his care, which has won for him their warmest gratitude and esteem. That these resolutions be entered in the minutes, and that the secretary be requested to transmit a copy of them to Mr. Bennett, with an assurance of the high and grateful respect unanimously entertained towards him by the officers and committee of the dispensary.”

Illustrations

HOSPITAL PRACTICE:

METROPOLITAN AND PROVINCIAL.

REPORTED BY J. FORD ANDERSON, M.D.

MIDDLESEX HOSPITAL.

TWO CASES OF SUPPURATION OF BRAIN AFTER INJURY TO THE SKULL: TREPHINING.

(The notes of these cases were taken by Mr. REEVES, House-Surgeon.)

CASE 1. John W., aged 42, was admitted on August 4th, 1865, under the care of Mr. Shaw, for a contused and lacerated wound of the scalp, a little to the right of a point corresponding to the junction of the frontal and sagittal sutures. It was three inches long, and the pericranium was stripped from the bone. He stated that, shortly before admission, he had fallen on the pavement from a height of ten or twelve feet; but he had had none of the symptoms of concussion, not even feeling stunned at the time of the accident. The wound was closed by steel wire sutures, and water-dressing applied. On the 16th and 18th August, some small sloughs were removed, leaving a healthy looking wound, which in three days more had healed in its central third, and seemed about to close in the remaining parts. The patient had remained in bed only for a few days at first; but, feeling well and cheerful, he rose and assisted in the duties of the ward till August 19th (the fifteenth day since the accident), when he had rigors, with sickness and general feverishness, which increased in violence till the 21st. The wound continued to look healthy. He was clear in his mind till the morning of the 22nd, when he had a slight epileptiform fit, followed by great drowsiness and prostration. In the afternoon of the same day, he had several similar fits; his evacuations were passed involuntarily; and he was roused with difficulty. The left side of the body was found to be paralysed, the arm being bent and rigid.

On August 23rd, the insensibility being more profound, it was resolved to trephine. On enlarging the wound by dividing the central cicatrised portion, the surfaces of skull corresponding to the unclosed parts were found bare and bloodless, though no distinct line of demarcation was visible. The larger dead portion of the skull having been removed, a few drops of pus were seen lying on the dura mater; and, shortly afterwards, about half a drachm escaped from under the bone. This was followed by a gradual accumulation of blood and serum in the cavity. There was no bulging of the dura mater, and no pulsation; it was, therefore, not considered necessary to open it. There was no perceptible change after the operation, except that the rigidity of the left arm ceased. The patient was ordered to have two grains of calomel every two hours for three times, and to have ice-bags kept to the head. He was bled a few hours later to twelve ounces, with the effect of relieving the breathing and quieting the pulse; and a blister was applied to the back of the neck. Turpentine enemata were administered to act on the bowels.

The day after the operation, he had frequent fits, affecting both sides of the body; and, after lying in a low typhoid state for some hours, he died, thirty hours after the operation.

AUTOPSY. Coagula of blood with a superficial layer of pus were found adhering to the dura mater near

the trephined hole, especially in the line of the longitudinal sinus. Both hemispheres, especially the right, were thickly covered with lymph and pus. The lymph was of very dense structure, and dipped between the convolutions which it united. These deposits were traced on the right side to the under surfaces of the three lobes, but, on the left side, only to the under surface of the anterior lobe. On slicing the brain, nothing beyond increased vascularity was observed. The longitudinal sinus was found lined throughout its whole course with lymph and pus. The surface of the fourth ventricle was rough and granular.

CASE II. The case of Mary C., aged 40, is of great interest in connection with the preceding. She was kicked by a man, a month before admission, above the right frontal eminence, causing a wound three inches and a half long, which she neglected. No cerebral symptoms were observed by herself or friends till the afternoon of Aug. 26th, 1865, when she had a fit at home, and was the same day sent to the hospital. On admission, she was rather stupid. The edges of the wound were puffy and glazed; and, on probing, bare bone could be felt. During the night, she had several fits, and became unconscious; the pupils were much dilated; and she was found to have paralysis of the left side of the body, with rigidity of the arm. Mr. Hulke trephined her the next morning. When the portion of dead bone was removed, two or three drachms of pus squirted out with considerable force. The rigidity of the arm ceased after the operation; but there was no other improvement, and she died in a few hours, without having been again conscious.

AUTOPSY. The dura mater was found ulcerated; and a large abscess occupied the right anterior lobe of the cerebrum, and communicated with the right lateral ventricle; one portion extended backwards to the optic thalamus. There was considerable oedema of the brain and breaking down of the cerebral tissue. The dura mater adhered to the arachnoid around the abscess.

REMARKS. In the first of these cases, the absence of any unhealthy action in the wound up to the day on which trephining was performed went far to throw the surgeon off his guard in regard to its true nature. In the second case, this difficulty did not exist. Both cases shew the necessity for a careful prognosis in injuries of the skull; for in neither of them did any symptoms indicating affection of the brain appear for a considerable time after the accident. In this respect, Mr. Shaw's case is especially trustworthy, as the patient was constantly under observation from the time of the accident; and, with the exception of slight and obscure fits, he had no clearly marked cerebral symptoms till the eighteenth day after the accident. Yet the *post mortem* examination shewed that inflammation of the meninges must have commenced, and given rise to the adhesions of the convolutions, at a much earlier date.

KING'S COLLEGE HOSPITAL.

HYDATIFORM CYST IN THE ANTERIOR LOBE OF THE CEREBRUM.

Under the care of A. B. DUFFIN, M.D.

BETSY K., aged 10, was admitted on August 2nd, 1865. She had always enjoyed good health till October 1864, when she began to suffer from frontal headache, which had continued since with varying intensity. About Christmas 1864, she became rapidly blind—first, she believed, in the right eye. Her friends stated that, for a month previous to admission, she had been subject to fits, which were probably due to

the exacerbations of pain in the head. She had never lost consciousness.

On admission, she was emaciated, and so blind as to be just able to distinguish light from darkness; she complained of constant frontal headache, subject, however, to frequent sudden exacerbations, accompanied with vomiting. There was no distinct periodicity of occurrence in these paroxysms of pain, as she had sometimes none, and occasionally as many as four in the day. The pain was relieved by pressure. There were no reflex movements of the eyelids, and the pupils were much dilated and insensible to light. There was no paralysis of motion. The urine was free from albumen.

While she was under observation, the paroxysms of pain became more frequent, rendering sleep impossible. The sickness also became more troublesome, and the emaciation increased. On August 28th, she did not appear worse than usual, and was supposed to be sleeping quietly, when it was noticed that her face and lips were livid, and there was froth at her mouth. On closer observation, she was found to be dead. No convulsion, or anything which could show the exact time of death, had been observed.

AUTOPSY, thirty hours after death. On sawing through the skull about a pint of straw-coloured serum escaped. This was found to come from a sac in the substance of the right anterior lobe of the cerebrum, the wall of which had been torn by the saw. This sac was of about the size and shape of a large orange, and had excavated the whole anterior lobe. It was completely lined with a firm and highly elastic membrane, of gelatinous appearance, an eighth of an inch in thickness, which was very loosely connected externally with the brain-substance. The brain-substance external to this sac was from one-sixth to one-fourth of an inch thick, and the convolutions were obliterated. The optic commissure and nerves were flattened by the pressure of the sac; and when examined by the microscope, their fibrous structure appeared to have degenerated into a yellowish pulpy mass (chiefly consisting of granular corpuscles, oil-globules, and granules) surrounded by the sheath. There was some abnormal vascularity of the pia mater, and the lateral ventricles were full of serum. There was general thinness, but no local absorption of the skull.

In the chest, there were old adhesions of the right lung. There were deposits of tubercle at the apex of the right lung, and on both pleural layers of the same side. The left ventricle was slightly hypertrophied.

The liver and other abdominal organs were normal.

POISONING BY THE VINE-DISEASE FUNGUS. It is stated that in France cases have occurred in which inoculation with *Oidium Tuckeri*, or the fungus which causes the vine-disease, has proved fatal to human beings. Wounds accidentally made with the instrument used for cutting off the diseased vine shoots have presented, according to Dr. Collin (Medical Inspector of the Mineral Waters of Saint-Honoré, Nièvre), marked evidence of poisoning. In some cases the persons thus wounded have died in from twenty to twenty-five days, notwithstanding the most energetic treatment. Messrs. Desmarte and Bouché, of Vitry, have also concluded, from their experience, that deleterious effects are produced by the *Oidium*, but they seem rather disposed to establish a coincidence between the epidemic development of the *Oidium* and a greater frequency of certain forms of inflammation of the mucous membranes. The subject has been submitted to the consideration of the Academy of Medicine in Paris. (*Quarterly Journal of Science.*)

Original Communications.

TREATMENT OF CHOLERA.

By JAMES GARDNER, L.R.C.P.Ed., Bungay.

In my remarks on the subject of the pathology and treatment of cholera, inserted in the *JOURNAL* of September 16th, my principal object was to elicit from those in the profession who had previously had some experience of the disease such practical information as would serve as a guide, and assist us in deciding how to act, should the disease come upon us. Since that time, two more cases have occurred in my own practice, both more severe in their character than the former cases. Both occurred in the latter part of September, since which I have met with no other cases. I at present merely observe that the violent retchings were stopped in both instances by calomel alone.

So far, we have received very little guide from the cases reported, with regard to the practical treatment of the disease. Should, however, the disease attack myself, the treatment that I should pursue and recommend to others would be a warm bath immediately, and remain in it until reaction takes place; putting four or five grains of calomel alone on the tongue; drinking cold water (with ice, if procurable). Should the sickness not abate in an hour, three grains of calomel should be given; and, on coming out of the bath, the patient should be wrapped up in blankets; hot bottles of water should be put in the bed; and frictions with camphorated oil and turpentine should be used. When reaction is restored, and feverish symptoms come on, an effervescing draught, with citrate of ammonia and soda, can be taken to allay thirst and fever. The principal object to accomplish is to restore the action of the liver and kidneys; as, unless this can be done, the disease invariably proves fatal. The first signs of recovery are, a return of bile in the evacuations, and urine from the bladder. I do not know if any *post mortem* examinations have been made in any of the cases already related. But would it not be satisfactory to know if there was any bile in the ductus communis choledochus, or urine in the bladder; and what was the state of the blood in the heart and vessels?

In the outbreak of cholera in 1832, my uncle, one of the old class of practitioners, who was in practice at Streatham, attended Brixton Prison, where the disease was very violent and carried off several of the inmates. He informed me that, after losing six or seven in a very short space of time, he applied for permission to make a *post mortem* examination, which was granted. After doing so in the next case, it induced him to treat all the other cases which occurred afterwards by putting them into a warm bath immediately, and bleeding whilst in the bath. He told me that, after pursuing this treatment, he did not lose another case. His explanation was, that he found the blood dark and coagulated in the heart and larger vessels; and that, from being drained of its fluid part by the excessive flow from the bowels, it was unable to circulate; so that the warm bath produced reaction sufficient to take away enough blood to restore the circulation. As much cold water was given in the meantime as the patient could drink.

Although my chief object has been to elicit some practical treatment of the disease, and not to enter too deeply into the pathology or physiological part of

the question, I should wish to make a few observations, as concisely as possible, on the two vexed questions, as to the contagiousness of the disease, and whether it can arise *de novo*, or, in fact, without contagion.

In my former article, I mentioned that Dr. Wilson of the Haslar Hospital gave it as his opinion, from what he saw of the cases which occurred there in 1848 and 1849, that the disease was not contagious, because not any of the nurses, or those in contact with the patients, had the disease. I was formerly of the same opinion, from the fact of being shut up on board ship with the disease, and seeing those in attendance on the sick, and all the Europeans, with the exception of one formerly reported, escape the disease; as well as from observing its sudden departure on our getting to sea. This certainly appeared strong proof of its non-contagiousness. However, on giving the matter further consideration, I was induced to change my opinion from observing, what no doubt many other medical practitioners have seen in their practice, that other zymotic diseases, such as small-pox, measles, and scarlatina, which are known to be contagious, follow the same eccentric course, attacking sometimes only one or two in a family, those in attendance escaping; and the next attack being in a family residing at some distance, in an apparently healthy spot. All we can say is, that those attacked are, from a variety of causes, predisposed to the disease; and those escaping are enabled to withstand it. That the disease is communicable may, I think, be considered a settled fact. Such is certainly the opinion of the country practitioners whose opinion I have had on the subject. The cases at Epping, too, strongly corroborate this; and, if I remember rightly, Key of Guy's Hospital fell a martyr to the disease from going to a cholera patient, after coming home tired in the evening, without staying to take some refreshment. Of the many predisposing causes, I may mention fear as no doubt the worst; and this may explain why we see sometimes the apparently strong and robust man so easily succumb.

As to the question of zymotic diseases arising *de novo*, or independently of contagion, I find that time will not admit of my discussing it with that fulness which it deserves. Perhaps I may be allowed, on another occasion, to give the experience of between twenty and thirty years of fever seen in India, Australia, and China; having been twice struck down myself, once in India, and again in Australia; and nearly losing my life in both instances. In the latter place, as bearing on the point, I may mention that, after taking out emigrants in 1853, I was induced to go up the country and try my luck at the diggings (practising). The place to which I went was newly formed, about five or six miles from Ballarat. Gold being found in large quantities, a rush was made, so that there were probably two or three thousand people assembled in a spot previously uninhabited. The only provisions to be got were mutton and damper. The sanitary state was quite unheeded. In the first month, there was not one case of fever. Soon afterwards, however, one case occurred, then another; and at the end of three months they were dying by scores of pure typhoid fever, in several instances running into typhus. I was with a party of three. One managed to reach Geelong, and died; his death was reported as typhus. I then fell ill myself, managed to reach Geelong, was admitted into the hospital, and recovered, but was obliged to come home invalided.

Now the question arises, how did this fever originate? Was it from contagion? or, as it is called, *de novo*? I leave it for the profession to judge.

And now I have a proposition to make to the members of the Association. A commission is now sitting to take into consideration the disease amongst cattle; and I have no doubt that the inquiry will be efficiently carried out. But as we are threatened by a disease equally disastrous to ourselves and fellow-creatures, if not more so, and as the Government does not seem inclined to stir, will it be out of the province of the Association to take the matter up? I would suggest that a Committee of the Association be formed to gain all the information as to the nature and treatment of cholera; that all the different Branches should form Subcommittees, and meet to discuss the subject; and I appeal to all the members of our Association to aid in carrying out the details, which I leave to the Committee to advise.

ON THE HOT WATER AND MUSTARD HIP-BATH IN CHOLERA.

By JOSEPH BULLAR, M.D., Physician to the Royal South Hants Infirmary.

THAT my early friend Dr. Risdon Bennett's experience, in his large field in 1849, confirmed the principles of the means I have advocated as worthy an immediate trial in the epidemic now visiting us, must have its due weight.

Many years have passed since we both were fully engaged, though at a distance, in endeavouring to combat a disease which has not appeared since (with one partial exception) with the same violence; and, therefore, old modes of treatment, if good and safe, require to be revived for those especially to whom this disease is a novelty, and are asking, What shall we do?

I am not desirous to draw wider inferences from a single case than that case warrants; and it warrants the inference, that this common but powerful remedy of a hip-bath of hot water at 110°, with mustard (say from one to two ounces to a gallon), for half an hour, if used early, when all the symptoms are indeed present, but have not continued so long as to produce that dead state of blood from which recovery is very rare, is calculated, by its powerful revulsion to the surface, to stop the fatal flow of the uncoloured blood through the mucous membrane of the stomach and intestines which is destroying life by a white hemorrhage.

As the great principle we all acknowledge as practically proved in this country is, that the mortality is diminished by arresting the premonitory diarrhoea to which so many are subject when cholera is present—so looking on one stage further: to that condition in which indeed vomiting and purging of rice-water, and cramps, and collapse of the surface, and its commencing lividity and failing pulse, are present; but before the next stage, in which the patient lies leaden, cold, prostrate, exhausted, with hardly power to vomit or to purge, with a hardly perceptible or absent pulse. In the stage preceding this fatal collapse, the immediate application of as powerful a stimulus as we possess—great heat and mustard—to the abdomen itself may, as in the case I related, be the turning point of recovery.

This inference the single case warrants; and, in emergencies by the bedside, we more often get from one fact, a central fact, well observed by ourselves, a more useful lesson (as my old friend will admit) than from any statistics based on a multitude of so-called facts, often loosely tabulated by others or imperfectly remembered by ourselves.

But it is this premonitory period of the fatal stage

in which there is hope from such a remedy. Let this stage pass, neglected most often, or as bad, treated by mere placebos, or even by strong remedies instantly rejected, and the disease may turn on to that condition in which there is no real stamen left, and when a powerful stimulus excites the living powers for a short time only, and then they gradually or quickly cease.

Dr. Bennett relates, however, that he had, by packing his patients in blankets wrung out of very hot water, covered with dry blankets, and with mustard plasters to the abdomen and legs, sixteen consecutive recoveries, many of which might have been in this apparently hopeless stage; but next came, as was to be expected, deaths under the same remedies. The reason was undoubtedly that, in the cases which recovered, there was still living power left to work upon.

The statement, that the secretion from the stomach and bowels (for they are one in pouring out this rice-water) is a virulent poison, is based on the evidence that those who drink water from wells into which these excreta have percolated are liable to the worst forms of the disease; and the theory of Dr. Snow and Dr. W. Budd (of Clifton), that these excreta moist and dry, drank or tasted, or wafted by the air—a theory so vigorously promulgated and reduced to practice by Dr. W. Budd—has certainly the merit of explaining the general facts of the transmission of the disease.

Most remarkably has this view, as far as drinking the poison, been confirmed by a mercantile man who was at Constantinople in the late epidemic, and who relates (see *Medical Times and Gazette*) that the clothes and linen of cholera patients were washed at a common fountain; and, owing to a broken pipe, this water flowed into the drinking-water, and a large and most fatal outbreak of cholera immediately occurred in a large district of those who used the fountain—a fact confirmatory of numbers of others of a like kind. This view, that the *materies morbi* exists in the secretions, has enough probability to guide us in action.

To isolate and describe this possible cholera-cell, and to make experiments to prove that it is a purgative, are necessary to convert this probable theory into an incontrovertible law. If this cholera-cell exist, our microscopists will discover it; and, if we can judge of our present investigators by the past, none are so likely as some of our own body to test this experimentally on themselves.

And this point, as to the excretions from the gastrointestinal mucous membrane being a virulent poison, is of vast practical importance. Dr. W. Budd has drawn up, in his *Memoranda on Asiatic Cholera, its Mode of Spreading, and its Prevention*, a series of rules for destroying this poison. With the evidence we have, it is certainly a wise precaution to take means to prevent any of the inmates of the house where there is any case of cholera from drinking the same well-water, and to remove the pump-handle, if necessary; to give directions to the nurses and attendants not to eat anything without washing their hands; in the medical attendant himself, not to drink tea or coffee, or anything cooked in water, in the house; and, if exhaustion compel him to eat and drink there, to confine that to wine, soda-water, and biscuits, eaten after washing his hands—all which directions simply and rationally follow the fact that cholera excretions infiltrating into wells have produced cholera.

And this brings me to the duty medical men owe their families and those dependent on them.

Amongst the few deaths from Asiatic cholera which have already occurred in England, and in two places

only, two medical men have died—Dr. McNab, sen., of Epping, and Mr. Francis Cooper of Southampton. Not ten days before his fatal attack, Mr. Cooper said to me, "I feel a young man!" and though I saw what he did not feel—the marks of the wear and tear of life—yet he was a man of unusual vigour, and of that kind of organisation most fitted for strength and endurance. The next time I saw him was twelve hours after his attack, when he lay prostrate, leaden, sunk-eyed, nearly pulseless, hopeless, except so far as there is hope in cholera where there is life. He had had disordered bowels for a week; but he continued his official work as officer of health, together with his private practice. He worked from morning to night, and for the last day or two without appetite. Then came the suddenly violent purging and vomiting, and he never had reaction. He might have taken medicines for the premonitory diarrhoea, and I believe he did; but he went on with his work, and this made the mischief fatal. Had he, when his bowels were loose and his appetite failing, gone to bed, kept himself warm and quiet, and in the recumbent posture, so essential to the treatment of diarrhoea of an urgent kind, taking any suitable medicines he knew would suit him, there seems no reason why, with his fine organisation, he might not have lived. And I would most strongly urge those of us who, whilst attending cholera cases, may have any diarrhoea or griping pain in the bowels, to do themselves what they would advise others to do—not to take astringents and go on with their work, but to go to bed, to apply a hot bag to their bowels, to keep quiet in the recumbent position until they are well; and, if they find this warmth and rest, and such remedies as they are in the habit of using for diarrhoea, do not remove it, and wish to get to work again soon, to sit in a hot water hip-bath at 90°, to raise it gradually to 110°, having mixed half a pound of mustard in it; and remain in it half an hour. I have seen a patient, who has had diarrhoea for nine days, get out of such a bath free from pain, and with no return afterwards of either the nine days' sickness or the purging. If a man has any doubt as to whether he should act on the safe side, let him think of the change in a prosperous household when the hard worker is gone.

CASE OF SENILE GANGRENE: RECOVERY.

By J. BIRCHENALL, Esq., Macclesfield.

HANNAH ADAMSON, aged 72, of swarthy complexion and bilious-nervous temperament, had been for many years the subject of a chronic bronchial affection, together with periodic asthmatic paroxysms in cold and changeable weather. She had also suffered much at times from acute rheumatic pains of the costal and intercostal muscles, from occasional gastrodynia, and other forms of muscular rheumatism. Her appetite had been failing for some time, and her strength declining (though formerly very robust); her flesh was wasted and flabby; and there was extreme arcus senilis, owing to the semi-erect and prone posture she had been obliged to maintain when in bed. On June 29th, 1864, she complained that, during the two previous nights, she had experienced agonising pain in the left foot, which, on examination, I found to be gangrenous, a dusky sub-inflammatory blush occupying the entire metatarsal surface; the little toe black and insensible, with a patch of vesication stretching onwards from its root towards the cuboid bone. A spirit lotion was ordered to be applied with lint, under a covering of oil-silk; and a pill, containing half a grain of opium with a

grain of camphor, to be taken every three hours; the strength to be supported with beef-tea and soups; and, as the pulse was small and feeble, with milk and brandy in the intervals.

On the following day, I found the patient more free from suffering, though the slightest motion of the toes caused intense pain. The pills were continued; and camphorated spirit and laudanum, in the proportion of one of the latter to two of the former, substituted for the spirit lotion. This treatment was persisted in for three or four days; but, at the expiration of this period, as the erysipelatous blush was becoming more dusky, and the cutis under the vesicated portion of the integument was assuming a greenish orange tinge, it occurred to me to brush over the parts with tincture of iodine, in the proportion of forty-eight grains to the ounce.

On the following day, I was pleased to find that the duskiness of the skin, as well as its sensitiveness, was diminished; and that the serous exudation of the vesicle was getting absorbed; although, in the interval, the second toe had put on a dark livid hue on its under surface. The iodine application was now repeated at each visit, for six successive days, to the toes affected, as well as to the foot (the embrocation with lint being still continued). At this period, the latter had assumed a comparatively healthy appearance, the inflammatory blush and pain having entirely disappeared. The second toe had regained its natural state. Sensibility had returned in the little toe; it had lost its shrivelled character; and the upper surface was changed from a purplish to a brownish hue. To this warm poultices were now applied, under the use of which the cutis on the under surface slowly sloughed away, leaving a clean sore, which gradually cicatrised under the use of the unguentum cern.

Though there was no obvious indication of disease in the blood-vessels of the limb, as the remote cause of the gangrenous condition, I had reason to suspect organic disease of the heart and its large vessels; but its precise nature was not determined; as, at the time of her death, which occurred in January last (from general debility), I was again laid aside by my bronchitic affection.

IS ALCOHOL FOOD OR PHYSIC?

By PATHFINDER.

I NOTICE in a contemporary three laboured columns of writing, purporting to be a reply to a leader in this JOURNAL on the question, Is Alcohol Food? May I be permitted to appraise this criticism very briefly? for to me it seems,

"Like a tale of little meaning, though the words are strong."

For any misapprehension which anybody may have of the nature of the French experiments, the eminent men who performed them are not responsible; but no misrepresentation can be greater than that which insinuates that only "a very minute portion" of the alcohol is accounted for. M. Perrin, in his crushing reply to M. Baudot, shows that nearly one-third was re-collected in some of his experiments; and a litre of French wine is not a quantity which, on a Frenchman especially, will produce "profound intoxication."

The charge of "inexact research" is itself an illustration of inexactness. The experimenters either did, or did not, make and record examples of the non-absorption of liquid chloroform and ether. If they did, I shall certainly trust to their record; without impeaching the differently circumstanced (because different) resultant of Dr. Anstie. If both be true, then

the error of the Frenchmen is an error of inference; generalising too soon. If they did not themselves experiment, then, again, they were simply illogical and credulous; but, in either case, the exactness of their actual researches on alcohol remains unaffected. If not, how can Dr. Anstie call them "contributions" of "great value"? The question is, did their experiments prove that alcohol is not decomposed in the body? Certainly they did. If ever anything was proved, they proved, first, that the living system, from within a few minutes of receiving alcohol and for long hours afterwards, persistently eliminates the poison; and, second, that the derivatives of alcohol (alcohol in the act of transition to aldehyde and acetic acid, as alleged by Todd) were never present. Talk about any other point than this, is simply impertinent and sophistical. I say to Dr. Anstie: If the eggs were eaten, produce the shells; if the wood were burnt, show me the ashes. Neither M. Baudot, nor he, I venture to say, can do this; but, until they do, the proof of the prooffness of Dr. Todd's theory of alcohol being food remains irrefragable.

As to the question of alcohol as medicine, if Dr. Anstie could prove anything here, it would not in the least weaken the assertions made in the JOURNAL concerning food. But what Dr. Anstie does, is to concede "that a certain reaction has taken place since Dr. Todd's death against his practice in regard to the administration of alcohol"; and to "hope that a new and very delicate indication of the propriety, or otherwise, of commencing or continuing the use of alcohol in febrile states may hereafter be available!"

It is amusing to note the dogmatic tone with which this young author speaks of those who ignore his pet and proffess statement of the difference of action between the first and second, or second and third, spoonfuls of wine! Why, the most experienced and enlightened physicians who yet use alcohol—such as Dr. King Chambers—expressly use it for its sole virtue of narcotising, and as expressly repudiate the small dose system as an inefficient deadening of the system!

Dr. Chapman, another "working physiologist," as Dr. Anstie calls himself, in his little work on *Cholera* (pp. 34-7), while admitting some of the phenomena stated, gives a very different interpretation to them. But his cases show that, what Dr. Anstie alleges of minute doses of alcohol is equally true of "an extraordinary quantity"; which cuts away entirely the ground of Dr. Anstie's inference, that the difference of physiological condition resulting depends upon an *altered action of the alcohol*. After minutely detailing his cases in relation to alcohol and opium, Dr. Chapman arrives at a conclusion which seems to me much more reasonable and logical than the inference that where qualities of No. 1 (alcohol) and No. 2 (body) are joint causes, and when No. 2 is altered, the joint effect (3) is altered—therefore *à la* Anstie, it is because the quality of No. 1 is fundamentally different, in different doses. Dr. Chapman does not conclude that the nature of the drug is transformed, because it may "apparently" produce no narcotic symptoms (which are joint results). He says: "The drug is not inoperative; its influence on the brain is counterbalanced, and so far the exertion of narcotic power is masked (only); but its influence on the sympathetic (nerve) and on the spinal cord is in no degree opposed (or changed). On them it expends its full force, and, hidden from physical vision, but acting with and intensifying the disease, hastens the death of the patient."

Dr. Anstie had most, on this whole point, to bring in the dead weight of Mr. J. S. Mill's logical authority. But, in doing so, he only falls out of the frying-pan into the fire. Mr. Mill, if examined by any com-

petent person—such, for example, as Mr. Stirling, the author of the *Secret of Hegel*, and the critic upon Sir William Hamilton—would have enough to do to defend himself. I could point out a hundred fallacies in Mr. Mill; and I am not disposed to accept the responsibility of his judgments. I observe, for example, that he has the theory that intoxication arises from the vapour of alcohol ascending from the stomach! But what is the pith of the remarks quoted from him? Why, that *quantities* are important elements in certain effects. Of course they are; who ever disputed it? Is it not equally patent, that *qualities* are quite as important? But the astounding blunder (I will not say "unpardonable") is this: that the whole essence and meaning of the extract from Mill, has reference to the chemical law of equivalents and proportion. Now, is that law in any way involved in passing from the use of the first to the second glass of wine? Pray let Dr. Anstie explain himself.

The quantity, of course, has to do with the fact whether the action of alcohol be gentle or violent—i.e., of a small or a larger degree; but how it affects the question of the kind of action, I am at a loss to perceive.

Mr. Mill, however, affords an excellent example of Dr. Anstie's cardinal fallacy that, because the physiological symptoms are different in different circumstances or with different doses of a drug, therefore the force and character of the drug is different. "If gravity retards the upward motion of a projectile and deflects it into a parabolic trajectory, it produces, in so doing, the very same kind of effect, and even the same quantity of effect, as it does in its ordinary operation of causing the perpendicular fall of bodies when simply deprived of their support."

I cannot believe that "gravity" is a different kind of force when seen in the curve and when seen in the right line—that impetus is a "stimulant" in the one and a "narcotic" in the other—as Dr. Anstie asserts of alcohol; possessing a different kind of property, or changing its qualities with the accident of dose or application.

Lastly, I observe that the "liberal" use of wine in puerperal cases is commended; and immediately followed by the assertion that it is a libel to affirm that medical prescription of intoxicants often creates drinking habits. Well, all I can say is, I know many such examples—deplorable examples; but, of course, Dr. Anstie will be ready with his reply. "So much the worse for the facts!"

MEDICAL SERVICES AND THEIR REWARD. The death of Dr. Francis Cooper of Southampton, brings into strong relief the burden which is often imposed on a conscientious officer of health. Dr. Cooper had held this post in Southampton for fifteen years, during which he calculated that he had paid sixty visits a week, ten for every working day, to local slaughter-houses, lodging-houses, and nuisances of every description. For all this labour—performed, as his townsmen believe, most thoroughly—he received at first nothing, then £150 a year, and at last £200; the highest reward being in fact equal to the wages of a first-class artisan. The task, moreover, is one which scarcely allows of private practice, and certainly brings no business; the well-to-do dreading the visits of a man always in contact with typhus and cholera, and stench, and other unpleasant things. After the outburst of cholera in the town, Dr. Cooper worked "double tides," and though sixty-four years old and troubled with diarrhoea, still over-exerted himself to suppress a noxious effluvia arising from some cement works, and died of a virulent attack of cholera. He fell fighting as much as any soldier who ever died in the field. (*Pall Mall Gazette*.)

Transactions of Branches.

EAST ANGLIAN BRANCH.

ON POLYPIFORM CONCRETIONS OF HEART: WITH CASE.

By JOHN W. GOODWIN, M.D., Bury St. Edmunds.

[Read July 14th, 1865.]

POLYPOUS concretions of the heart have been noticed by writers from a very early period; as early as the commencement of the sixteenth century. Galen was probably acquainted with the existence of concretions in the arteries, as he alludes to the complaint of Antipater under the name of slight obstructions of the arteries. Pasta, Tanton, Ruysch, and others, believed that these concretions were invariably formed after death; whilst, against these, are authorities of equal weight—Malpighi, Vater, Van Swieten, Morgagni, and Haller, men of extensive learning and deep anatomical knowledge as well as practical experience—and they all both defend the existence of polypi, and have either themselves seen such as had long existed in the living body, or mention them as having been seen on the authority of others. Hence there has been a grand division of these concretions into true and false; the former having been formed during life, and having, in fact, occasioned the disease; the latter only formed at or after the patient's death. Of these two classes, the latter is incomparably the more frequent. That the blood is capable of coagulating, and even becoming organised, during life, within its natural recipients, we have certain proof in what takes place in inflamed and obstructed veins; and, therefore, it is not unreasonable to expect a similar change in the cavities of the heart under similar circumstances.

Rokitansky gives the best account of polypiform concretions that I am acquainted with. He says that there can be no doubt that fibrinous concretions are formed in the heart from the blood during life; and it would appear certain, that they form an organic textural connection with the inner wall of the heart; and, further, that they experience various metamorphoses in their elementary composition. The conditions of the formation exist partly in the heart and partly in the blood, and both are not unfrequently coexistent; the latter, however, are the more important; while the former are to be regarded as merely affording favourable special causes. The first condition involves an abnormally prolonged continuance of the blood in the cavities of the heart, in consequence of a decrease in the activity of the heart's action, as in hypertrophies of considerable intensity, passive dilatations, and in every death-struggle depending on general paralysis, or in consequence of pre-existing contractions of the orifices; or there may be various mechanical conditions in the form of inequalities and roughnesses on the walls of the heart and on the valves on which the blood deposits its fibrine. The second and most essential condition consists in an unusual tendency on the part of the blood to deposit its fibrine. Rokitansky is of opinion that polypous concretions cannot in themselves be regarded as evidence of endocarditis, where the essential evidences of the presence of this disease are wanting. He describes them as of a roundish-oval or cylindrical form of various sizes; and they appear attached to a broad or narrow base as by a pedicle. They are of a sponge-like or elastic and tough consistence. They generally consist of a fibroid structure; but, in some cases, exhibit a soft texture composed of membranes

covered with elementary granules and cellular nuclei of delicate fibrilli, and of thick and even tubular fibres and amorphous coagula. Their colour is red, yellowish-red, or white. When they are gradually receiving one or more coverings of newly formed endocardium, which extends from them to the inner surface of the heart, they present the appearance of having been developed below the original endocardium, or, at all events, in the innermost layers of the muscular substance of the heart. Osseous and cretaceous concretions may be developed in them. We have never been able to detect vessels in them. He gives three classes of them.

1. Clotty, roundish, membranous, ramifying coagula.

2. Globular vegetations, usually confined to the left ventricle, though occasionally seen in the left auricle, as well as the right and left ventricle.

3. All those coagula which have, in recent times, been distinguished under the collective designation of vegetations of the valves of the heart.

To the second class I should consider the specimen which I have the opportunity of exhibiting to-day to belong. On the posterior wall of the left auricle, centrally situated about one inch above the valves, I found a large pyriform polypus, of about the size of a green fig; of a yellowish-green colour externally; soft and gelatinous in feel when slightly touched; but, when squeezed, it appeared to have a firm nucleus. It was attached to the auricle by a broad pedicle. It exactly reached and fitted into the auriculo-ventricular valve. The appearance now is very different from the effect of the spirit. The outer gelatinous coating is gone; which, no doubt, was the latterly deposited fibrine. I imagine this to have been a fibrinous coagulum metamorphosed into this globular vegetation now firmly adherent to the wall of the auricle. There is no evidence of a clear character of endocarditis; but I imagine that there must have been some special mechanical condition at the point of attachment, from some cause or other, which furnished the necessary nucleus for deposition of fibrine. The heart was dilated; and conjoined to this was a peculiar blood-crisis, rendering that fluid more capable of depositing its fibrine. That this latter condition was present, is shown by another morbid appearance found in the left kidney; where you may see that there are two or three large fibrinous deposits extending from the surface into the cortical substance, and of a pyramidal form. The fibrous coat of the kidney had also corresponding patches of deposit, giving the kidney a highly variegated appearance.

The subject of this case was a man of 50 years of age, a porter in a seed-warehouse, of rather intemperate habits, but still by no means an unhealthy-looking man. He was a strongly built man; and he stated that he had never had a day's illness in his life. His work was to carry very heavy weights, sacks of seeds, etc. About a year and a half ago, he found his breath becoming rather short; but still not sufficient to cause him to give up work, until about a month previous to his admission into the hospital on May 23rd, 1865. He had a peculiar half-scared, staring look about the eyes; and his complaint was of cough and great shortness of breath, which caused intense constriction and tightness in the chest on the slightest exertion, and a feeling of impending suffocation; his lips were blue, and his face a dusky colour. There was an increase of pericardial dulness; no increased impulse. The pulses in both wrists were extremely irregular and small. There was a very loud, harsh, double murmur, heard all over the chest. The lungs were engorged; and sibilant and bronchial râles were everywhere to be

heard. His nights were very bad, and he could get no sleep; and he complained of constant uneasiness in the epigastrium. My diagnosis of his case was obstructive disease of the mitral valve, with regurgitant aortic disease. He had slight oedema of the ankles and legs, but to no great extent. His treatment was very simple. The kidneys and bowels were kept active; and slight stimulants and sedatives were given. He gradually sank; the dyspnoea increased; and he died suffocated.

Now, the symptoms in this case were shortly as follows. The pulse was small, unequally irregular, and intermittent; great anxiety; extreme uneasiness and painful sensations in the chest; difficult breathing; cough and expectoration; dark dusky-looking face and blue lips; slight oedema of ankles and legs. He had always been a healthy man; and had no history to give of heart-inflammation. He was accustomed to lift great weights, which probably caused him at times to be exhausted and faint; he was intemperate. To correspond with these symptoms, I find a dilated heart; with this curious polypus in the left auricle acting as a ball-valve for the closure of the auriculo-ventricular orifice; an unusually good specimen of nutmeg-liver; and these fibrinous deposits in the kidney. I imagine that this polypus must have been in existence a very long time, probably for years; but until it had acquired a sufficiently large size, by gradual accretions of fibrine, to interfere with the mitral orifice, little or no inconvenience was felt. The firm and organised nature of its attachment make me believe that it must have existed for years. Knowing how doubtful the history of heart-disease is, and the formidable appearances which are often found after death, I confess I expected to find some very decided indications of old standing valvular inflammation; but as the result is, I think they may be said to be entirely absent. His habits of life, the nature of his employment, must have gradually caused that alteration in the character of the blood, which I believe to be the origin of this curious formation; some particular accidental circumstance determining its attachment at this particular spot. The extreme rarity of such a morbid appearance must be my apology for having detained the meeting so long.

THE INDIAN MEDICAL SERVICE. We hear that the want of medical officers for duty in India, has at last arrived at such a pitch, that, at the suggestion of the Commander-in-Chief, government has telegraphed to Sir Charles Wood upon the subject. The department is miserably underhanded, because its members are underpaid and uncared for, and have been systematically deceived by the Secretary of State. Regretting the present condition of things as an immediate evil, we could otherwise rather congratulate our Indian medical establishment upon a dilemma that will probably enforce an improvement in their position ere long. (*Times of India.*)

THE POISON OF MUSHROOMS. MM. Sicard and Schorae give, in the *Journal de Pharmacie*, the following conclusions regarding the poison of mushrooms. 1. The poisonous principle that exists in many species of mushrooms ought to be regarded as an alkaloid, as it unites with acids and forms salts. 2. This salt, obtained by the process described in their paper, is extremely poisonous. The employment of an indefinitely small quantity, in the authors' experience, was always mortal to frogs. A small quantity also was sufficient to kill a dog; and it is remarkable that the effects exercised upon the animal organism by this substance are the same as those observed in latter times from *Ciguera*.

Reviews and Notices.

THE ANTECEDENTS OF CANCER. By CHARLES H. MOORE, F.R.C.S., Surgeon to the Middlesex Hospital. Pp. 53. London: 1865.

MR. MOORE has published his very valuable paper read on the above subject at the last meeting of the British Medical Association. He has, in doing so, made several additions to it; and we are sure our readers will be glad to know what they are. In a preface, Mr. Moore lays down the points upon which he holds that information is still especially wanted; and we may take this opportunity of saying that we know Mr. Moore will feel greatly obliged to any members of our profession who will communicate to him the results of their experience in the matter. He says:

"It is to be hoped that the study of cancer will be prosecuted on a larger scale than heretofore, and in a new direction. Much has been already ascertained, and doubtless yet more will be discovered, with regard to its nature when once established in the body; and for such inquiries the opportunities are ample. From the extent of the mortality and the average duration of the disease, I calculate that there cannot be fewer than 30,000 persons suffering from cancer in England and Wales; and, while patients are but too abundant, special establishments for their reception and relief are being multiplied. Our old endowed department of the Middlesex Hospital is no longer the only institution for cancer. The towns in the provinces have begun to set apart wards for such cases. At St. Petersburg, the Empress of all the Russias is at this moment engaged in erecting a special hospital for this malady, which is planned to accommodate 150 patients. Besides benefiting a people among whom cancer seems to be unusually rife, her munificence will confer on her intelligent medical officers vast opportunities of extending our knowledge and improving the treatment of the disease.

"But that which now even more demands attention than the pursuit of cancer through its stages of increase and decay, is the antecedent condition to which it is due. There are fewer facilities for the detection of this than might be expected in public institutions, where no intimate preliminary acquaintance with the applicants can be had, and where aid is too rarely sought, even at the beginning of the disease. Misled by the trifling inconvenience which it then usually occasions, or deterred by dread of an operation, or of disreputation from the avowal of such an ailment, patients fail to bring it to the cognisance of their medical attendant in its incipient stage. The opportunity of early investigation, as well as the advantage of prompt treatment, is thus missed. Yet somewhere, among the personal, social, industrial, traumatic, or geographical conditions of the patient, in the *débris* of foregoing disease, or in his ancestral entail, the cause of cancer surely lies within reach of an adequate search. May it not be that reflection on the part of our elder associates—practitioners who have been sole attendants of families for years before the appearance of cancer among them—should bring to light some further facts bearing on this inquiry?

"We need to know, amongst other things, these chiefly:

"a. The nature of the cases returned as cancer. Of this there is probably little doubt at the time of death.

"b. The fact of its unequal distribution in the community. This should include returns from districts which have little cancer, as well as from those which have much.

"c. Differences in the form and usual duration of the disease, and in its primary site, which vary, as I have reason to think, in different parts of the country.

"d. The concurrent morbid productions of the places where cancer is rife, and the alternative diseases, or those prevalent where it is rare.

"e. The general condition of the people who are the more liable to cancer, and of those among whom it is infrequent.

"f. The individual characteristics of the person affected with cancer: his place in his mother's family; his vigour as compared with that of his brothers and sisters; his previous state of health or disease; the usual and the fatal ailments of other members of his family; and any further facts which might seem to bear upon the origination of the disease.

"g. Is it too much to hope that, amid such reflection, circumstances capable of repetition might be recalled to mind, in which a temporary or a permanent arrest of the disease could be traced to some definite cause?

"The greater part of the following argument—a mere essay in so great an inquiry—was presented to the British Medical Association at their last annual meeting at Leamington. It was designedly made brief, and chiefly suggestive, being prepared, at the request of the Committee of Council, for the purpose of introducing a discussion on the subject, 'Are there any Antecedent Conditions influencing the Production of Cancer?' It is a part of the result of the study of this disease to which I am bound by my office in the Middlesex Hospital. In some degree it is a return to the profession of their own labours, which are compiled in the volumes of the Registrar-General; and it has been furnished forth with contributions, which I gladly and gratefully acknowledge, from Kendal, by Mr. Noble; from Newcastle-on-Tyne, by Dr. William Murray; from Derby, by Mr. Cugenwen; from Leicester, by Mr. Benfield; from Exeter, by Mr. Kempe; from Plymouth, by Mr. Eccles; and from Dr. Stewart, Mr. De Morgan, Mr. Nunn, and others of my friends and colleagues, both medical and surgical, at the Middlesex Hospital." (Pp. iii-vi.)

Under the head of sequence of the tumours, Mr. Moore says:

"A doubt as to the usual sequence being preserved in the formation of the tumours cannot reasonably be entertained when it has been distinguished in another equally rapid case. Such a case came under my care ten years ago at the Middlesex Hospital. A well-grown and womanly looking girl of fourteen years of age noticed some soreness at the fissure of the palm near the ring finger of the left hand. In a week there was a small nodule there of the size of a pea, and situated under the skin. Four days subsequently the lymphatics inflamed, the skin along their course was temporarily marked with red lines, and a tumour as large as a hazel-nut was noticed in the middle and inner part of the upper arm. This was slightly painful, and was hard. A swelling as large as a pea next formed four inches higher up, near the axilla, which rapidly grew to the size of a large nut, diminished, and then increased again. The tumour in the hand was opened, but no matter flowed. All this had happened in one month, when the girl came under my care. In three weeks more the palmar tumour increased greatly in size, and was partly soft, partly firm and nodular. The tumours in the arm increased, and a slight tender lump appeared in the neck, near the left angle of the jaw. In the suc-

ceeding week, the eighth of the disease, three days of unexpected inflammation yet more increased the tumour in the hand, which sloughed on its surface, and presented the everted edge of cancer at the open parts. At the same time a new tumour formed above the wrist, near the ulnar nerve. Eventually tumours formed in the skull, and the upper parts of the body, and she died in about half a year from the outbreak of the disease. The orderly appearance of the tumours in this rapid case was as clear as in any which have a more chronic course, and their derivation from that which first grew in the hand was equally demonstrated." (P. 10, 11.)

As regards the connexion between tubercle and cancer, Mr. Moore adds:

"Enough, perhaps, has been already said upon the relation of cancer to tubercle. It is not altogether inconceivable that they are related; but not as cause and effect. The occasional though very rare occurrence of a subsidence of cancer upon the outburst of pulmonary phthisis apparently establishes the fact of a connection, though it be an antagonistic one, between them. Consumption, moreover, is in some few families a kind of alternative of cancer, proving fatal to those members of the household who do not die of the latter disease. But, in the relation of cause and effect, it must be admitted that no definite connexion is made out between tubercle and cancer. There is little resemblance between the antecedent conditions of those who are liable to the two diseases. And it is likely that their somewhat frequent coincidence in the same persons, albeit at different periods of life, and in different organs of the body, is due to the fearful prevalence of phthisis in the community. If in one year 66,612 persons amongst us die of tubercle in some of its forms, traces of once active tubercle may be very frequently found in the bodies of those who survive it and die of other diseases. But these facts furnish no ground for supposing cancer more than other diseases to be an offspring of tubercle, but rather for regarding it as equally independent of them all, and as springing up with indifference to all known morbid conditions, whether of the body in general or of any of its organs." (P. 25, 26.)

"If the conclusion be accepted, that cancer is unconnected with any previous general malady, and is primarily a local disease, the search for its cause is much narrowed. We have to look for it in the prior conditions of the structures in which it originates, and in such personal characteristics as influence structural growth. The local occasion of cancer may be changes induced from without during the course of life in a tissue once rightly formed, or it may reside in a yet anterior, that is an original, misconception of it.

"As to the former of these conceivable causes, cancer may certainly, in its least virulent and heterologous form, come on where there has been prolonged local irritation. But no amount of irritation is of itself sufficient to induce it, or cancer would be excited in multitudes of places and conditions where it never comes, as by the lifelong annoyance of a corn. Some far more specific occasion is needed to induce a growth of cancer. Thus, at various orifices within and without the body, at parts, as the navel and the recto-cutaneous septum, where embryonic growth comes latest to perfection, among organs, as the thymus gland, whose life ends before that of the rest of the frame, about chronic ulcers and fistulae, characterised by long repetition of the same fruitless efforts at repair, even also in scars, cancer originates; but it does so under conditions of cellular growth and decay, with which, in some few regions, but not in

all, friction, injury, or traumatic irritation may combine, which they may possibly even intensify, but which they are incompetent to produce. In regard to the second presumed cause of cancer, whilst the growth of the disease in moles and other defective parts of the integument, or in an undescended testis, declares plainly what exposure to disease results from original imperfection of structure, it is not possible to draw from that occurrence the universal conclusion, that cancer is a product of incompleteness or feebleness of primordial construction. There are many defects and deformities, involving various textures, and entailing on them a permanent feebleness, in which yet no outbreak of cancer is ever known. This branch of the inquiry is in an unsatisfactory state, and is thus likely to continue, so long as we are without the means of observing organs previously to the development of cancer in them, or are unable to discern the nature and the moment of the first textural change.

"In a more general way, the prior condition of the persons exposed to cancer allows of being ascertained; and the results of my investigations appear to justify the following assertion with regard to it." (Pp. 27-29.)

Further on, Mr. Moore says:

"It is not necessary, and may not indeed be advantageous, to suggest any explanation of the possible influence of prior healthiness upon the production of cancer. A theory which should attempt to account for the growth of disease out of health must, from the nature of the case, render the acceptance of the fact itself precarious. I am emboldened, nevertheless, to offer my own opinion as to the ultimate occasion of the disease, because, being formed independently, and from an altogether different view of the subject, it coincides to some extent with the conclusions of certain other observers. It is thus partly in accord with the opinion of Mr. Simon, that cancer is a new organ, and partly with that of Mr. Hutchinson, who graphically ascribes the outbreak of cancer to a mutiny and ineffective regulation of some, it may be even a very few, of the cells.

"It appears to me that persons of unusual vigour possess in their textures a capability of action beyond that which suffices, and is usually employed, for their perfect construction. Growth naturally steps at the point which best suits the destiny of the organ, and the demand of the remainder of the system upon that organ. An excessive demand on a completed structure leads to hypertrophy or over secretion, as the case may be. But this capability I think of is not one issuing in hypertrophy, but in a new formation. It is the reproductive faculty of tissue, as distinguished from that of the species; and the new growth resulting from it is equivalent in nature to that which prepares the lung or the tooth in the embryo, not because of any present demand for its use, but in readiness for service yet future. Whilst equivalent in nature to new embryonic formations, and thereby distinguished from hypertrophy, it begins and proceeds without adequate control. Just as there is no use in the adult frame for superfluous growth, for any parts beyond those which constituted the original and total body, so there is no power in it to model an untimely bud into a new organ. And neither is there a genial directing maternal influence; for the individual, severed and already grown, has virtually no longer a parent.

"There is, I conceive, such an active formative control by the mother over the young she carries, corresponding in body to that which she afterwards exercises over mind. I think I even recognise a converse influence of the fetus upon the mother, and am prepared, therefore, to find the power to grow, which is

of the life of the embryo, modified by the power to control and direct, which is maternal. It is true that the fetus is as isolated as it possibly could be; suspended in liquid, connected with its mother only by a nerveless funis, not continuous, even at the attachment of the placenta, and distinct in its very blood current; yet there is connection enough to impress figure, and feature, and every external stamp of lineage, upon the child; and it is presumable that the regulating influence reaches to the internal organs, even to their first development and their place, no less than to their minuter construction.

"According to this view, the period of uterine life constitutes the spring time of existence. Then only are new organs produced. When a bud is put forth in after life, in its summer, or autumn, or winter, it is without the order, the slowness and definiteness of growth, and the compact isolation of a normal organ. It manifests an uncommon survival of embryonic power in the person in whom it sprouts, a residual vernal energy, potential spring; yet, for want of the control of a modelling power, its growth is excessive, and its final construction, at the same time, stops short of the perfectness of the rest of the adult body.

"It accords with this theory, that cancer is almost peculiar to organs during the wane of their functional activity. When special nervous sensitiveness is over, when the variations of the vascular system are out of correspondence with the local nutrition, when tissue metamorphosis is at a minimum, and the part is reduced from its capability and energy as an organ to something less than even a tissue securing its own maintenance (for it may be actually shrinking), then any disproportionate activity, any renewed impulse of growth, in a single microscopic structure, would be not only beyond the control of the rest of such an organ, but in excess of its ability to resist encroachment. Of such renewed activity of life may cancer be the product; for it is but an undirected and unrestrained heaping together of materials in their earliest form of development. Its value to the organ it springs from is less than *nil*, since with superior vitality it supersedes the waning or extinct forces of its site, which it destroys in place of renewing. Its subsequent general influence in the body is as pernicious, as that of oxygen, which it resembles in its diffusibleness, is good.

"There is one conclusion from the facts brought forward in this paper, which, though collateral only, and not contemplated at the institution of the inquiry, is yet of too great importance to pass unnoticed. I allude to the valuable argument furnished by them for early operations in cancer, and an argument which corresponds with their comparative success." (Pp. 49-53.)

THE CLIMATE OF MALAGA, IN THE TREATMENT OF CHRONIC PULMONARY DISEASE. By THOMAS MORE MADDEN, M.D. Dublin: 1865.

DR. T. M. MADDEN, in this pamphlet, says:

"In my opinion, when a very dry, warm, tonic winter climate is indicated in the treatment of chronic pulmonary disease, especially phthisis, Malaga will be found superior to any health-resort in Europe, and only inferior to Western Australia and Upper Egypt."

Malaga is, he says, easy of access. Its climate is dry, equable, warm, and somewhat bracing; but at night the temperature falls rapidly. The mean annual temperature of Malaga is 65° of its winter, 55°; and of its spring, 68°. Rainy days are less numerous there than in any part of Southern Europe. But

Malaga has its drawbacks. The north-west wind is "un viento fatal", a deadly wind; and when this *terral* prevails, patients must keep in-doors. Cold weather, though it does not last long, is severely felt there; for there are no means of keeping out the cold, or of warming the rooms, except the *brasero* or pan of heated charcoal. As for the food, Dr. Madden says:

"It must be admitted that the animal food in Malaga is very inferior to that used in this country. The meat there is generally hard, stringy, lean, and flavourless, except the pork, which, as throughout Spain, is excellent, but is not a fit food for invalids. The fish, however, is of such good quality, and of so many various kinds, that it makes up in a great measure for the shortcomings of the animal food, and invalids may manage to live very well and very cheaply at the hotels, on fish, kid, turkeys, ducks, fowl, game, especially partridge, which is a standing dish here, and vegetables and fruits, many of which are unknown, except as rarities, in this country, even if they do not choose to venture on the meats served at the *table d'hôte*. Spanish cookery is generally considered as intolerable by British travellers, but I think this is mere prejudice; and that garlic and oil, which enter so largely into all culinary operations in Spain, are absolutely necessary (moderately used) to supply the want of fat and of flavour in the meat, and to render it more digestible."

The hygienic state of Malaga is not flattering; "it is as defective as it can well be." In fact, Malaga is a capital illustration of "the connexion of zymotic diseases with bad sewerage." There is also another "peculiar affection, which frequently attacks strangers at Malaga" soon after their arrival.

"It consists of a very painful acute inflammation of the margin of the gums, leading to the formation of minute ulcers round the teeth, and attended with considerable constitutional irritation."

Deaths from consumption among the natives are less than in any other European southern locality. But the statistics do not seem to us very satisfactory; for they tell us at the same time that deaths from affections of the respiratory organs are nearly as great as in Dublin. Altogether, we can scarcely say that Dr. Madden's details of Malaga bear out the favourable conclusion at which he has arrived of its excellence as a residence for invalids.

WINTER IN THE SOUTH OF EUROPE; or, Mentone, the Riviera, Corsica, Sicily, and Biarritz, as Winter Climates. By J. HENRY BENNET, M.D., M.R.C.P., late Physician-Accoucheur to the Royal Free Hospital, etc. Third Edition. Pp. 412. London: 1865.

SINCE the second edition of this work appeared, between two and three years ago, Dr. BENNET has collected material by means of which he has been enabled to make considerable addition to his work.

The chapter on Sicily is an entirely new one. That island was visited by Dr. Bennet in the winter of 1862-63.

The whole work is a most pleasantly written and instructive account of the various localities in the South of Europe, which Dr. Bennet has visited with a view to testing their capabilities as health-resorts.

British Medical Journal.

SATURDAY, NOVEMBER 4TH, 1865.

[THE question of voting of country Fellows by papers will again come before the Council of the Royal College of Surgeons at its next meeting during the current month. We have already informed our readers of the position in which the matter stands at present. The Council has again received, and this time favourably considered, the memorial of the British Medical Association; and, we have good reason to believe, will take steps to enable the country Fellows to obtain the vote, if assured that they actually desire it. It, therefore, becomes incumbent on the members of the different Branches immediately to take the necessary steps of giving the College the proof it desires, by obtaining the signatures of assenting Fellows of the College. We do not at all know how the Council of the College became seized with the idea that there was any lukewarmness felt by the Association on the subject. We have no doubt that at least a hundred and fifty members of the Association were present at Leamington when the memorial to the College was unanimously agreed to; and it must be remembered that the same document had been previously agreed to, first, by the Committee of Council of the Association, and, secondly, by the Council of the Association; and that this is not the first time the Association has memorialised the College on the subject. Under the circumstances, nevertheless, it is evident that the Fellows should take at once the proper steps of showing the College that they are desirous of obtaining the power of voting by paper. The result of the elections of Oxford University demonstrates that voting by papers may be most satisfactorily carried out. The body of Fellows was created on purpose to make a constituency to elect the Council; and it is very certain that the giving of votes to country Fellows will not create a system of canvassing. There is, therefore, clearly every reason why the country Fellows should have the power of voting by paper.—Since writing the above, we learn that our Branch Secretaries will be requested at once to obtain the signatures of Fellows residing in their districts. No time should be lost in doing this. The returns should be forwarded as early as possible to the General Secretary, T. Watkin Williams, Esq., Birmingham.]

MOVEABLE KIDNEY.

M. TROUSSEAU lately made a few clinical remarks on this subject, of which the following is a summary.

A strong, healthy man, thirty-five years old, presented himself, complaining of having a tumour in his belly. He had frequently had pain at the part where the swelling was; and there the abdomen was found scored with the cicatrices of cuppings and leeches, which had been used, as he said, to cure attacks of *peritonitis*! On examination, there was discovered a solid, oblong, roundish tumour, painful to the touch, in the right side; it was easily moved backwards, but could not be brought to the medial line. By regular and careful pressure, it could be forced back into the right renal region. To demonstrate the nature of the tumour, M. Trousseau pressed upon it slightly, so as to produce pain; and then pressed over the region of the left kidney, and so produced pain, as the patient said, of an exactly similar kind. A proper bandage was ordered for the man, to protect the kidney from external injury.

In most cases, the kidney displaced is the right kidney; and much more frequently, according to statistics, is it displaced in women than in men.

What is the cause of this displacement of the organ? and why is the right kidney more frequently displaced than the left?

Nature displays a wondrous art in protecting the organs of the body—a simplicity in means, and a marvellous grandeur in effects—which cannot be too highly admired. "Although arrived at a time of life when one is little apt to be enthusiastic in the contemplation of these works of Nature, I feel," said M. Trousseau, "full of enthusiasm." The brain, for example, is lodged in a bony cavity, thin, but resistant; thin, that it may not press heavily, so as to interfere with the movements of the head; and resistant, being a spheroid, and composed of bones so grooved one into the other as to prevent shocks by effecting a decomposition of forces. The spinal cord is equally well protected, solidity being joined with flexibility. We know, again, how the lungs dilate in their flexible, resistant cage. The liver, again, is hidden behind the lower right false ribs, and under the diaphragmatic arch; the spleen is protected by the lower left false ribs. The kidneys lie upon thick masses of muscles, and are protected by the spinal column, by the muscles, by the transverse processes of the lumbar vertebræ, etc., and by the intestinal convolutions which separate therefrom the abdominal walls in front. The bladder and the uterus are hidden in the pelvic cavity. The intestines alone seem ill protected by the walls of the abdomen; but, as they contract and expand, a distensible cavity was necessary for them. Yet are they not unprotected. In order that their contents may be passed freely along, the intestines are dis-

tended with air; and this air forms an elastic cushion for their protection. Moreover, they have a remarkable facility of movement, accommodating themselves readily to pressure. Hence, then, the stomach and intestines alone are in contact with the soft walls of the abdomen. All the solid organs—the liver, the spleen, kidneys, and uterus—are deeply seated, or protected by bony covering. Pressure on these solid organs produces pain.

Are moveable kidneys always painful? M. Walther, who has carefully investigated this subject, finds that the kidneys are moveable in a considerable number of persons, who suffer in no way from them. The kidney, under such conditions, usually becomes painful suddenly, after violent pressure, or after great fatigue. Thus, for example, a gentleman complained of great pain in the right side of his abdomen. The surgeon at once discovered a moveable kidney. But how came it to be thus suddenly painful? On inquiry, it was found that the patient had to do duty as national guard every six months; and that on the last occasion, having grown stout, he had much difficulty in putting on his uniform. The pressure on his abdomen was consequently very great, and on the morrow the pain was considerable. Rest and a bandage were all that was required for the treatment. Three cases which have come under M. Trousseau's notice were in men; but M. Roger has said that the affection is much more common in women than in men; and, of thirty-five cases collected by Dr. Fritz, thirty were observed in women. M. Cruveilhier has explained this by the suggestion, that the right kidney is more readily displaced by the pressure indirectly exercised on it through the liver by the stays.

There is nothing surprising in this dislocation of the kidney. We must remember the slight attachments which the kidneys have. They are held to the vascular system only by arteries and veins; and the tissue which attaches them to the surrounding parts is only a feeble bond of union. In fact, the only actual bond is the peritoneum, which fixes the organs against the quadratus lumborum; and the peritoneum is certainly not a firm bond of attachment.

M. Walther's researches show that, in the majority of cases, the symptoms indicative of the affection are very slight. Often, indeed, the existence of the floating kidney is only discovered accidentally. The nature of the moveable body may be generally made out when its existence is ascertained. It is smooth and ovoid, and has, in fact, the shape of a kidney; it is dull to percussion. Careful palpation also may show an absence of the kidney in the corresponding lumbar region. Pressure also on the moveable body will produce the same kind of pain as it produces on the other kidney *in situ*. A tumour of the liver is not moveable. The spleen, when depressed, is larger

than the kidney. But, nevertheless, moveable kidneys have been mistaken for disease of the liver, of the gall-bladder, of the spleen, of the mesentery, of the intestines, and for fibrous disease of the ovary.

As for the treatment, all we can do is to support and protect the kidney so displaced. What is especially worthy of note, in reference to floating kidney, is this: that the displacement is far from unfrequent; that its nature is very generally misunderstood; that the patient is consequently often put to much inconvenience through error of treatment, and to much unnecessary mental anxiety; and that, by keeping the fact of the existence of this affection in his mind, the medical man may sometimes save himself from much disrepute and annoyance.

MORTALITY OF TROOPS IN INDIA.

THE Royal Sanitary Commission of India some time since alarmed the public by announcing that the present mortality of European troops in India was 69 per 1000. The Commissioners remarked that upwards of 5000 recruits would be consequently required from this country every year to fill up the death vacancies in the Queen's Indian Army. In the same Report, it was maintained that five-sevenths of this mortality was preventible by sanitary improvements, that the death-rate could be reduced from 69 to 20 per 1000, and the demand for recruits from 5037 to 1460.

The Government of India, however, contradicted the statements and refuted the conclusions of the Commission. It declared that the present mortality of European troops in India was nearer 20 than 69 per 1000, and explained the discrepancy.

"The Commissioners have been reckoning on fallacious principles. They began with the early years of the century, and finished with 1856. The true point to be ascertained was not the death-rate between 1816 and 1856, but the death-rate at this very day, and that was soon found. The actual number of deaths (said the Indian Government) was only 1408, instead of 5037, in the year 1862, and it was not much greater in 1863."

This is a very satisfactory refutation of the statements made by the Commission; and happily, though the Commissioners justify the plan of their Report, they do not attempt to gainsay the statistics of the Government. They were, it appears, appointed in 1859, and pursued their inquiries in England up to 1861, while similar inquiries were conducted under their auspices in India itself. In 1861, their work terminated; but their Report was not published till 1863. Thus, the Government receive a Report in 1863, professing to comment on the "present" mortality of the Indian Army, which took no heed of anything later than 1855 or 1856.

The mistake of the Commissioners was, that they did not make it clearer that their conclusions had been based on imperfect returns, and were inappli-

cable to the present state of things. The average mortality of soldiers in India for the forty years preceding 1856, could certainly not be described with any correctness as the mortality "now" prevailing. The average for the years 1860-1864 would undoubtedly give us the "present" death-rate more nearly. At all events, the grand and satisfactory point seems to be that, since the cessation of war and the introduction of sanitary improvements, the mortality of soldiers in India has not been 69 in 1000, but only 20.

CHANGE OF TYPE IN DISEASE.

[Communicated.]

WE would recommend the gentlemen who deny the truth of this theory to study some of the writings of the ophthalmic surgeons of twenty-five years back. They will find that men of large experience—whose names indeed were household words—considered that, in the treatment of eye-diseases, the most violent remedies were needed. It is not possible that they could be mistaken.

Mr. Guthrie must have been correct when he believed that, "as a general rule, the patient should be bled largely after any of the operations for the formation of an artificial pupil." It is true that this operation is *now* the most simple and least painful one that can be performed; but then disease has changed its type! When an unhappy man became blind, without a symptom of inflammation or any appreciable structural change, he was said to be suffering from amaurosis. Immediately, he was got under the influence of mercury, kept on low diet, and had a long issue made in his scalp. The ophthalmoscope *now* shows that such treatment would be perfectly ruinous; but in 1865 disease has changed its type!

Syphilitic iritis in infants was a fearful malady, even in 1843 (see Walker's *Oculist's Vade Mecum*). Leeches to the lids, "in such numbers as are suitable to the age and constitution of the child", were necessary; with purgatives and nauseants. An infant seven months old *only* required two grains of calomel twice daily for five weeks, and then once a day for eight weeks longer; at the end of which time the dose was again given night and morning.

As for gonorrhoeal ophthalmia, it is wonderful how any patient could ever get over an attack. One sanguinary authority maintained, that "the lancet must be hardly ever out of our reach; for if ever there was a disease in which blood may be taken away without limitation, it is this." Another gentleman mildly urged:

"You will deem it necessary to bleed at the outset of the attack most freely; it would be almost criminal to stop the flow of blood until your patient exhibited symptoms of faintness; and as soon as he rallies, and the pain returns, the operation should be repeated until syncope is again produced. At the

same time, you would prescribe a liberal dose of calomel and jalap, so as to act freely on the bowels, and afterwards tartarised antimony in sufficient quantity to maintain a state of decided nausea."

When these remedies had produced sufficient debility, nothing more was needed than scarifications of the conjunctiva, "a quantity of leeches" to each lower eyelid, and a blister between the scapulæ, etc.

It is certainly to be hoped that, in our day, disease will not play any more vagaries. What should we do if it ventured some fine morning to return to its former type? It is very unpleasant to be ill in these good times. What must it have been a few years ago? If it be correct to assume the theory of a change of type, because the plague has disappeared in this country and cholera has been introduced, it seems to be a logical conclusion that we are threatened with another revulsion now that the effects of trichiniasis have become developed.

CHOLERA.

THE accounts generally of the decrease of cholera in all parts of Europe are satisfactory.

The *Union Médicale* says that the admissions have considerably decreased in all the Paris hospitals, with the exception of La Pitié and St. Antoine, situated in the quarters most severely visited.

Dr. Caunière, who has studied cholera, says that, in India and at Madagascar,

"No doubt whatever exists as to the cause of the disease; being nothing else than exceedingly small animalculæ of a special kind, oviparous, and multiplying with exceeding rapidity. They are suddenly formed in the human intestines, where they breed. If the general hygienic state of the patient is strong enough to resist their attacks, they die out immediately; but if the condition of the human body is favourable to their propagation, they soon produce a disorganisation, which increases with extraordinary speed, and terminates in the death of the person attacked."

A letter from Gibraltar, of Oct. 24th, says:

"The pestilence may almost be said to have passed away from among us, after having slain one in every thirty-five of the inhabitants in three months. Of the 5000 men who compose the garrison, about 70 have fallen, and 60 of the 700 convicts."

Cholera remedies begin to flourish in the papers. Mr. Hensman, Assistant-Surgeon of the 20th Regiment at Yokohama, recommends strychnine. He used it there, he says, with success.

"I would give such doses as shall produce the slightest operation of its therapeutical effects, and this will differ according to the severity of the collapse; in moderate collapse, with failing circulation, cold hands and feet, rice-watery stools, and frequent spasms, from one-eighth to one-fourth part of a grain, dissolved in weak spirit, every half-hour, until amendment takes place. I found generally after the second dose, or third, a visible improvement; the spasms were quieter; the pulse was steadier and fuller; and the countenance better. In cases of more severe collapse, I would give the fourth part of a grain at once, and repeat it twice or three times at

intervals of thirty minutes. Most of the cases recorded below were of this kind, and reaction took place in the following order. The cramps ceased, the pulsations at the wrist became stronger, the countenance lost its ghastly aspect, warmth returned to the feet and hands, and the rice-watery character of the evacuation ceased, and they then acquired a more natural and fecal appearance. I remarked, in several cases, after taking two or three doses of the medicine, a peculiar irritability of the muscles of the leg, so that, upon touching the sole or grasping the foot, a sudden exclamation and jerking of the extremity occurred. This was the point of nervous stimulation up to which I desired to bring the action of the remedy; and it was then discontinued altogether if reaction progressed, or given in smaller doses at longer intervals if it commenced again to decline."

Mr. Hensman reports six cases in which recovery followed the administration of the remedy. Of course, in these cases, the greatest part of the strychnia must have been ejected from the body by the vomiting or purging. Half a grain of strychnia will destroy life. But there is nothing new under the sun; and Dr. Thomas Dyer claims to be the originator of strychnia-giving in cholera.

"I published in 1849, *Practical Observations on the Efficacy of Strychnia in Asiatic Cholera*; and the result of my experience both in 1849 and 1854 was, that strychnia, in the doses given by Mr. Hensman, is the most efficient remedy yet known for this dreadful disease; and it enabled me to arrest many cases from running into 'collapse', and to bring about reaction in some which had fallen into that condition. Nevertheless, I am bound to admit that I lost several cases, and the treatment in my hands did not meet with a success so decided as to leave no better to be desired."

Strychnia was used in cholera in 1849 by some of the French practitioners—among others by M. Lévy of the Val-de-Grâce Hospital in Paris.

Dr. Jeanneret of Cheltenham assures us, in a pamphlet, *De la Guérison Prompte et Facile du Choléra Asiaticque*, that he conscientiously believes that, during his forty years' experience in practice, he has met with no disease, however severe, which appears to him so easy of cure as the Asiatic cholera (*si facile à guérir que le choléra asiatique*). His remedy is simple enough. It is powder containing three grains of camphor and fifteen grains of aromatic confection.

On Monday last, the Minister of the Interior in Paris, the Prefect of the Seine, and the Prefect of Police, visited the Hôtel Dieu and the Hôpital Beaujon. The Minister of the Interior announced that the Emperor, sensibly touched by the indefatigable zeal of the house-surgeons and students in the cholera hospitals, and desiring to recompense their entire body in the persons of two who had particularly distinguished themselves, had named M. Legros, surgeon at the Hôtel Dieu, and M. Lelion, of the Hôpital Beaujon, Chevaliers of the Legion of Honour. The Minister of the Interior presented the Cross of the Legion of Honour to M. Legros and M. Lelion in the cholera wards.

It appears, from a document issued from the Veterinary Department of the Privy Council Office, that the total number of cattle reported as having been attacked since the first appearance of the murrain amounts to 14,033; and that of these, there have been killed, 5119; died, 6711; recovered, 707; remaining, 1545. The plague is still on the increase, as the cases of attack in the week ending Oct. 21st were 1729, against 1054 in the previous week.

"These returns do not profess to give the total number of cases which have occurred in Great Britain; but only those which have been ascertained from the official information received at this office from inspectors, whether appointed by the clerk of the council or by the local authorities."

By an error of the press, it was stated in last week's JOURNAL that 1700 cattle had died of the plague since its outbreak in this country: it should have been 6700.

It is reported that the new edition—so long expected—of the *British Pharmacopæia* will be published early next year, and 10,000 copies of it in octavo form have been ordered to be printed. The work is therefore in the press. The time of publication will of course depend upon the conclusion of the corrections of the proofs.

WE lately referred to the absurdly small sum (£50) offered for the remuneration of medical men engaged in the scientific investigation of cattle-disease. We are glad to find that the Cattle-Plague Commission has since then revised its original offer; and no longer calls upon the profession for anything like gratuitous medical service. It is now decided that the gentlemen engaged in the inquiry shall be remunerated with a fitting *honorarium* for their services. In addition to expenses, £150 has been allotted, as a *honorarium* to two at least of the scientific gentlemen engaged.

WE have been requested to publish the following notice:

"By the new statutes of the Scottish Universities, three medical degrees have been instituted, those, namely, of Bachelor of Medicine (M.B.), Master in Surgery (C.M.), and Doctor of Medicine (M.D.). The degree of C.M. is not, however, conferred on any one who does not at the same time obtain the degree of M.B. All candidates for the two first degrees are required to pass the full preliminary examinations, and to have been engaged in professional study for four years before being admitted to the final examination. The degree of M.D. may be conferred on any Bachelor of Medicine twenty-four years of age, who has been engaged, subsequently to his having received the degree of M.B., for at least two years in medical and surgical practice, provided that he is either a Graduate in Arts of a University, or that he has passed an examination in Greek and in Logic or Moral Philosophy, in addition to the other branches of a preliminary examination. Those, however, who had commenced their medical studies previous to the period at which the statutes came into force at the

different universities, are entitled to graduate either under the system in force before that time, or under that now established, according as they may prefer to comply with the regulations in force before or after these dates. Consequently, those who began their medical studies previous to the dates mentioned below, may either take the degree of M.D. at the age of twenty-one, and without a preliminary examination, except in Latin; or they may obtain the degrees of M.B. and C.M.; in which cases, however, they will be required to pass the full preliminary examination. This alternative refers to candidates who began their medical studies before the following dates:—In Edinburgh, before the 4th of February 1861; in Glasgow, before the 1st of October 1861; and in Aberdeen, before the 5th of November 1861."

A GOOD example of the benefits of the "cures" published in the *Times*, may be found in a letter to that journal from a Mr. Lofts. He says:

"About six weeks since, I lost a cow from pleuro-pneumonia, hardly distinguishable from the plague; and a second cow having been attacked in the same way on Friday last, I immediately put it under the treatment recommended in a letter sent to you by Mr. Cyrus Elliott, and stated to have been successful in his case; viz., turpentine and oil in the first instance, and afterwards a wineglassful of Condyl's fluid every hour. This was persevered with for two days without any relief. I then sent to Mr. Elliott's farm to inquire if the symptoms had been similar, when I found that, out of twelve animals, seven had succumbed, and five were then in a worse state than my own. Mr. Elliott, having written in a positive and circumstantial manner, should, I think, upon finding the cure was not effectual, have lost no time in undeceiving the public; and if you will kindly insert this in your columns, it will have the effect of preventing many others being misled as I have been."

We recommend Mr. Lofts' advice to Mr. Elliott to the attention of those medical men who have hesitated to send their cures of diseases to the *Times*.

Association Intelligence.

BRANCH MEETING TO BE HELD.

NAME OF BRANCH.	PLACE OF MEETING.	DATE.
BIRMINGHAM AND MIDLAND COUNTIES. [Ordinary.]	Medical Department, Old Library, Birmingham.	Thursday, November 9th, 6 P.M.

MEDICAL BENEVOLENT FUND.

THE Committee of the Medical Benevolent Fund beg to acknowledge with thanks a most liberal donation of £300, received at their meeting on Tuesday, Oct. 31st, with the accompanying letter addressed to the Treasurer.

"A medical man (M.C.R.), who desires to be unknown, grateful for the many blessings attendant upon the practice of his profession, has the pleasure to present the enclosed three notes to the Treasurer of that real charity, the Medical Benevolent Fund; the amount to be distributed by the Committee as they think best."

They desire also to inform the generous donor that they have devoted £200 to the Annuity Fund, the remaining £100 to the General Fund.

THE LATE THOMAS HERBERT BARKER. M.D., F.R.S.E.

THE death of a man at a period of life when he might be reasonably supposed to have before him several more years in which to pursue with skill and honour the exercise of his profession, is at all times a matter of regret. But the source of that regret generally lies more in the relations existing between the deceased and his immediate friends and acquaintances, than in any which, beyond general professional kinship, have existed between him and his fellows in the same calling. When, however, he has not only made for himself an honourable local reputation, but has earned a name far and wide among his profession for the endeavours he has made to contribute to the improvement of the science and art which he practises, and is unexpectedly removed before all that might be expected of him has been fulfilled—then the loss is felt as one affecting not only his immediate circle, but the whole profession. It is with such a feeling that the death of Dr. Herbert Barker, at the early age of fifty-one, must be regarded. Engaged in the onerous duties of a general practitioner—including those of an union surgeon—in a country town of no great size, he yet, during many years of his professional life, found time and opportunity to carry on laborious inquiries into subjects connected with medical science, and to make contributions to its literature, which have long since made him a man of mark in his profession.

Thomas Herbert Barker received his medical education at the Birmingham Queen's College, and also at University College, London. He was at one time house-surgeon in University College Hospital—we believe under Liston. He received the licence of the Apothecaries' Company in 1837, and became a Member of the Royal College of Surgeons in 1842. In 1847, he obtained the degree of Doctor in Medicine from the University of London; and in 1851 became, after examination, a Fellow of the Royal College of Surgeons.

The greatest part of his professional life was spent at Bedford, where he carried on a general practice, following all departments of his profession with energy and ability. He was a skilful surgical operator, and a sagacious and able physician and obstetrician, persevering, in spite of difficulties, in that course which he judged to be right. A local paper, in a sketch of Dr. Barker's labours, bears witness to his possession of these qualities; observing, in proof, that "many persons who have survived severe attacks bear witness to his skill and unwearied attentions." Further evidence of his professional skill may be found in the practical contributions which he occasionally furnished to this JOURNAL and to other periodicals, and to which we shall presently refer.

But it is his labours as a sanitarian, and as an investigator of the causes of epidemic and endemic diseases, that will most probably cause his name to be

remembered in his town as well as by the profession. Long ago he began to urge on his fellow-townsmen the necessity of sanitary measures; and ever since he has, amid his other labours, persevered in this one. The paper to which we have already referred (the *Bedford Times* of October 28th) says:

"More than twenty years ago, Dr. Barker stood alone in his earnest endeavours to give a practical application to those principles which were accepted by few in this town, who saw the question impeded by the greatest difficulties. The inertness around him he tried to put in action; and his impulsive earnestness brought about himself an amount of opposition which would have overwhelmed any ordinary man, and for a time he laboured profitlessly to convince his neighbours of the necessity for improved sanitary measures of a general nature. In vain did he endeavour to show the immediate connexion between dirt and disease, and point to the success of his suggestions, carried out under the directions of a beneficent nobleman in a village which had been decimated by fever. The only activity which prevailed in the town upon the subject was an active opposition to his proposals. At length, in 1854, he startled the inhabitants of Bedford by issuing a pamphlet addressed to them entitled, *Is Bedford healthy? and if not, why not? and how can it be made so?* This remarkable pamphlet was really the gauntlet thrown down publicly on the sanitary side of the question, and it had the effect of producing the largest and most continuous agitation we have ever known in Bedford. Not a day did he rest, not an opportunity did he miss; incessantly charging the public mind with the best information and evidence he could obtain to carry conviction upon the question as to which was the best policy and the greatest economy, as well as the highest social duty, of those in power. He issued tables of the high rate of mortality in Bedford from preventable causes, and by letters and addresses alternately worked upon the fears and the higher sentiments of his opponents. His statistics were impugned; his statements were denied; and at length the opposition grew so strong, that a clean sweep from public office was made of all his sympathisers and coadjutors. Still he continued to press his case, and furnish facts and figures for the better instruction of his neighbours. By degrees he carried conviction into the minds of many unwilling persons, that, by the neglect of proper sanitary measures, Bedford kept up a constant nurturing bed of fevers, thereby annually destroying numbers and enfeebling much larger numbers of its people. . . . A mighty change has now come gradually over the public mind in this as well as other towns. Important sanitary measures have already been carried out; and at this moment there are works in progress for a complete system of drainage, for the purification of the river, and for a regular supply of pure water to the whole population."

It is so far satisfactory to learn that the sanitary measures of which Dr. Barker inculcated the necessity have been commenced; and, although he has not lived to see them fully carried out, we trust that the spirit which animated him yet exists among a sufficient number of his townsmen to ensure perseverance, in spite of outcries about "extravagant expenditure", in a course which shall raise Bedford far above the unenviable reputation which has been assigned to it for disease and mortality. That which was effected in Croydon through the exertions of our associate Dr. Westall, may be effected in Bedford; and the men of

that town and its neighbourhood, even of the present generation, may yet have reason to remember Dr. Barker with gratitude as a man who taught them how to prevent disease and death.

The exertions of Dr. Barker in the cause of sanitary medicine were not confined to his town. Amid his other duties, he engaged in researches into the causes and prevention of disease, the results of which have been at various times laid before the profession. One point which he specially studied was the action of meteorological influences on disease; a subject in which there is much room for observation, and towards the elucidation of which, we believe, he had for a long time been providing materials. For many years he carried on, and carefully recorded, a series of meteorological observations, which, with those of others, have been from time to time incorporated in the reports of the Registrar-General. As a record of his labours in this direction, he possessed a handsome chronometer, presented to him by the meteorologists of Great Britain. In 1853, he was one of the chief organisers of a plan of "medico-meteorological observations" which was carried on for some time in the ASSOCIATION MEDICAL JOURNAL; and, we believe, an editorial article explanatory of the plan to be followed, which appeared when the tables were first published, was from his pen. In the beginning of 1854, he published in the JOURNAL an account of an epidemic of jaundice which had occurred among children in 1852, appending thereto some valuable remarks on meteorological influences, and shewing that, during the period in which the disease existed, there were present one or more of the recognised remote causes of hepatic affection—high ranges of temperature, vicissitudes of temperature, and humidity of the air.

The influence of emanations in the causation of disease was also a subject to which he devoted a large share of attention, beyond that to which he was led in his endeavours to amend the sanitary state of Bedford. In 1858, the Medical Society of London awarded him the Fothergillian gold medal for an essay on *Malaria and Miasmata*; which he published in 1863. In this essay, having examined the opinions which had been held as to the nature of the poisons producing epidemic diseases, he gave the conclusions at which he had arrived, as well as the results of a series of carefully conducted experiments on the action on animal life of cesspool air, and sulphuretted hydrogen and other gases. He believed that, while these gases were capable of producing symptoms closely resembling those of specific disease—typhoid—the disorder so produced was not identical with the disease arising from the action of the true epidemic poison—its want of communicability to other persons being one great point of difference.

In the treatment of cases of fever, Dr. Barker insisted strongly on the necessity of free ventilation; and, in 1856, read at the annual meeting of the British Medical Association an able paper, in which he expounded his views on this subject.

There are probably other contributions of Dr.

Barker towards epidemiology and hygiene, which, however, escape our notice at the present time. His latest great effort in this direction was that which gained him in the present year the Hastings gold medal of the Association. The prize essay, on "Deodorisation and Disinfection", is before us. In accordance with the terms of the notice given regarding the prize, it will be published in the JOURNAL, and our readers will then have an opportunity of perusing it. We will only say, that it contains the records of numerous careful experiments—which must have been conducted at much personal inconvenience—made on the deodorising properties of various substances. The essay, we gather from some remarks made by the author when the medal was presented to him, forms but a part of a more extended series of researches on the same subject which he had in preparation.

In addition to the special class of investigations to which we have referred, Dr. Barker made also a number of valuable contributions to medical literature. He was the author of a work on the *Hygienic Management of Infants and Children*, and published also several papers in this and other periodicals. Among them are, "Removal of Large Secondary Prostatic Calculus" (*Transactions of the Provincial Medical and Surgical Association*, vol. III, N. S.); "Case of Poisoning by Oxalic Acid" (*ASSOCIATION MEDICAL JOURNAL*, 1855); "Intrauterine Fractures" (*ib.*, 1857); "Cases of Strangulated Hernia", and "Cases of Vomiting and Diarrhoea during Pregnancy" (*ib.*, 1859); "Poisoning by Lobelia", "Case of Extensive Pelvic Abscess", and "Urticaria from Setaceous Larvæ" (*ib.*, 1860); as well as a paper on "Annular Laceration of the Cervix Uteri", read before the Obstetrical Society in the same year; "Poisoning by Almond-Flavour" (*ib.*, 1861); etc. In 1856, he read before the Medical Society of London a paper on a Case of Cystic Entozoa in the Human Kidney, for which the Council awarded him a silver medal, and which was published in the *Glasgow Medical Journal*. These communications are marked not only by the practical information, derived from the author's personal observations, which they convey, but by the evidence which they manifest of considerable literary research. When a case occurred in his practice which he thought specially worthy of being placed on record, Dr. Barker, in general, would not content himself with simply recording it, but would collect and epitomise all the literature of the subject—sometimes, indeed, undertaking journeys to London in order to consult those works which were not within his immediate reach.

Dr. Barker was for many years a member of this Association, in the prosperity of which he took a deep interest. It was, we believe, in a great measure through his exertions that the South Midland Branch was founded in 1856; and it must have been highly gratifying to him to witness the prosperity which has steadily attended that Branch from its commencement. In 1860, he was elected President of the Branch; and, on taking the chair, delivered a very able and comprehensive address on the

objects and prospects of the Association, and on the progress of medicine in modern times. In this address, we find what we believe to be the first revival of a proposition for prizes, made long ago by the founder of the Association. At the first meeting in 1832, Sir Charles Hastings, addressing the assembled members, and explaining the objects of the Association, said :

"If, from the subscriptions being numerous, our funds will admit of such a measure, we have it in contemplation to have a medal struck, to be conferred by the Council on any successful promoter of medical science."

This proposition seems to have lain dormant for many years, until, in 1860, Dr. Barker, speaking of means by which the influence of the Association might be extended, observed :

"The second means to which I would refer . . . consists in offering to the members of the Association annual *Association prizes*, either for the best series of papers published in the *JOURNAL* during the year, or for a separate essay to be announced for competition at one annual meeting, to be awarded at the next annual meeting, and to be afterwards published in the *JOURNAL*, or for both together."

In matters relating to the honour of his profession and the welfare of its members, Dr. Barker was not an idle man. We have had occasion lately to criticise one of his acts; not because we had any doubt that in his hands the scheme would be carried out with as little ground for objection and as honourably as could be done by any man in the profession, but because we considered that he had acted injudiciously (though with good intentions) in setting an example liable to be followed, for ignoble purposes, by men far less scrupulous than himself. All that we have said on this subject does not in the least set aside our recognition of what he has in years past done or attempted to do in the interests of his profession. Several years ago, he endeavoured to obtain the formation of a code of medical ethics by the Association; and will be remembered as having been, at the annual meeting of the South Midland Branch in 1858, one of the foremost in denouncing the conduct of those members of the profession who were in the habit of meeting homeopaths in consultation.

Dr. Barker was a steady supporter of the Royal Medical Benevolent College, of which he was a local secretary. We find him, in a letter published in the *ASSOCIATION MEDICAL JOURNAL* for 1853, defending the proposed plan of the college against attacks which had been made on it, through misapprehension, as he believed. Again, in 1856, he issued an appeal in behalf of the college, in which, at the same time, he asserted the principle that members of the profession ought not to look to others for assistance without at the same time endeavouring to make provision for themselves and their families. When the Medical Provident Society was started last year, his name soon appeared on the list of donors; and at the Leamington meeting he was elected a director by the Committee of Council of the Association, and was subsequently chosen by the Board of Directors as a member of the Executive Subcommittee.

His fellow-townsmen can also bear witness to his readiness to aid them in all matters within his power.

"There was," says the *Bedford Times*, "scarcely a public institution in the town that had not the benefit of his contributions, his counsels, and his attendance; and he displayed as much zeal and earnestness in organising a little coal-club for the very poor, as in aiding to improve the affairs of the General Infirmary or in the erection of the Fever Hospital. The Bedford Dispensary was, if we mistake not, an idea of his own. He was one of the first little group who founded the Literary and Scientific Institution, and his Presidency over it in the zenith of its career was signalled by the most brilliant *conversazione*, and most agreeable display of hospitality ever witnessed in a country town. Of the Archaeological Society, and of the Microscopic Society, he was a valued member of Council; and amongst all these and other calls upon his time he contrived occasionally to meet his friends at the assemblies of the Alpine Club, of which he was an enthusiastic member. Being one of the most accessible men in the town, it may be easily imagined that he was not without many calls upon his sympathies. Whether it was for a recommendation for admission to a particular hospital, or for an orphan to an asylum, the applicant, if a worthy and really needy one, never went away without an attempt on his part to assist, and it was rare for him to attempt to do a service for another person without succeeding, if it could be achieved by personal exertion and influence."

He was, too, always ready to assist his professional friends in literary or scientific research. One of these, Dr. Richardson, acknowledges in his work on the *Cause of the Coagulation of the Blood*, his obligations to Dr. Barker for having, though "engaged in the harassing duties of the busy medical practitioner," undertaken, and "efficiently performed, the experiments recorded in the work as having been conducted by him."

The professional and scientific honours, in addition to those already mentioned, were numerous. He was a corresponding member of the Epidemiological Society of London and of the Natural History Society of Neuchâtel; a Fellow of the London Medical, Obstetrical, and Royal Medical and Chirurgical Societies; and a member of the Pathological, British Meteorological, and Microscopical Societies. A few years ago, the title of Fellow of the Royal Society of Edinburgh was conferred on him for his contributions to science.

Dr. Barker was a man apparently of great physical power as well as mental energy. Some years ago, however, he suffered from irregularity in the action of the heart, for which he consulted Dr. Williams and Dr. Richardson. But this scarcely, if at all, made a breach in his labours, or impaired the energy with which they were conducted. He generally renewed his strength by an annual visit to Switzerland. About a month before his death, he was seized with symptoms which ultimately declared themselves to be those of typhoid fever. To all appearance he went on favourably for a time, and the critical period of the disease had apparently been passed, when, on the 18th October, unfavourable symptoms appeared, he gradually sank, and died on the 24th. His mental

faculties remained clear almost to the last: and it is said that, on one occasion, he inquired if Dr. Murchison (who had visited him) had calculated the ratio of deaths from typhoid fever in persons at his (Dr. Barker's) own age. He was attended in his illness by his partner, Mr. Goldsmith, and by Mr. Couchman and Dr. Wharton of Bedford, and was several times visited by Dr. Murchison.

We have represented Dr. Barker as the hard-working, energetic, persevering man, always ready to act for the good of his profession and of his fellowmen. No man, however, is altogether blameless; and it must be acknowledged that his energy sometimes led him beyond the bounds of prudence. His faults, however, will be forgotten, while the good which he did will remain; and not only will his townsmen remember gratefully the benefit which has been conferred on them, but the country practitioners of England will have his example to look to as one of their most worthy representatives,—a man who, by his own exertions and in circumstances of comparative disadvantage, not only gained for himself a widely spread reputation, but, in so doing, conferred honour on that class of the profession to which he belonged.

Dr. Barker was twice married; and leaves a widow and six children.

PATENT MEDICINES. During the past revenue-year, £6,125 was paid to the government by patent medicine vendors.

JOHN HUNTER AND SIR BENJAMIN BRODIE. The late Sir Benjamin Brodie commenced his Hunterian oration in 1837 by saying: "The annual oration which I have this day undertaken to deliver, was founded by the late Sir Everard Home and Dr. Baillie, for the purpose of commemorating John Hunter and other illustrious individuals who exist no longer among us, and who, while they did exist, contributed to advance the sciences, or otherwise to adorn the character of the surgical profession." He himself is now numbered with those of whom he then spoke, and has already taken a place among them second to none—John Hunter alone excepted. Nor will his reputation suffer much by comparison with that rare man. If he had not Hunter's brilliant genius and profound originality; if his contributions towards the advancement of the sciences of surgery were less pregnant, and less revolutionary, it may at least be said, that he did far more to adorn the character of the profession. In some respects his life and history are more worthy of study and "commemoration" than even Hunter's. Hunter was wholly an exceptional man; Brodie emphatically a representative man. He was a representative man, not in the often-used sense that he represented or embodied peculiar abstract views or theories, but in the sense that he might be taken without hesitation as the representative of the class to which he belonged. While he lived he did, on more than one occasion, actually represent the profession to government, and his name was continually used among us as the symbol of his calling. . . . Now that he is dead, his character is still looked up to as realising with a near approach to perfection both what the public would desire the profession to be, and the profession would wish themselves to become." (From a Review of Mr. Charles Hawkins' edition of Sir Benjamin Brodie's Works in the North British Review for September.)

Reports of Societies.

PATHOLOGICAL SOCIETY OF LONDON.

TUESDAY, OCTOBER 17TH, 1865.

T. B. PEACOCK, M.D., President, in the Chair.

THIS was the first meeting of the session. The President opened the proceedings with a few introductory remarks.

Dr. PEACOCK showed a *Malformed Heart*, taken from a cyanotic boy seven years of age, who had been subject to syncope, and had died suddenly. The malformation was of the common form, the orifice of the pulmonary artery being dilated, and the ventricular septum defective; but the aorta arose from the right auricle, and the foramen ovale was closed.

Mr. SHAW showed a cast of a case of *Double Congenital Dislocation of the Hip*, in a healthy girl ten years old. She could walk; and the dislocation had been discovered only a year ago. The displacement was more backwards and upwards than in ordinary dislocation in the dorsum ili.

Mr. SPENCER WELLS showed two specimens of *Fibrous Tumours of the Round Ligament of the Uterus*. One, fibrous, and of the size of a large orange, he had removed more than a year ago. It had been supposed by various surgeons to be a hernia, or a malignant or glandular tumour; but, as the tumour was painless and moveable, and had grown slowly, and there was no neighbouring disease, Mr. Wells removed it with perfect success. In the second case, the tumour was as large as a small cocoa-nut, and in all other respects resembled the former. This patient also recovered after its removal.

Dr. GIBB exhibited two *Tumours removed from the Larynx*. The patient was a lady aged 38, who had had aphonia for six years, and during a great part of the time had laboured under orthopnoea. On examination with the laryngoscope, Dr. Gibb found a long fleshy bulbous growth arising anteriorly below the origin of the true vocal cords. After preparation of the patient, this was removed by the laryngeal écraseur, when a second tumour was discovered, which was also removed six days afterwards. The voice was immediately restored, and the patient soon recovered. The tumours consisted wholly of epithelial cells.

Dr. BEIGEL showed some *Preparations of Healthy Teeth*, illustrative of structure.

Dr. MURCHISON exhibited specimens illustrating the *Pathology of the Cattle-Plague*, with special regard to the intestines. In his dissections of twenty-seven cattle, he had found the mucous membrane intensely red, and covered with gelatinous or puriform mucus, sometimes with lymph. Peyer's patches, unlike what occurs in the typhoid fever of man, gradually disappeared, so as to be incapable of detection by the hand, and sometimes even by the naked eye. In the early stages, they contained puriform fluid, which was easily squeezed out, and the escape of which caused collapse. The solitary glands consisted of a thick cyst, full of cheesy material; this condition was unlike that of typhoid fever, and was met with in healthy animals. There was no submucous deposit or ulceration; and the spleen and mesenteric glands were healthy. In the fourth stomach were catarrhal inflammation, minute erosions, and patches of extreme congestion or ecchymoses, with here and there sloughing of the mucous membrane.

Dr. CRISP showed thirty wax preparations, and the morbid parts in spirits, illustrating the various phases of *Cattle-Plague*. He gave the following as

the conclusions derived from his investigations. 1. The cattle-plague bears but slight resemblance, either in symptoms or morbid appearances, to the typhus or typhoid fever of man. 2. The malady bears a greater resemblance to some exanthematous diseases in the human subject, affecting in ruminants chiefly the mucous membranes. 3. The specific poison alters the condition of the blood, and affects principally certain parts of the nervous system, paralysing the digestive organs. 4. The disease is attended, in most cases, with an eruption or erythematous blush affecting all the mucous membranes. 5. An animal may have the disease in its first stage without the possibility of its being detected, and the plague may thus be disseminated in fairs and markets. 6. There is not sufficient proof that the meat of animals in the first stage of the disease is injurious as food to human beings. 7. The poison of the cattle-plague produces no injurious effects when introduced into the human system, except a papular eruption on the skin. 8. The best means of eradicating the disease is to prevent all movements of cattle and sheep for a month or six weeks (unless under special circumstances), and to establish dead meat markets in cities and towns.

Dr. CRISP showed preparations, in wax and spirits, of the tongue and larynx of a boy aged 8, who had died from *Inflammation of the Epiglottis*. He died rather suddenly, with symptoms slightly resembling those of croup, after having been indisposed for two or three days. The epiglottis and neighbouring parts were red and swollen: all other organs were healthy.

Dr. GREENHOW showed a specimen of *Millstone-maker's Phthisis*. The man had been a French millstone-maker, and latterly a stone-mason. The apices of both lungs were coal-black, dense, and hard; the bronchial tubes here being dilated and rigid. The remaining parts of the lungs were rather dense, almost black in parts, but mostly crepitant. They contained some scattered small nodules, pale on section, the products of chronic inflammatory exudation. There was one cavity in the lower lobe of the left lung; none elsewhere, nor anything resembling true tubercle. The bronchial glands were hard and black, and somewhat enlarged. Except slight pericarditis, all the other organs were healthy. The dense tissue on the apices consisted of fibrous tissue, mixed with abundant granular exudation-cells, and black pigment, arranged partly in small nodules, partly in fine granules. The walls of the air-cells were thickened at the junction of the condensed and crepitant portions, and contained black deposit in their substance. Portions of the dense black part, being incinerated and treated with hydrochloric acid, left a siliceous residue of minute angular particles, which were dissipated on exposure to the fumes of hydrochloric acid.

Dr. BUCHANAN showed two specimens of the *Vomit of Yellow Fever*, taken from patients at Swansea, on the second or third days of the disease. One specimen was black, and, when first vomited, had the appearance of black grains suspended in a nearly colourless fluid; the other resembled beef-tea grounds, and was scanty. The vomited matter consisted of blood-corpuscles, mostly aggregated into yellow masses or disintegrated, with squamous, columnar, and spheroidal epithelium. After filtration, the liquid part was nearly colourless, and gave no indication of bile. The last named specimen contained less blood than the other, and a large quantity of torula.

LORD PALMERSTON'S FUNERAL. Dr. Watson, Dr. Protheroe Smith, Dr. Drage, and Mr. Paget were present at Lord Palmerston's funeral.

Correspondence.

IS ALCOHOL FOOD OR PHYSIC?

SIR,—I have lately read in one of your contemporaries a paper on the subject of the action of alcohol, written in a spirit and style not calculated to advance science or do credit to medical literature; and yet it is written by a gentleman who, as the author of a book on *Narcotics and Stimulants*, aspires to the character of a scientific observer. You have already shown, in a review of that book, the looseness of the author's mode of argument, his obscurity of style and self-contradictions; and I think you may now add to those serious failings a manifest defect of temper, which must tend to throw a shade of doubt over the value of any observations made, or conclusions arrived at, by him. Passion and a spirit of calm philosophical inquiry are assuredly incompatible; and you will be doing the writer a great benefit if you apprise him of the fact. I see that he accuses the writer of an article, "Is Alcohol Food?" in the *JOURNAL* of September 9th, 1865, of "serious misrepresentation", of making an "extraordinary and unwarranted statement", of "wounding the honour and reputation of the medical profession", of "vague assertions", etc.; and I may add, that the language throughout the whole of the paper alluded to is characterised by a similar passionate and unmannerly tone. But I note in it something even worse than this; and that is, a misinterpretation of your language and of the sentiments contained in your article. In fact, I observe that the above accusations are mainly founded on such misinterpretation. I think you should not let these things pass without notice.

He begins with saying that you "profess to pronounce, *ex cathedra*, the final voice of the profession" on the effects of alcohol. Now, from the beginning to the end of your article, I find not a word to justify this statement. What you do say is, that "the teetotallers have, from a scientific point of view, the best of the argument;" and you wind up as follows. "We cannot do better than conclude these few suggestions with the calm judicial summary of the case given by Dr. Parkes. 'It is certainly undesirable to draw any strong conclusions as to the use of alcohol in health from our present knowledge of its physiological action,' etc." Next, the following words in your *JOURNAL*, "We believe that there is rising up in the profession a general feeling that the indiscriminate practice of giving patients and lying-in women large amounts of wine and spirits has been carried to a most unwarrantable extent by orthodox practitioners," are thus rendered: "The statement is to the effect that the employment of alcohol in the acute forms of disease has proved to be useless or mischievous in the hands of recent practitioners." Again, your words, "Notwithstanding the stones which have been thrown at the experiments of MM. Lallemand, Perrin, etc., their conclusions still hold a solid scientific status," are converted into, "The writer affirms that the theory of the physiological action of alcohol deduced by MM. Lallemand, etc., . . . is to be considered an established physiological truth." Again, Dr. Anstie accuses the writer of saying "that the administration of alcohol in acute diseases by Dr. Todd is not only, by the above mentioned researches, shown to be devoid of a scientific basis, but that the practical experience of the leading medical practitioners has condemned it as unsuccessful in actual treatment." You do nothing of the kind. What you

actually do is to point out that the theories or bases upon which *Dr. Todd* founded his administration of alcohol have been upset by later researches; you nowhere say that the empirical administration of alcohol in acute disease is necessarily devoid of a scientific basis. So far from this, you suggest: "Why may not alcohol be, as drugs are, in themselves poisons to the physiological body, but correctives of the unnatural—the pathological—states of the civilised body of humanity?"

As for the last part of the imputed statement—"that the practical experience of leading medical practitioners has condemned it as unsuccessful in actual treatment," all I can say is, that there is not, from the beginning to the end of the article, a single line or word which either directly makes such an assertion, or which can be even disingenuously tortured into any meaning of the kind.

I could, if necessary, point out further similar misinterpretations, etc., on the part of the author of *Narcotics and Stimulants*; but I think I have given far more than enough to show the value of reasonings founded on such data. Every one will, I am sure, agree with me that such a method of treating a scientific question is not likely either to further the ends of scientific discussion, or to add to the reputation of the author in question as a candid or philosophic writer.

I am, etc., F.R.C.P.

October 1865.

ALCOHOL.

LETTER FROM EDWARD SMITH, M.D., F.R.S.

SIR,—I observe in a lecture recently published by *Dr. Munroe* of Hull, which has been largely quoted by you in one of your recent numbers, a statement which has somewhat startled me, and would be of the highest interest, if proved to be correct. It is found in the following passage, and particularly in that part of it which I have italicised.

"I now draw your attention to the disorder occasioned to the process explained, by the addition of alcoholic beverages. It is an error to suppose that, after a good dinner, a glass of spirits or beer assists digestion; or that any liquid containing alcohol—even bitter beer—can in any way assist digestion."

"That the stomach is only a stewpan, where the various kinds of food are mingled together and acted upon by the gastric juice, is shown by the fact that the same result can be produced upon food out of the stomach acted on by gastric juice, in a pan or retort kept at the heat of ninety-eight degrees—the heat of the human body. Were I to mix some bread and meat with gastric juice, place them in a phial, and keep that phial in a sandbath at the slow heat of ninety-eight degrees, occasionally shaking briskly the contents to imitate the motion of the stomach, I should find, after six or eight hours, the whole contents blended into one pulaceous mass. If to another phial of food and gastric juice, treated in the same way, I add a glass of pale ale or a quantity of alcohol, at the end of seven or eight hours, or even some days, the food will be found to be scarcely acted upon at all. This is a fact; and you are led to exclaim—Why? I answer, Because alcohol has the peculiar power of chemically affecting or decomposing the gastric juice by precipitating one of its principal constituents, viz., pepsine, rendering its solvent properties much less efficacious. Hence alcohol cannot be considered either as food or as a solvent for food. Not as the latter, certainly; for it refuses to act with the gastric juice."

Here *Dr. Munroe* not only states that a glass of pale ale, when added to a mixture of food and gastric juice, as in the process of artificial digestion, almost

entirely prevents the digestion of the food, but he proceeds to state, in explanation, that alcohol precipitates pepsine; and intends the reader to infer that it does so when taken into the stomach, with or after food, in the ordinary process of digestion. There may be, perhaps, some confusion, from "pale ale" and "alcohol" having been both quoted in the statement of the fact, and "alcohol" only in the explanation; and from the strength of the alcoholic dose not having been stated. But I presume that the strength and quantity of the alcohol referred to, when mentioned alone, are the same as that found in a "glass of pale ale".

Assuming, then, that this is the proper construction to be placed upon this passage, may I venture to ask if you or your readers are acquainted with any exact experiments which have shown that the digestion of food in man is retarded when pale ale, in the proportion of a glass for a man, is taken into the stomach with or soon after the food; and that, under such conditions, the gastric juice is decomposed, and pepsine is precipitated? I do not ask whether strong undiluted alcohol has or has not this influence, since that is not the drift of *Dr. Munroe's* argument; but whether alcohol in the dilute form, and in the quantity in which it exists in "a glass of pale ale", has this effect.

As a matter of science, it is of the highest importance that this statement should be confirmed or rejected, and particularly as *Dr. Munroe* in express words states, "This is a fact"; whilst, in our relations as medical men to the public, it is incumbent upon us to be able to prove whatever statements are made to them.

I am, etc.,

EDWARD SMITH.

16, Queen Anne Street, W., October 28th, 1865.

POOR-LAW MEDICAL REFORM.

LETTER FROM RICHARD GRIFFIN, Esq.

SIR,—I shall feel obliged by your permitting me, through the medium of your journal, again to address the Poor-law medical officers, as the time has arrived for me to take their opinion as to the course to be pursued in future.

Nearly ten years have elapsed since I first addressed them on the subject of the medical relief of the poor, and as yet no comprehensive measure of reform has been obtained. Some of the medical officers, in consequence of the general agitation of the question, have induced their guardians to grant an increase in their salaries; but these instances are, I fear, but exceptions to the rule, and the majority of them remain as they were—a capriciously and underpaid body of men. Some of them have fixed salaries and extra medical fees, as the order of the Poor-law Board provides; others fixed salaries and no extra medical fees; others fixed salaries and some extra medical fees; others fixed salaries combined with a per case payment. Some have fixed salaries and find all medicines; others (a few only) fixed salaries and the guardians find all the medicines, etc. These various modes of payment show too clearly the entire absence of any well digested plan of medical relief.

In February 1861, parliament appointed a Select Committee on Poor Relief (England), which continued its sittings from time to time until May 31st, 1864, when their report was submitted to parliament, but as its original proposer never intended the question of medical relief to come before it (the inquiry was only made to embrace this subject on the motion of an independent member of the House of Commons), it will cause no surprise when I say it was only on the last day and last hour of the session

of 1861 that three medical men were called upon to give evidence upon a question which actually involved five-ninths of the whole pauperism of England and Wales, thereby proving that the most important part of the relief of the poor was almost totally ignored; and when the report on this question was made to parliament, it was founded almost entirely on the evidence of Mr. Cane, a Poor-law inspector, as is proved by the quotations contained in the report. That evidence, I unhesitatingly say, was most inaccurate, and given in such a way as to mislead the Select Committee; but still there was a minority on that committee who were not to be mystified by his statements, as is proved by the adjournments and amendments on this question, and a majority ultimately decided that it was requisite for the benefit of the poor that the guardians should find cod-liver oil, quinine, and other expensive medicines; but it was not until many months had elapsed, and after many importunities, that the Poor-law Board could be induced to issue a circular letter empowering the various Boards of Guardians to carry out the recommendation of the Select Committee, but as this was only a permission, and not an order, many boards have refused to carry it out (Weymouth, for instance); some, however, have allowed their medical officers to order a few articles of the druggists; others have permitted them to charge as extras for these articles; some now find cod-liver-oil; and one Board of Guardians (Southampton) have adopted the wise and judicious course of establishing a dispensary, and now find all medicines, to the great relief of their medical officers, and benefit to the poor. Some Boards of Guardians still, however, ignore the recommendation of the Select Committee, so far as the poor are concerned, but in order to obtain a little peace, have raised the salaries of the medical officers; but all this is most unsatisfactory, and a disgrace to a public body like the Poor-law Board, to permit Boards of Guardians thus capriciously to carry out the recommendations of the Select Committee of the House of Commons.

At the last annual meeting of the British Medical Association, held August 1st, 1865, it was resolved—

“That a committee of this Association be appointed to inquire into the present system of Poor-law medical relief; and to ascertain whether any, and what alterations are required therein, in order to ensure the efficient treatment of the sick poor, and the just remuneration of the Poor-law medical officers.

“That the committee be desired to report the result of their labours to the next annual meeting of the British Medical Association, and that the report then presented contain, if practicable, a complete series of proposals, which may, after adoption by the Association, be urged by it on the legislature and on the Poor-law Board.”

In accordance with these resolutions, it will follow that no measure of relief can be laid before parliament before February 1867. Are the medical officers willing to wait so long? My own impression is that a deputation should wait upon the Poor-law Board before parliament meets again, and urge the president to bring in a bill on the subject of Poor-law medical relief, or make it a part of his proposed Poor-law Renewal Bill; failing which, we should press upon parliament at its meeting in February next, the necessity of reform, which can only be done by preparing a bill and laying it before them; but this must be supported by a clearly written pamphlet to each member of parliament, showing how the Select Committee arrived at an incorrect decision on this subject; this must be backed up by repeated meetings and private applications to members; but all this cannot be done without money. Will the Poor-law

medical officers again make an effort and furnish it? Will each of them forward to me at the least a 5s. subscription?

There never was a better time for action. A new parliament, and perhaps, ere long, a new government, may listen to us, particularly if the medical officers have all pointed out to their individual members at the late election, as was advised, the necessity of a reform of the abuses now existing in the system of the medical relief of the poor. Can any one have read the reports of the *Lancet* Sanitary Commission for investigating the state of the infirmaries of workhouses, without being impressed with the necessity of great reform in the union houses?

In the *Times* of September 14th, 1865, is a leader on this subject,—and in it we read: “A useful act, moreover, was passed empowering the guardians to award pensions to superannuated officers. In old age, the officials of workhouses not uncommonly end their days in the workhouse themselves, and in order to avoid this fate, they frequently lingered in their office when they were unable to discharge its duties. All these measures are so many improvements in the treatment of that unhappy class, who depend upon the public for support. We may be sure that, so far from the burden they impose on the country being increased by a more liberal and judicious management, it will be diminished. Thus, as we have recently had occasion to show, it is sickness which constitutes the chief problem of pauperism; and a better system of medical relief would unquestionably have the effect of diminishing the number of paupers. According to the returns in the present report, the medical relief forms but one twenty-sixth part of the total expenditure, although the able-bodied—including men, women, and children—compose even nominally but four-ninths of the whole number of paupers. The question is now, however, being thoroughly considered, and the next few years will no doubt see still more important improvements than those we have been reviewing.”

After this statement of the *Times*, will the medical officers be silent? I trust not.

The whole system of Poor-law medical relief requires revision. The present Poor-law inspectors (with one exception), so far as illness is concerned, are a perfectly useless set of men. They know nothing of sickness nor the requirements of the sick poor, as is proved by the monstrous state of our workhouses, as revealed by the *Lancet* Sanitary Commission. There must be medical inspection, and that by medical inspectors. Dispensaries ought to be established in all densely populated places, as is the case in Ireland; and where this cannot be done, a separate payment should be made to the medical officer for drugs, independent of his salary.

The salaries of the medical officers should be adjusted on a definite principle, regard being had to the number of patients, and distance to be travelled; and then, and not until then, will the guardians ever trouble themselves as to the class of persons receiving medical relief; with a fixed salary they are utterly regardless of the number of patients sent to the medical officer. In one union with which I am acquainted, a boy acts for his father, the relieving officer, and gives medical orders to all who ask for them; and there the midwifery orders to the wives of artisans are very numerous, and as the guardians do not pay any extra medical fees, they make no inquiry. This, I need not say, is most unjust to the medical officer. There ought to be a Superannuation Fund for such of the medical officers as are incapable of doing their work, and are in such a pecuniary position that they cannot give up their appointments. It is a cruelty to the poor to insist on men doing that which they are

physically incapable of accomplishing. There are many other points to be considered, but in a letter of this kind sufficient has been said to arouse the thoughts of all men who are desirous of improving the medical relief of the poor. I am, etc.,

RICHARD GRIFFIN.

12, Regal Terrace, Weymouth, October 20th, 1865.

VOTING AT THE ROYAL COLLEGE OF SURGEONS.

LETTER FROM T. TAYLOR GRIFFITH, ESQ.

SIR.—From your important remarks and suggestions in the last JOURNAL respecting voting-papers for the country Fellows of the College of Surgeons, it seems as if the time were come in which an earnest and general effort should be made by those who are anxious for the privilege, or the subject be no longer kept up as a matter of remonstrance or hope.

If the object be as important and interesting as it appears to be, it will not be difficult to ascertain the feelings and wishes of a large number of country Fellows, by having petitions prepared for all the local Association meetings which may be held during the next few months, with a request that they may be signed by all those who would consider the concession a privilege. In addition to this procedure, I would suggest having a petition ready for signature at the next College election, where some Fellows might be present who either do not belong to a local Association, or may have been prevented attending the local Association meetings. Nobody could have witnessed the large gathering at the last College election, without the conviction that a petition then signed by the London and country Fellows then interested in the question would have been accepted by the Council of the College as the unmistakable expression of the sentiments and wishes of a very numerous and most influential body of petitioners.

I am, etc., THOS. TAYLOR GRIFFITH, F.R.C.S.

Wrexham, Nov. 1, 1865.

SIR P. DUN'S HOSPITAL. Surgical as well as medical cases are to be in future admitted into Sir Patrick Dun's Hospital; formerly it received only medical cases. The consequence of this is, that its clinical certificates will now become of as much value as those of other clinical hospitals.

THE SANITARY STATE OF WEYMOUTH. The great benefits to society which result from well conducted house-to-house sanitary visits, is clearly shown in the following facts. The local Board of Health of Weymouth lately selected Messrs. Griffin, Tizard, and Samson, to make a house-to-house visitation in their respective Poor-law districts. In his report, amongst other valuable information, Mr. R. Griffin says: "I have made a house-to-house visitation of all the houses in Weymouth parish, to the number of 612, and have to report that there are 242 houses with open privies, most of which are more or less in a foul state. In fifty houses, there are open privies connected with the street drains. In 44 houses, the inhabitants use a pail, tub, box, or pan, and empty them by night into the harbour, street-gratings, or anywhere they can conveniently do so without being caught by the police. In one instance, a pole serves for a seat. In 101 houses, there is no place of convenience whatever. Without a regular system of drainage, water-closet accommodation can never be carried out. In ten houses, there are cesspools. In 294 houses, the drains run direct either into the street, under drains, or harbour. The best remedy for this is an effectual public drainage."

Medical News.

APOTHECARIES' HALL. On October 26th, 1865, the following Licentiates were admitted:—

Bailey, John Corry, Plymouth
Burge, Frederick John, jun., Hammersmith
Butler, William Harris, Charlton, Kent
Huet, Charles William, Southgate, Middlesex
Kelly, Charles, Market Deeping, Lincolnshire
Reisford, George, Normanton, Yorkshire
Roberts, Griffith Williams, St. Asaph, Flintshire
Scott, Robert Fullarton, Calcutta
Thorp, Disney, Maldon, Essex
Williams, John Babington, Monkton, Kent

At the same Court, the following passed the first examination:—

Lardner, Frederick Boulthbee, Guy's Hospital
Melson, John Waller, Queen's College, Birmingham

APPOINTMENTS.

ARMY.

MANLEY, Assistant-Surgeon W. G., Royal Artillery, to be Staff-Surgeon, Fort P. M. Havelock, M.D. and distinguished and meritorious services rendered to the sick and wounded in the field during the recent operations in New Zealand.

INDIAN ARMY. To be Surgeons-Major, Bengal

ARMY:—

SUTHER, Surgeon J. WALKER, Surgeon J. P., M.D.
TURNER, Surgeon R. S. O., M.D.

To be Surgeon-Major, Madras Army:—

LESLIE, Surgeon W. A.

To be Surgeons-Major, Bombay Army:—

BROUGHTON, Surgeon F. PIERMAN, Surgeon H.
COLLIS, Surgeon W. C. SHIRLEY, Surgeon J. F.
GIBAUD, Surgeon H. J. SMITH, Surgeon J. Y.
JOHNSTONE, Surgeon T. R. TRENTAIL, Surgeon J. C.
NICHOLSON, Surgeon R. TURNER, Surgeon J.
PERR, Surgeon J. WYLLIE, Surgeon D.

To be Surgeons, Bengal Army:—

CREW, Assistant-Surgeon A. G. PITCHALL, Assistant-Surgeon J.
HUGHESON, Assistant-Surgeon H. M.D.

To be Surgeon, Madras Army:—

REAN, Assistant-Surgeon W. H., M.D.

To be Surgeons, Bombay Army:—

PAIN, Assistant-Surgeon J. LUNDAINE, Assist-Surgeon J.
BALLINGALL, Assist-Surg. G. R. MACKENZIE, Assist-Surg. M. M.
BARNES, J., Assist-Surg. J. M. MARTIN, Assist-Surg. T. E. P.
BEAN, Assistant-Surgeon J. MILLS, Assistant-Surgeon J.
BEALTY, Assistant-Surgeon T. B. MOORE, Assistant-Surgeon W. J.
BROWN, Assist-Surg. G. F. H. MURRAY, Assistant-Surgeon T.
DUNN, Assist-Surg. Surgeon J. P. PLANCH, Assistant-Surgeon W.
FOX, Assistant-Surgeon A. PIRIE, Assistant-Surgeon J.
GANE, Assistant-Surgeon H. J. RIMINGTON, Assistant-Surg. J. S.
GILBERT, Assistant-Surgeon J. ROGERS, Assistant-Surg. A. M.
GLEN, Assistant-Surgeon J. SHEPHERD, Assist-Surg. W. A.
HAINES, Assistant-Surgeon R. STRATTON, Assist-Surg. J. P.
HUNTER, Assist-Surgeon W. G. SYLVESTER, Assist-Surg. C. J.
JAMES, Assistant-Surgeon R. W. THOMSON, Assistant-Surgeon C.
JOINT, Assistant-Surgeon F. G. THOROLD, Assistant-Surg. H. O.
KNAPP, Assist-Surg. J. M. WARD, Assistant-Surgeon A. V.
LAURENCE, Assist-Surg. H. P. WELSH, Assistant-Surgeon J.
LOWNDS, Assist-Surgeon T. M. WOOD, Assistant-Surgeon W. E.

ROYAL NAVY.

DUNCAN, George, Esq., Assistant-Surgeon, to the *Florida*.
LONELY, William, M.D., Staff-Surgeon, to Haulbowline Hospital.
MASON, George, Esq., Surgeon, to the *Lion*.

MILITIA.

KIBLER, R. C., Esq., to be Assistant-Surgeon King's Own Light Infantry (Lower Hamlets Militia).

VOLUNTEERS. (A.V.=Artillery Volunteers; R.V.= Rifle Volunteers):—

RIDSDALE, G., L.R.C.P., to be Assistant-Surg. 1st Middlesex A.V.

DEATHS.

BARLOW, Francis, M.D., Civil Surgeon at Promie, Burma, on August 16.

BAYLE On October 15th, at Nairn, N.B. Jane, widow of James Bayle, M.D.

BRACE On October 21st, at Bath, aged 7 months, Frances Alice, infant daughter of William H. Brace, Esq.

BRUCE, James, Esq., late of the Bengal Medical Service, at Queen Street, Edinburgh, aged 66, on October 27.
 COX, On October 31, at Weybridge, Charlotte, widow of Joseph C. Cox, M.D., of Fishponds, Bristol.
 CRELLIN, William, M.D., late of Gloucester Place, Portman Square, at Paris, aged 53, on October 31.
 DIX, William, Esq., Surgeon, at Long Buckby, Northamptonshire, aged 77, on October 28.
 FERDINANDS, On October 27th, at Lee, Kent, aged 17, Alice Ann, second daughter of F. W. Ferdinands, M.D., of Kandy, Ceylon.
 FERGUSON, Charles, Esq., Surgeon, at Holland Villas Road, Kensington, aged 42, on October 25.
 *FLASER, Hugh, M.D., Surgeon Royal Army, at Sydenham, aged 72, on October 23.
 GAMBLE, Harpur, M.D., Surgeon R.N., at Charlotte Street, Fitzroy Square, on October 23.
 GREAM, On October 28th, at Upper Brook Street, Isabella, wife of *George T. Gream, M.D.
 HANBURY, William, Esq., Staff-Surgeon Royal Army, at Netley, on October 28th.
 *JONES, Thomas Stead, Esq., at Ely, aged 77, on October 26.
 *KING, William, M.D., at Brighton, aged 79, on October 19.
 SCOTT, Nathaniel G., Esq., Surgeon, at Wappenham Rectory, Northamptonshire, aged 25, on October 27.
 *SWINSON, George Newton, Esq., late of Birmingham, at Leamington, aged 76, on October 20.
 WARD, Thomas, Esq., Surgeon, at Southgate, on October 18.
 WHIPPLE, On September 9th, at Nainai Tal, Himalayas, aged 26, Arthur Leroux Whipple, Lieutenant 12th Regiment, eldest son of *John Whipple, Esq., of Plymouth.
 WHITECOMBE, On October 21st, at Bewdley, aged 41, Maria, widow of Edmund Whitecombe, Esq., Surgeon, of Cleobury Mortimer.

CONTAGION OF CHOLERA. Marseilles and Toulon have both prayed the Emperor to establish restrictive measures when epidemics occur in the East—a practical illustration of popular belief in the contagious character of cholera.

SURVIVORS OF TRAFALGAR. The following are the only medical officers in a list of those now living who were present at the battle of Trafalgar:—Deputy Inspector-General Peter Sutler, then surgeon of the *Swiftsure*; and Surgeon P. Lyon, then Assistant-Surgeon of the *Royal Sovereign*.

ROYAL COLLEGE OF SURGEONS. Mr. Skey has been re-elected Examiner of the College of Surgeons; and Mr. Quain has been elected an Examiner in the place of Mr. Hodgson. Mr. Hodgson still remains in the Council. Mr. W. A. Harrison has been elected a member of the Dental Board in the place of Mr. T. Bell, resigned.

CATTLE DISEASE. An important Order in Council concerning the exclusion of cattle from markets, etc., appeared in the *Gazette* of last Tuesday. By this Order, local authorities in different districts can, after giving due notice, prevent the sending of cattle of a certain class and description to fairs or markets for exhibition or sale.

NON-COMBATANTS(?) AGAIN. Major Thomas Holmes, reporting to the garrison adjutant at New Plymouth on an engagement with some natives of New Zealand, has "the honour to bring to the notice of the colonel commanding the very zealous and efficient services rendered by Assistant-Surgeon Grant, 43rd Light Infantry, who was exposed, as I am informed, to a very heavy fire, under which he directed Captain Close's body to be carried under cover."

EDINBURGH. On Saturday the sheep were removed from the sanitarium, after a three weeks' confinement, for an hour daily, along with the diseased cattle, besides which they were also shut up in the sanitarium all night. To all appearance they were in perfect health. Two of them were, we understand, sent to Dr. Smart, for further experiment, by inoculation, or otherwise, as the doctor may think fit, and the others were put under lock and key in a field, in the neighbourhood of the canal. In order to test whether the sheep can convey contagion in their fleeces it is intended to place alongside of them four or five healthy cattle. This, we have reason to believe, will be done in the course of the week. (*Scotsman*.)

YELLOW FEVER ON BOARD SHIP. Just before quitting Sierra Leone fever broke out on board the *Zebra*, and in a short time she had 100 of her officers and crew on the sick list. Besides losing several of her crew, she has lost her surgeon, assistant-surgeon, and master during the time she has been in commission—three years and a half—on the West Coast of Africa.

CHOLERA RECEIPTS. At a late sitting of the Academy of Sciences, M. Costa, the secretary, mentioned that he had received a mass of letters announcing what were called "infallible receipts" for the cholera, more or less absurd—one, for instance, that "the patient should be enveloped in a blanket of new wool, and made to swallow the wing of a fowl very hot," etc.

BEQUESTS. By will, the late Sir John Henry Palmer leaves to the Northampton and Leicester Infirmarys £100 each.—The Rev. Robert Moore, of Hunton, Kent, has left £100 to each of the following institutions—the Canterbury Hospital, Canterbury Dispensary, North Kent Hospital (Maidstone), and North Kent Ophthalmic Hospital.—The late Mr. Soames, formerly of Ruislip, has left to the West London Hospital, £2,000: to University College Hospital, £4,000: and to the Great Northern Hospital, £4,000.

SOCIETY FOR RELIEF OF WIDOWS AND ORPHANS OF MEDICAL MEN. An ordinary general meeting of this Society was held on the 25th of October last, when B. G. Babington, M.D., and Charles Hawkins, Esq., were elected vice-presidents of the Society; and John Scott, Esq., of Harley Street, a director, to fill up vacancies in the list of officers. The treasurer's accounts for the first six months of the year were also read, from which it appeared that eighty persons, widows and orphans of deceased members of the Society, had received relief, ordinary and extraordinary, to the amount of £1,177:10 during that period.

DEATH OF DR. IRVINE, R.N. Deputy Inspector-General of Hospitals and Fleets Samuel Irvine, M.D., died at Portsmouth on October 21st, aged 71. He became a surgeon in the Royal navy August 17th, 1815, and was surgeon of the *Alligator*, in charge of an hospital ship during the Burmese war, and of the *Dartmouth* at Navarino. He was afterwards attached successively to the *St. Vincent*, *Britannia*, *Impregnable*, and *Caledonia*, and was awarded the gold medal of Sir Gilbert Blane, Bart. He was afterwards surgeon for many years to the Royal Marine division and Royal Marine Artillery at Portsmouth, and obtained the above rank on the retired list Dec. 28th, 1857.

DIETETIC ERRORS. Whole nations, says Dr. Beddoe in the *Dublin Quarterly Journal of Medical Science*, go on, year after year, and generation after generation, committing gross dietetic errors without finding them out. I suppose the Westmann islanders would never themselves have discovered that their diet of sea-fowls' eggs and stinking fish had anything to do with the death of all their infants from trismus. The Færoers are said to prefer their food putrid; yet most of them live on it to a good old age, though it entails on them habitual diarrhoea. Norfolk dumplings are accused of producing the stones in which that county is so fertile; and Balassa, the eminent Hungarian surgeon, speaking to me of the frequency of both cataract and calculus among the peasantry of his country, was disposed to ascribe it to their diet of boiled flour and grease. In the northern parts of this island, at the present day, the mass of the population is gradually, voluntarily, and without any other motive than taste or fashion, deserting a better for a worse, a stronger for a weaker diet; and the substitution of white bread and tea for oatmeal and milk will probably soon manifest its effects in a notable deterioration of the breed.

OPERATION DAYS AT THE HOSPITALS.

MONDAY.....	Metropolitan Free, 2 P.M.—St. Mark's for Piles and other Diseases of the Rectum, 3 A.M., 2 P.M.—Royal London Ophthalmic, 11 A.M.
TUESDAY.....	Guy's, 12 P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.
WEDNESDAY.....	St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1 P.M.
THURSDAY.....	St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Ophthalmic, 2 P.M.—Royal London Ophthalmic, 11 A.M.
FRIDAY.....	Westminster Ophthalmic, 1 P.M.—Royal London Ophthalmic, 11 A.M.
SATURDAY.....	St. Thomas's, 1 P.M.—St. Bartholomew's, 1 P.M.—Royal College, 1 P.M.—Thames, 1 P.M.—Look, Clinical Demonstration and Operations, 1 P.M.—Royal Free, 1 P.M.—Royal London Ophthalmic, 11 A.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY.....	Medical Society of London, 8 P.M.—General Meeting for Election and Election of Lectures for Society. Dr. Ashes, "On Degeneration of the Posterior Column of the Spinal Cords"; Mr. Leonard Clark, F.R.S., "On the same subject."—Epidemiological Society, 1 P.M.—Address by the President: Dr. Frederick J. Brown, "On Epidemic Cerebro-spinal Meningitis at Rochester"—Entomological Society, 8 P.M.
TUESDAY.....	Royal Medical and Chirurgical Society, 8 P.M.—Zoological and Botanical Society of London, 8 P.M.—Entomological Society, 8 P.M.
WEDNESDAY.....	Microscopical Society, 8 P.M.
FRIDAY.....	Astronomical.

REGISTRATION OF DISEASE.

MONTHLY RETURN of new cases of disease coming under treatment at Pauper and Public Institutions. (A.) Manchester and Salford (Sanitary Association). (b.) Preston (R. C. Brown, Esq.). (c.) St. Marylebone, London (Dr. Whitmore).

Diseases.	4 weeks ending August 26th.		
	A.	B.	C.
Smallpox	—	—	0
Croup	—	4	13
Measles	—	—	7
Scarlatina	55	11	53
Erysipelas	7	1	64
Diphtheria	1	1	2
Whooping Cough	0	17	103
Isaemic	—	2	11
Enteritis	—	1	32
Diarrhoea	—	1	13
Bronchitis	48	41	517
Pneumonia	—	0	27
Croup	—	—	7
Angina	104	—	572
Other diseases	781	—	548

TO CORRESPONDENTS.

Communications and communications for the Journal, to be addressed to the Editor, 37, Great Queen St., Lincoln's Inn Fields, W.C.

CONTRIBUTIONS.—To prevent a not uncommon misconception, we beg to inform our correspondents that, as a rule, all communications which are not returned to their authors, are retained for publication.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

Dr. ... letter should appear next week.

F. L.—A post-mortem examination was, we understand, made of the late Lord ...'s remains in May, but, for some reason or other, the exact particulars have not transpired. The immediate cause of his death was, we believe, abscess of the kidney and a diseased state of the bladder.

F. R.—The Report which proposes the establishment of a Professorship of Zoology and Comparative Anatomy at Cambridge, is likely to meet with opposition. The University is unfortunately very limited in its means. The riches of Cambridge are in the Colleges. If the University were richer, no doubt the Professors would be treated more handsomely.

THE PROPOSED PROFESSORSHIP OF ZOOLOGY AND COMPARATIVE ANATOMY AT CAMBRIDGE.—The Professorship of Zoology and Comparative Anatomy (if established) will be open to any candidate. The persons on the Electoral Roll are the officers of the University and members of the Senate resident in Cambridge.

MR. W. J. P. HORTON.—The most complete information on the Sewage Question is to be found in the Report of the Parliamentary Committee published in July 1864, by order of the House of Commons. Dr. Westall's pamphlet is published by W. Ridgway, 169, Piccadilly.

THE GREEN LINDENHALL FUND.—Sir: The following subscription has been further received on behalf of the above Fund:—

Amount previously announced, £129:3:3. Received at the London office, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100.

ROBERT FOWLER, M.D.,

Treasurer and Hon. Sec.

145, Bishopsgate Street Without, October 26th, 1865.

COMMUNICATIONS have been received from:—Dr. FREDERICK J. BROWN, Mr. J. M. STONE, THE REGISTRAR OF THE MEDICAL SOCIETY OF LONDON, Mr. A. B. STELLER, Mr. H. S. FOWLER, THE HONORABLE SECRETARIES OF THE ENTOMOLOGICAL SOCIETY, Dr. BROADBENT, Mr. HUGH, Dr. O'CALLAGHAN, Dr. GEORGE JOHNSON, Dr. S. W. MURKIN, Mr. C. S. HARRIS, Dr. J. ROSE CORMACK, Dr. A. SAMPSON, Dr. J. BARCLAY, Mr. RICHARD GORDON, Mr. LAWSON, Dr. ANDREW, Dr. GREEN, Dr. MARTIN, Mr. W. M. CLARKE, Mr. ADAMS, Dr. BULLER, Dr. EDWARD SMITH, Dr. MENROSE, Mr. SOUTHAM, THE SECRETARY OF THE ENTOMOLOGICAL SOCIETY, Dr. J. M. BRYAN, Mr. F. GAY, Dr. W. STEVENSON, Dr. J. LINDSAY, Mr. C. GAINES, Mr. J. H. W. FLETCHER, Mr. T. A. HILLS, Dr. W. F. WADE, and Mr. T. T. GRIFFITH.

ADVERTISEMENT.

ESTABLISHED 1848.

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Notes

ON

THE PATHOLOGY AND TREATMENT
OF CHOLERA.

BY

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THE SYMPTOMS AND PATHOLOGY OF COLLAPSE.

THE symptoms of choleraic collapse are so well known as to need no minute description. The most important and characteristic of them are the following. Coldness and blueness of the skin; great diminution of the volume and force of the pulse; shrinking of the features, with a corpse-like sinking of the eye-balls; more or less hurry and difficulty of breathing, with a short dry cough; a peculiar feebleness of the voice; coldness of the tongue and breath; a sensation of burning heat in the epigastric region; great thirst; more or less complete suppression of bile and urine; vomiting and purging of a rice-water fluid; torpor and drowsiness in a variable degree, but without delirium; and, lastly, cramps in the muscles. Most of these symptoms are present in every case of collapse; some, however, may be absent.

What is the pathological explanation of this remarkable train of symptoms? The one great central fact is this, that, *during the stage of collapse, the passage of blood through the lungs from the right to the left side of the heart is, in a greater or less degree, impeded*. Let us now consider the evidence of there being this impediment to the pulmonary circulation; and let us endeavour to ascertain the probable cause and consequences of this obstruction to the flow of blood. Very conclusive evidence as to the existence of impeded pulmonary circulation during life is afforded by the appearances observed in the heart, blood-vessels, and lungs after death. The *post mortem* appearances within the chest have been described, with more or less minuteness, by several authors; but by no one, I believe, with so much care and accuracy as by Dr. Parkes. (*Researches on the Pathology and Treatment of the Asiatic or Algide Cholera*.)

In the great majority of cases in which death has occurred during the stage of collapse, the right side of the heart and the pulmonary arteries are filled, and sometimes distended, with blood; while the left cavities of the heart are generally empty, or contain only a small quantity of blood; the auricle being partially and the ventricle completely and firmly contracted. The tissue of the lungs is, in most cases, of pale colour, dense in texture, and contains less than the usual amount of blood and air. With respect to the extremely anæmic condition of the lung, when death has occurred during the stage of collapse, there is an entire agreement amongst those authors who have most accurately described the *post mortem* appearances. There is something surprising, as Briquet and Mignot observe (*Traité Critique et Analytique du Cholera Morbus*), in the contrast between the almost constant occurrence of this extremely anæmic condition of the lung, from which scarcely even a few drops of blood flow when the

tissue is cut, and the hyperæmia of most of the other viscera.

There is a remarkable contrast, too, between this anæmia of the lung when death has occurred during collapse, and the great engorgement of the lungs which is almost invariably found when death occurs in the febrile stage which often follows reaction.

Now, it is evident, from the appearances here described that, during the stage of collapse, there is an arrest of blood in the branches of the pulmonary artery before it has reached the pulmonary capillaries. The arrest at this point explains the remarkable anæmia of the texture of the lungs, while the hyperæmia of the lungs after reaction is due to engorgement of the pulmonary capillaries. Before I attempt to explain this remarkable arrest of blood, it may be well to allude briefly to certain phenomena in the living but collapsed patient which afford confirmatory evidence that the pulmonary circulation is greatly impeded. The impeded flow of blood through the lungs resulting, as it must, in a very scanty supply of blood to the arteries, accounts for the character of the pulse in cholera. It accounts, too, for the fact that the pulse has often been observed to increase in power and volume under the influence of venesection, which, by relieving the over-distension of the right cavities of the heart, increases their contractile power. (See Dr. Reid's essay, *On the Effects of Venesection in Renewing and Increasing the Heart's Action under Certain Circumstances*.)

Another appearance which receives explanation from the small stream of blood in the arteries, is that of the shrinking of the integuments, and especially the collapse of the features and the sinking of the eye-balls. The eyes of a patient in deep collapse are often as much sunk as those of a corpse; and the chief cause of this, in the case of both the choleraic patient and the corpse, is the more or less complete emptiness of the branches of the ophthalmic artery.

That the arterial stream during collapse is reduced to a minimum, is proved by the fact that arteries of considerable size have been opened during life without the escape of blood. Magendie states (*Leçons sur le Cholera Morbus*, p. 21) that, on one occasion, he cut across the temporal artery of a patient in collapse and no blood escaped. ("Il ne s'écoula pas une goutte de liquide.") Scot says (*op. cit.*, p. 30) that the temporal artery has often been opened without the escape of blood. He also states that a surgeon, "despairing of other means, cut down upon the brachial artery; but so completely had the circulation failed, that no blood flowed."

While, therefore, the small and feeble pulse, the collapse of the features, and the occasional absence of hæmorrhage from a wounded artery, are explicable on the supposition that the arteries receive a very scanty supply of blood, these phenomena afford evidence confirmatory of that derived from *post mortem* appearances, that during the stage of collapse the passage of blood through the lungs is much impeded.

It appears, therefore, that, during the stage of collapse, the blood which is sent into the pulmonary artery is, in great part, arrested in the minute branches of the artery before it reaches the capillaries of the lungs. What is the cause of this arrest of blood? Some writers have suggested that the blood has been rendered so thick by the loss of serum, that it cannot pass through the minute vessels. This theory is scarcely deserving of a moment's consideration. It is entirely at variance with the fact before referred to, that there is no direct relation between collapse and loss of fluid by the bowels; and, again, with the fact that the state of collapse passes off, while loss of fluid by purging continues, and while,

therefore, the thickening of the blood which, according to this theory, has stopped its passage through the lungs, should be continually increasing. The suddenness with which collapse often occurs, is quite inexplicable by the theory that thickening of the blood through loss of its water is the cause of that condition. In illustration of the sudden occurrence of collapse, I may refer to the following passages in Sir William Burnett's Report on Cholera in the Black Sea Fleet in 1854. "The first to be attacked were men already on the list for diarrhoea, several of whom fell into a state of collapse one after the other; but, about the same time, robust healthy men, who had fallen suddenly down in a state of collapse, began to be brought in from various parts of the ship (the *Britannia*), even from the yards, where they were seized while reefing sails." And the surgeon on board the *Albion* reported that "the attacks in many instances were so sudden, that many men fell as if they had drunk the concentrated poison of the upas-tree." The supporters of this theory of blood-thickening as the cause of collapse would have us believe that, in the course of a few minutes, the blood of these robust men had become so thickened by loss of water as to be incapable of transmission through the minute vessels of the lungs. I shall hereafter show that the thickening of the blood is a consequence and not a cause of the arrest of blood in the pulmonary arteries.

I believe the true explanation of the arrest of blood in the lungs to be this. The blood contains a poison whose irritant action upon the muscular tissue is shown by the painful cramps which it occasions; the blood thus poisoned excites contraction of the muscular walls of the minute pulmonary arteries, the effect of which is to diminish, and in fatal cases entirely to arrest, the flow of blood through the lungs.

We have seen that the condition of the lungs after death during collapse affords conclusive evidence that the arrest of the blood occurs, not in the capillaries, but in the branches of the pulmonary artery, before the capillaries are reached by the blood. We know that the walls of the arteries are muscular, and that they have the power of contracting upon their contents under the influence of a stimulus, such as cold, electricity, or mechanical irritation. I suppose that no physiologist at the present day would deny that spasm of the arteries is as real a fact as spasm of the muscles.

Many experiments and observations prove that contraction of the muscular walls of the arteries has great influence on the passage of their contents. For instance, it is a well known fact, that the tissues of an animal immediately after death cannot, without a force which endangers the integrity of the vessels, be injected with any of the fluids which are commonly used for that purpose. The coats of the arteries, so long as their vital tonicity remains, contract upon their strange contents, and impede the passage of the injection into the capillaries.

Nearly a century ago, Hales (*Statistical Essays*, 1769) performed some ingenious experiments to demonstrate the power which arteries possess to control the flow of various liquids through them. His experiments were performed on animals recently killed; and he found that, while warm water passed very readily through the arteries, cold water, decoction of bark, and brandy, passed much more slowly.

Some experiments performed by Blake (*Edinburgh Medical and Surgical Journal*, vols. liii, liv, and lvi) on living animals bear upon this question. He found that a concentrated solution of a salt of soda, when injected into the jugular vein of a dog, killed the animal in less than a minute. On examination after death, the right side of the heart was found greatly distended, while the left contained only a little black

blood. A few grains of nitrate of silver in solution destroyed life in precisely the same way. The passage of blood through the lungs is arrested, and the animal dies with the right cavities of the heart distended while the left cavities are nearly empty.

The sudden arrest of the flow of blood through the lungs in consequence of the accidental admission of air through a wounded vein in the neck or axilla has some relation to this subject. The entrance of air has usually been indicated by a peculiar gurgling sound in the wound, and the symptoms which rapidly follow are thus described. (Dr. John Reid's *Physiological, Anatomical, and Pathological Researches*, p. 553.) "Speedy occurrence of syncope, which is either preceded by a cry, with the expression, 'I die,' 'I am dead,' 'I suffocate,' or by anxiety and tremblings. Or, without any such precursors, the syncope rapidly reaches such a degree that all consciousness is lost, and the patient falls down; cold sweat breaks out on the forehead; and, in a quarter of an hour, sometimes sooner, sometimes later, he is dead." After death, both in the human subject and in animals that have been the subjects of experiments, the right side of the heart is found to be much distended with frothy blood; and the same mixture of air and blood is usually found in the pulmonary arteries. The left side of the heart is usually empty; but a small quantity of frothy blood is occasionally found in the left cavities and in the aorta. The cause of death in these cases is the distension of the right side of the heart, which results from the impeded transit of frothy blood through the vessels of the lungs. Mr. Erichsen found, by experiments on a dog recently killed, that beaten bullock's blood, mixed with air, required nearly twice the pressure to drive it through the pulmonary vessels, that would suffice to drive unmixed blood through the lungs. (*Edinburgh Medical and Surgical Journal*, vol. lxi.)

I have referred to these experiments in illustration of the general principle: 1, that the movement of blood through the lungs may be quickly arrested by the addition of some foreign ingredient to the blood; and 2, that this arrest is probably due to the power which the arteries possess to contract upon their contents.

The proof that the blood is arrested during the stage of collapse in cholera is, as before stated, partly the anatomical condition of the lungs after death, partly the symptoms observed during life.

About two years since, I had under my care in the hospital a woman (S. B.) who was suffering from dropsy, the result of heart-disease of long standing. On going through the ward one afternoon, I saw her sitting up in bed as well as usual. In less than five minutes after I left her to go into another ward, I was sent for in consequence of her having become suddenly worse. I found her gasping for breath, cold, and pulseless, with a blue and shrunken appearance of the features, exactly resembling the collapse of cholera. I at first thought that she would die in a few minutes; but she rallied in some degree, and lived forty-eight hours, during which time her dropsical legs became rapidly gangrenous. We found, as I had predicted, that, besides old standing disease of the mitral valve, there were firm fibrinous coagula in the branches of the pulmonary artery. The sudden obstruction of the pulmonary arteries by fibrine caused a state of collapse exactly resembling that of cholera. (*Hospital Case-Book*, vol. xix, p. 59.)

The most interesting and conclusive evidence that arrest of blood in the lungs is the true key to the pathology of choleraic collapse, is to be found in the simple yet complete explanation which it affords of all the most striking chemical phenomena of the disease—the imperfect aeration of the blood, the fall of

temperature, the dark and thickened appearance of the blood, and the suppression of bile and urine.

Chemical Consequences of the Obstructed Flow of Blood through the Pulmonary Arteries. It is obvious that the stream of blood from the pulmonary capillaries to the left side of the heart is the channel by which the supply of oxygen is introduced into the system. One necessary consequence, then, of a great diminution in the volume of blood transmitted to the left side of the heart, must be that the supply of oxygen is lessened in a corresponding degree. This position probably will not be disputed by any one who will give the subject a moment's consideration. Nor, again, can it be denied or doubted that certain results must of necessity follow this limited supply of oxygen.

The combustion of those constituents of the blood which are normally subjected to the action of oxygen will be diminished in proportion to the deficiency of that gas; and thence follows simultaneously and of necessity a reduction of temperature, and so scanty a formation of urinary and biliary constituents, that, while the state of collapse continues, the functions of the kidneys and liver are virtually suspended. The blood at the same time has that black, thick, treacly appearance which is not peculiar to the collapse of cholera, but which is common to it with all diseases which are attended with a defective aëration of the blood. The blood has this character during the cold stage of a severe ague fit. Dr. Mackintosh and others, who have bled patients during the cold stage of ague, describe the blood as flowing from the arm at first in a slowly trickling stream, being of a dark colour, and not coagulable. (See Mackintosh's *Practice of Physic*, vol. i, p. 86 *et seq.*) Dr. Dundas Thomson, who published an elaborate paper on the Chemistry of the Blood in Cholera (*Med.-Chir. Trans.*, vol. xxxii, p. 67), states that one specimen of blood from "a patient who laboured under an affection of the mucous membrane of the air-tubes", contained a greater excess of solids, in proportion to water, than he had found even in cholera-blood.

The blood in cholera is black and thick only during the stage of collapse; in other words, during the stage of pulmonary obstruction and defective aëration. This state of the blood bears no relation to the loss of water; it comes on when the loss of water has been very trifling; it passes off rapidly, while loss of water by purging continues unchecked. It is simply a result of defective aëration, just as the thick and smoky flame of a lamp is a result of defective aëration.

The constituents of bile and urine and carbonic acid are all results of oxidation; none of them can be formed without a large supply of oxygen. Suppression of bile and urine during the stage of collapse is a necessary consequence of the limited supply of oxygen which results from the obstruction in the lungs. The amount of carbonic acid expired during collapse is also much diminished. (See, on this point particularly, Twining's *Clinical Illustrations*, etc., 2nd ed., p. 15.) One fact confirmatory of the view that the very scanty formation of bile, urine, and carbonic acid during collapse is a result of the diminished supply of oxygen, is, that the secretion of milk continues apparently undiminished. I have myself observed this fact, and it has been mentioned by several authors.* Thus Magendie states that, one of his patients having been delivered of a child a few

days before she was seized with cholera, the secretion of milk continued so abundant through a first and a second collapse, which ended fatally, that it was necessary to empty the breasts, in order to relieve the pain which their distension occasioned. Now, if the other secretions are suppressed on account of the deficiency of water in the blood, why does the secretion of milk continue? Magendie says, because the blood reaches the breasts, and supplies the materials for their secretion, on account of those glands being nearer to the heart than the liver and kidneys, which, being at a greater distance, do not receive the supply of blood necessary for the discharge of their functions! My explanation of this remarkable and instructive fact is simply this. The chief constituents of milk—casein, sugar, oil, and water—may be obtained from the blood without the addition of oxygen. The secretion of milk, therefore, continues during the stage of collapse; while the highly oxygenised secretions are suspended, their essential constituents being formed only in very minute quantities during that stage, on account of the defective supply of oxygen.

Explanation of the great temporary Relief resulting from the Injection of a Hot Saline Solution into the Veins. No theory of collapse can be considered complete which does not give a satisfactory explanation of the great temporary benefit which immediately follows the injection of a hot saline solution into the veins. I have before referred to this subject (see *ante*, p. 251); and I deferred my explanation until I had given some account of the phenomena of collapse.

I have adduced many facts and arguments in proof of the position that the essential cause of collapse is an arrest of blood in the lungs, occasioned by a spasmodic contraction of the muscular walls of the pulmonary arteries. If this be the actual cause of collapse, we might, *a priori*, expect that for a time it would be removed by the injection of a hot fluid into the veins. The temperature of the fluid injected by Dr. Mackintosh varied from 106° to 120°; but he states that "the good effects of the injection were rapid in proportion to the heat of the solution." (*Op. cit.*, vol. i, p. 365.) The hot fluid, rapidly mixing with the blood in the right side of the heart and in the pulmonary artery, would as it were dilute the poisoned blood and render it less irritating, just as diluents render the urine less irritating to an inflamed bladder or urethra. It is probable, however, that the chief action of the injection would be to relax the spasm of the minute arteries by its high temperature.* Thus, the impediment to the circulation being overcome, the blood rapidly flows on to the left side of the heart and the arteries, and the phenomena of collapse pass away with marvellous rapidity. The benefit, however, is of but short duration; for the primary cause of the impeded circulation—namely, the poisoned condition of the blood—being still in operation, and the originally hot solution being cooled down by its diffusion through the entire mass of the circulating blood, the stream of blood through the lungs will soon again be obstructed; and the patient thus passes into a state of collapse as profound as and more hopeless than before.

* Dr. Parkes, who tried the injection in some cases, states that he did not see even the temporary vivifying effects which others describe. (*Op. cit.*, p. 219.) The probable reason of this is, that the temperature of his injection was too low. In one case, he says it did not exceed 95°, while in another it was "tepid". In the other cases, the temperature is not stated. I think, therefore, that Dr. Parkes's failure to do good by a tepid injection is confirmatory of my view, that the high temperature of the injection employed by Dr. Mackintosh and others had more influence than the mere mixture of water with the blood. I believe that the hottest room of the Turkish bath would quickly relax the spasm of the pulmonary arteries; and so, if it did not cause faintness, it might be a real help to recovery.

* See on this point Magendie, *Leçons sur le Cholera Morbus*, 1832, p. 27; Dr. Hutchison, *History and Observations on Asiatic Cholera in 1817*, London, New York, in 1854, p. 10; Dr. Robertson, *Edinburgh Monthly Journal*, 1854, p. 333; and Dr. Gardner, "On the Pathological Anatomy of Cholera", *Edinburgh Monthly Journal*, July 1849.

It appears, therefore, that the hot saline injection into the veins, and the operation of venesection, when it rapidly relieves, as it often has done, the symptoms of collapse, have this effect in common, that they facilitate the passage of the blood through the lungs, and thus lessen that embarrassment of the pulmonary circulation which is the essential cause of choleraic collapse. But, whereas the hot injections act by removing the impediment which results from spasmodic contraction of the arteries, venesection acts by relieving over-distension of the right cavities of the heart, and thus increasing the contractile power of their walls.

In concluding this communication, I would implore those pathologists who have hitherto thought that the temporary benefit following injections into the veins affords conclusive evidence that collapse results from loss of water, to consider whether the explanation here offered is not at least as probable, as complete, and as consistent with all the known facts of the problem, as that which is commonly received.

[To be continued.]

Original Communications.

HOT MUSTARD BATHS IN THE COLLAPSE STAGE OF BRITISH CHOLERA.

By JOHN BARCLAY, M.D., C.M., Banff, N.B.

IN the BRITISH MEDICAL JOURNAL for October 21, I observe a paper by Dr. Joseph Bullar of Southampton, on the excellent effects attending the employment of hot mustard baths in the collapse stage of cholera; and it might not be uninteresting to relate the effects of substantially the same treatment in a class of cases, the severity of which was nearly equal to that of the true Asiatic cholera. The only difference between his mode of employing the mustard bath and that followed here was, that instead of the actual mustard and water bath, I preferred the "hot blanket mustard bath," as employed and recommended by Dr. Newington in the *Lancet* for June 10th, 1865, in the treatment of insanity and other diseases.

In and around Banff for the past three months—August, September, and October—we have had a very severe epidemic of what is commonly demonstrated British cholera. On reference to our case-book, I find that we have entries of no fewer than 116 cases, of all degrees of severity, during that time. Of the whole number, 32 were children of and under two years of age; 14 were above four and under fifteen years, and the rest were from sixteen to sixty.

First, as regards the infants attacked. The epidemic commenced on August 5th, during which month there were 8 cases; then during September there were 16 cases, and during October up to the 20th, there were 8 cases. The whole of these were quite different from the ordinary forms of infantile diarrhoea; the child seemed to be seized suddenly, or as some of the mothers observed, "just in a second." Purging of dirty water was first noticed, followed immediately by paleness and coldness of the whole surface, the lips being especially pale; the eyes very much sunk, and half open; a marked blue circle around the eyelids; the tongue shrunk, dry, glazed, and of a pale colour, but not furred; breathing almost imperceptible, and the pulse very weak; in some

cases intermittent, and in the very bad ones almost imperceptible. In a few there was vomiting; but in the children this was not such a marked symptom as in the adults, nor one which there was much difficulty in combating. The skin was cold, moist, and clammy, in some more, and in others less so. In the milder cases, the little patients seemed to suffer some pain, or, at all events, uneasiness, though none of them seemed to suffer severe pain in any part; but in the severe cases, the child lay as if in a dead faint, neither crying, moaning, nor betraying any sign of uneasiness whatever.

In one, a child of seven months, all the above symptoms were seen in their aggravated form. The case occurred in the middle of September when there was the greatest number of adult cases. The infant seemed deprived of all consciousness; indeed, I imagined it to be moribund. When applied to the breast, it made no attempt to seize the nipple, and when nourishment was put into its mouth, it made no attempt to swallow. The pulse was imperceptible at the wrist; and I could barely perceive the chest heave in breathing, noticing only a periodic tremulous movement of the intercostal muscles. I ordered enemata of strong beef-tea with milk, brandy, and a minim of tincture of opium immediately, and to be repeated every two hours, leaving out the laudanum afterwards; the infant to be put in a mustard blanket bath from neck to heels, with hot bottles to each side when laid in its crib; also whenever it made an attempt to swallow, to put it to the breast. Next day the report was that heat and colour were restored to the surface by the bath, that the enemata had been retained, but that the child would neither suck nor swallow what was put into its mouth. The collapse was still very great, and unconsciousness not much less, but yet there was some improvement. I ordered the bath to be repeated, and the enemata to be persisted in without the laudanum, unless they should be passed off as soon as given. On the fourth day, the child had so far recovered as to look up and seize the nipple; no more enemata were required, and the subsequent recovery was rapid.

In a second case, almost exactly parallel, the same means were ordered, but unfortunately none of them were available till after several hours had elapsed, and though the child seemed to rally somewhat after the bath and first enema, it gradually sank and died convulsed. Another unfavourable circumstance connected with this case, was that the child had been some twelve or fourteen hours ill before assistance was sought for.

A third bad case, of which that of the first is nearly as exact a description, was likewise lost on account of the ignorance of the nurse (not the mother) of the child, who preferred, as she said, "to allow the child to die in peace without tormenting it." The second and third cases did not look a bit worse than did the first, and had the means employed in the first been as early begun and as energetically persisted in in them, I think both might have been saved.

The other twenty-nine cases of children were milder than the above, and all recovered with only a partial application of the bath, to the legs in some, and as far as the belly and chest in others. Grey powder, with Dover's powder and chalk, seemed the best remedies where there was no vomiting, and the following mixture where that symptom was present:—

℞ Pilule hydrargyri gr. xvi; tinctura opii m iv-
vj-viii-xvj; syrupi zingiberis ʒv; mucilaginis
acacim ad ʒij. Misce: signaque—A teaspoonful
every four hours.

Of the remaining 84 cases, 14 were above four and under 15 years of age, and of these 14 cases, that of a girl ten years of age was probably the most severe.

She was a thin and delicate child, constantly taking coughs and colds, and very dyspeptic. On August 15th, she went to bed in her usual health, but in the middle of the night awoke intensely sick, cramped all over, and vomiting and purging dirty water, there being little difference between the liquid vomited and that purged. She was quite conscious, and complained of the cramps and pain in the stomach and bowels. I ordered a sinapism to the stomach, hot brandy and water, and a pill containing two grains of calomel and half-a grain of opium, the pill to be repeated if the first was vomited; or if kept, and the patient unrelieved, in four hours. At 10 a.m. on the 16th, she was completely prostrated, eyes sunk, pulse imperceptible, breathing almost imperceptible also, skin of a pale bluish colour, cold, and damp; had refused to take the pill or the brandy, but drank cold water, which was instantly rejected. The cramp had now left altogether; the eyes were half open, with a dark blue ring around them; she paid no attention when spoken to, but lay as if dead. No urine had been passed, and the suprapubic region was tympanitic. I ordered a complete hot mustard blanket bath with hot bottles around her to keep up the heat, enemata of strong warm beef-tea and brandy, with five minims of laudanum in the first, every two hours. It was with great difficulty that the parents could be got to adopt the above measures, nor would they have adopted them had I not procured a nurse, who energetically went about the performance of them, so hopeless did they think the case. Before noon, however, reaction was fairly established; she could speak, though still in a very hollow tone, and was persuaded to swallow one of the pills, and afterwards some ice and strong beef-tea. She made a good recovery.

The other cases in this division were much less severe; they had obstinate vomiting and purging, some of dirty water, others of biliary matter; all with more or less collapse, and all followed by intense weakness. In all who applied during the beginning of the attack, calomel and opium were given with effervescing draughts, ice, and sinapisms to the chest, stomach, and bowels. None of them required a whole bath. Where the vomiting had disappeared or never been present to a great extent, fuming nitrous acid with tincture of opium were given, which in most cases effectually relieved the purging. The greater number had cramps more or less.

The remaining 70 cases were all adults, the age varying from sixteen to sixty, but in only four cases was the collapse so alarming as to call for the application of the whole bath. In them, however, the effect was striking and most gratifying. In a few minutes the cramps disappeared, the skin became warm and red, the vomiting became less urgent, and a tendency to sleep induced. All four recovered. Two of the cases were above fifty years of age, and both were very severe cases and made slow recoveries.

With regard to the other treatment of these adult cases, the combination of calomel and opium was found to answer admirably, both in relieving the sickness and vomiting, and the pain and purging. We soon found that one grain of opium was of little use given as a single dose to an adult; but that a grain and a-half, when combined with three grains of calomel, and administered on the cessation of a wave of sickness (for it was always observed to come as if in waves), almost invariably remained on the stomach, relieving all the symptoms. Effervescing draughts were given for the intense thirst. When the calomel and opium failed to stay on the stomach, ice swallowed in small pieces invariably afforded relief. The remainder of the adult cases varied very much in severity, from what

in the absence of an epidemic would be called severe bilious attacks, to what is usually denominated British cholera. The calomel and opium, ice and sinapism treatment was adopted in all, with all the success that could be desired. When diarrhoea persisted after the attack was over, nothing did so well as the fuming nitrous acid with laudanum every four hours. In one case, drachm-doses of carbonate of soda were given, with the effect of aggravating all the symptoms; it was therefore in that case discontinued, and not again tried.

So satisfied were Dr. Manson (a member of the British Medical Association) and myself of the admirable effects of the mustard bath in this class of cases (and he was equally pleased with it in the cases in which he ordered it), that we determined, if unfortunately at any time we should be visited with an epidemic of real Asiatic cholera, to give the treatment a fair trial in it also. It was with much pleasure, and great interest, therefore, that I read Dr. Bullar's paper in the JOURNAL recommending the same line of treatment, and I hope others will give it a fair trial too. As regards the form of the bath, I think the blanket bath should be preferred, as being in most cases more readily and more quickly available, and also more easily applied in very bad cases.

Transactions of Branches.

EAST ANGLIAN BRANCH.

ON AMPUTATION IN GANGRENE.

By WILLIAM CADGE, Esq., Norwich.

[Read July 14th, 1865.]

Two years ago, at our annual meeting at Yarmouth, I had the honour of reading a paper on the subject of amputation for traumatic gangrene. My object was, in that communication, to oppose the common practice of *immediate* amputation in all cases of traumatic gangrene of a limb; and I endeavoured to support my views by the narration of cases of great interest bearing directly on the question. I return to the subject now, in order to enforce the practice I then advocated; to add a few fresh cases, and still further to ventilate the matter by eliciting the opinions of the members now present.

The rule of practice, as at present taught in schools and in almost all modern surgical works, is this:

1. In senile gangrene, or gangrene from any spontaneous cause, such as arteritis, embolus, etc., amputation is not to be thought of until the mortification has ceased and a line of separation has formed.

2. In traumatic gangrene, whether from fracture, laceration, gunshot wound, or wound or ligature of arteries, amputation should be done *immediately* the gangrene has manifested itself, and before the line of separation has formed.

The reasons assigned for these opposite modes of treatment are clear and simple. In gangrene from internal causes, we are to wait for a line of separation, because we cannot tell how far the mortification will spread; and, if we operate, we may operate in parts already doomed, and the disease will reappear in the stump. On the other hand, in traumatic gangrene, we are not to wait for its cessation, lest the disease should spread rapidly to the trunk, and life will be lost.

Now, with all submission, I would take exception both to the practice and to the reasons by which the practice is supported. In both these classes of gangrene, I think that the bare fact of the cessation or spread of the gangrene should not be the only or

even the chief guide by which we decide the question of amputation. I will speak first of gangrene from internal causes. It is very seldom that a question of amputation can arise in cases of senile gangrene. Usually, from the age of the patient, the diseased condition of the arterial vessels, or the lessened vitality of the whole system, amputation can seldom be thought of; but it will occasionally happen that the disease commences in a system which we would consider able to sustain the shock of operation. In such a case, supposing that the whole limb, say the whole foot, is engaged, why should we wait and see the patient's strength exhausted by the continued and intense suffering which usually attends the disease? Why wait for that line of separation which may never occur? Why not amputate at a point well above the dead parts? I have seen many cases of senile gangrene; but I never saw or heard of one in which it reached above the knee-joint. Either the gangrene ceases, or the patient dies worn out before it reaches so high. Amputation, therefore, in a case otherwise suited for operation, should be done above the knee, say in the middle of the thigh, without any reference to, or waiting for, the cessation of the gangrene. Some years ago, such a case occurred in the Norwich Hospital, in a woman whose general condition seemed favourable for an operation. One foot was black from senile gangrene, and there was no sign of its arrest. I had long been watching for such a case; and I urged my colleague, who had charge of the patient, to amputate at once. He did so, a few inches above the knee; and the stump healed fairly. Let me illustrate the subject further by reference to an interesting case now under my care in the Norwich Hospital.

A farm labourer, of healthy appearance and abstemious habits, aged 34, was admitted with gangrene of the toes of the right foot. It came on spontaneously, and extended slowly over the instep. The remainder of the foot and ankle was of a dusky red colour, and evidently doomed to die; but the progress of the disease was very slow. The pain was intolerable, and could be mitigated only to a slight extent by opiates. The subcutaneous injection of morphia gave most relief; but, with all that could be done, he still suffered acutely; his health and strength yielded, and he implored to have the limb removed. The history of the case was this. Three or four weeks before the commencement of the gangrene, he felt pain and tenderness in the calf of the leg, and it was hard. He thought but little of it; and it ceased in about a week. Connecting this history with the mortification, I considered that this was a case originally of arteritis, leading to obstruction of the circulation and to gangrene. To what extent the disease in the arterial coats might extend, I could not tell. There was doubtful pulsation in the popliteal, and the femoral artery at the groin beat but feebly; still the pain and tenderness in the calf seemed to point to that situation as the chief seat of mischief, and I hoped that the gangrene would not extend above that part. I determined to amputate without waiting for the mortification to stop; but I hesitated whether to do it above or below the knee. The former would doubtless have been the safer; but to save the knee is a very important matter to a labouring man, and I therefore amputated close to the joint by making skin-flaps and a circular section of muscles. The popliteal artery bled but little, but the smaller ones more freely; the flaps sloughed to some extent; and superficial necrosis of the bones occurred. But now, a month after the operation, all sloughing has ceased, the stump is covered with healthy granulations, and there is a fair chance of recovery. Inflammation and commencing calcifica-

tion of the inner coat of the arteries was found on examination; there was no coagulum; but the tibials were shrunken and empty.

Here there are two cases in which the "golden rule" of waiting for the line of demarcation was successfully departed from. Others might be quoted, particularly five or six by Mr. James of Exeter, in which amputation of the thigh was done during the progress of the gangrene.

But I hasten on to speak of the second class of cases—viz., of traumatic gangrene of a limb, the result of external violence, fracture, injury or ligature of arteries, gunshot wound, etc. In these cases, we are told to amputate the limb as soon as the mortification has begun, above or on a level with the original seat of injury. It is this rule especially which, I think, requires reconsideration and alteration. Why, I would ask, should we be in such a hurry to remove a limb when gangrene has commenced? There is no fear of its extension beyond the local injury which led to it. At least, in not more than one in a hundred cases would it do so; and in that one case the mortification would of necessity depend more on some constitutional defect than on the local injury; and here amputation would be of no avail. Let us take a case—one which has recently occurred in my hospital practice.

A farm labourer, aged 28, was admitted February 9th, 1865, with a deep lacerated wound in the popliteal space. A surgeon had seen it, and stitched up the wound. When he reached the hospital, he was greatly collapsed and very pale. There was no sensation below the middle of the leg, and he could not move the foot. A clot showed between the stitches in the wound, but there was no bleeding. The next day, the foot looked blue, but it was warm. The third day, it was clearly mortified, and no line of demarcation was visible; the leg was not swollen, but was hard and painful; the wound was discharging blood and pus. Now was the time when, by the rule of surgery, I should have amputated the thigh above the wound in the ham. But what was the state of the patient? He had not fully recovered from the first shock and loss of blood; his pulse was feeble, at 130 to 140; his tongue dry and white; the surface of the body pale and bloodless. I have a firm conviction that amputation, if done at this time, would have proved quickly fatal. Why be in a hurry to add a second shock and loss of blood to that from which he had barely recovered? By waiting until the full establishment of suppuration, I hoped that much of the fever would pass away; that he would still more recover from the first collapse and depression; and I had no fear that the mortification would extend above the wound in the thigh. Accordingly, every attention was given to maintain his strength; he took food freely, and improved for a time. Suppuration became free, and the wound showed healthy granulations. The mortification spread very slowly, and for some days seemed to stop about the lower third of the leg. On the eleventh day after the accident, I amputated the thigh by skin-flaps and circular division of the muscles. At this time he had become very weak and hectic. It would have been better to have operated two or three days before; and I intended to have done so, but was prevented by engagements. For some days he was very low and delirious; but he gradually improved; took food freely; and the stump, which at first was without action and sloughy, slowly granulated, and the patient fully recovered.

This case, I think, shows, and several others which I have recorded show even more vividly, the wisdom of selecting the time for operating, not by the mere occurrence of mortification, but entirely according to

the state of the patient. It may be that he has suffered so little from the first injury, that he can well bear the additional shock of amputation, which may then be done as soon as gangrene has clearly set in; but much, very much more frequently, it will show good surgery to wait until the violence of the constitutional disturbance attending the occurrence of gangrene has passed away, and until suppuration has been established. By this time the mortification will very probably have ceased; there will be little or no swelling, or serous effusion, or extravasated blood, in the part where we wish to operate; the system will have become calmer; hectic fever will, perhaps, have begun to show itself; and the operation may be done with the best prospect of success. Moreover, by delay we may sometimes save a portion of the limb. Thus, in gangrene following ligature or wound of an artery, all modern writers on surgery recommend immediate amputation above the ligature or wound. But how can we say that the gangrene will spread up to the ligature? Such a case I have reported in the paper referred to. A man received a punctured wound of the popliteal artery; the wound healed at once; gangrene of the foot followed; and the surgeon requested my attendance, with a view to immediate amputation. I advised delay. The mortification ceased about the middle of the leg; and eventually the limb was removed below the knee, and not above the wound of the artery. The patient recovered rapidly.

Without entering more fully into the details of this important subject, which I should like to do, I will sum up thus. In those few cases of gangrene from internal causes in which amputation is permissible, we should decide the time for operation and the point of election less by the formation or non-formation of the line of separation, than by the other circumstances of the case, the general condition of the patient, and particularly by the amount of disease in the arterial system. In the other class, viz., gangrene from external causes—traumatic gangrene—I would say: Let us not be hurried into operating too soon; let us watch the spread of the disease without fear, so as to know to what extent it is likely to go; let us seek to maintain and restore the strength of the patient; let the period of active febrile excitement pass away, and suppuration be in full force,—then, and not so well till then, may we relieve him of the burden; and, judging from considerable experience, I would say that we may save many a life which, by over haste and the blind obedience to a “golden” but too narrow and dogmatic rule of practice, would be lost.

SOUTH-EASTERN BRANCH: WEST KENT DISTRICT MEDICAL MEETINGS.

CASE OF TETANUS.

By **FREDERICK P. ATKINSON, M.B., M.C.,** St. Bartholomew's Hospital, Rochester.

[Read September 29th, 1865.]

ALFRED SAGE, aged 28, labourer, residing at Borstal (in the city of Rochester), was admitted into St. Bartholomew's Hospital, March 27th, 1865, with violent tetanic spasms affecting the whole trunk. He was seized, he said, about two days previously with pain in the back of the neck, and some difficulty in swallowing. No cause could be assigned for the attack. He had not been exposed much to cold or heat, and had not pricked or wounded himself in any way. He appeared to be a man of robust and vigorous constitution, and had never been the subject of ill health. There were some small superficial indolent-looking ulcers on the legs; but these had existed, he said,

for years. During the fits, the extremities were rigidly extended and the back bent, so that the body rested, as it were, on the head and heels. The eyes were fixed, and the jaws, which were separated about an inch, were immovable. The forehead was drawn into wrinkles, and was hot and perspiring. Pulse 96. There appeared to be some slight remission about every ten minutes. He was ordered a warm bath on admission and a minim of croton oil; a belladonna plaster to the spine, and a mixture, consisting of eight grains of saccharine carbonate of iron and twenty-five minims of tincture of cannabis India, every hour; also a liberal allowance of beef-tea and wine. In the evening, the bowels not having been moved, he was ordered an enema of turpentine.

March 29th. He slept about half an hour last night, and the fits were a little less frequent and painful. He was ordered to have two grains of calomel and half a grain of powdered opium night and morning.

March 29th. He slept about four or five hours last night; but the fits were more frequent and severe again this morning. There was great dyspnoea. The skin was clammy. Pulse small. He continued in this state till about twelve o'clock, when he sank exhausted.

Nothing was revealed by the *post mortem* examination. The spinal cord, however, was not inspected, as it should have been, microscopically.

REMARKS. It seems to me that the treatment of tetanus has hitherto been directed towards an alleviation of the symptoms, rather than the cure of the disease. Lockhart Clarke has now demonstrated that the true cause of tetanus is softening or degeneration of the upper part of the spinal cord; and thus shewn, I think, why mercury, tartar emetic, blood-letting, tobacco enemata, and sedatives, have proved of so little avail. Stimulants, with sulphate of zinc and phosphoric acid, seem to me to hold out the greatest chance in the cure of this fatal disease.

EAST YORK AND NORTH LINCOLN BRANCH.

CASE OF TWINS.

By **J. MORLEY, Esq.,** Barton-on-Humber.

[Read October 4th, 1865.]

On September 18th, 1864, between 12 and 1 P.M., I was requested to attend, for Mr. Eddie (during his temporary absence), Mrs. J. B., aged 22, residing at Barton, in her first confinement. The catamenia last appeared on November 27th, 1863; and she was married between this date and the end of December.

On examination, I found the os uteri fully dilated, the vertex presenting; and at 2 P.M., she gave birth to a living male child, of the average size, which appeared to have arrived at the full period of utero-gestation. Upon further examination, I detected another fetus; and, having ruptured the membranes, the feet presented, and at 2.15 P.M. a male child was born alive, which survived fifty-five minutes. This child measured after death only twelve inches and a half. The testes had not entered the scrotum; and it presented generally the appearance of a fetus that had not arrived at more than the seventh month of utero-gestation. The placenta were continuous, and the membranes divided into two compartments.

As I had not met with a similar phenomenon out of nearly three thousand midwifery cases which I have attended, I thought it worthy of being brought before the members of this Branch, and hope that its bearing on the subject of generation will give rise to a discussion which will throw some light on this obscure branch of physiology.

Reviews and Notices.

DU SUICIDE ET DE LA FOLIE SUICIDE. Par A. BRIERRE DE BOISMONT, Docteur en Médecine de la Faculté de Paris, etc. Deuxième Edition, revue et augmentée. Pp. 763. Paris: 1865.

(ON SUICIDE AND SUICIDAL INSANITY. By A. BRIERRE DE BOISMONT, M.D., etc. Second Edition, revised and enlarged. Paris: 1865.)

M. BRIERRE DE BOISMONT has a reputation among the most distinguished of French psychologists, and is well known as the author of several works of much merit, bearing on psychological subjects. The work before us, in the preparation of which he has been occupied more than twenty years, is based on an examination of the documents relating to 4595 cases of suicide preserved in official records, and the histories of 862 insane patients who have come under his care, and of whom 265 had either contemplated or attempted suicide.

The book is divided into eight chapters; viz., 1. On the Causes of Suicide; 2. Analyses of the Last Sentiments expressed by Suicides in their Writings; 3. Symptomatology of Suicide in the Insane; 4. The Nature of Suicide; 5. Suicide in its Relations to Civilisation; 6. Distribution of Suicide according to Regions, Modes, Epochs, etc.; 7. Treatment of Suicide; 8. Legal Medicine.

In the first chapter, the causes of suicide are considered under the heads of *predisposing* and *determining*. As predisposing causes are enumerated: hereditary predisposition; climatic and meteorological influences; sex; age; civil state; state of fortune; education; moral condition; occupation. The determining causes are: drunkenness; poverty; misery; reverses of fortune; misconduct; want of work; idleness; domestic and other troubles; love and jealousy; remorse; fear of dishonour or of judicial proceedings; gambling; pride, vanity, self-love, and ambition; inordinate opinions of self; novel-reading; exaggerated devotion; avarice; love of gain; fright; anger; revenge; politics; sundry diseases; and various forms of insanity.

The remarks made by M. Briere de Boismont, while he notices suicide in general, are especially intended to be applicable to France.

In the fifth chapter, he gives the following as the number of suicides in each million of inhabitants of the undermentioned countries.

"Saxe-Altenburg, 303; Denmark, 288; Saxe-Royal, 251; Sleswig, 209; Holstein, 173; Mecklenburg-Schwerin, 159; Lauenburg, 156; Oldenburg, 155; Hanover, 128; Prussia, 123; France, 110; Baden, 109; Norway, 94; Bavaria, 79; England, 60; Sweden, 66; Belgium, 55; Austria, 43; Scotland, 35; United States, 32; Spain, 14." (P. 502.)

According to these statistics, France yields a far greater proportion of suicides than many others, England included. This proclivity of the French to commit suicide, the author attributes in great measure to their physical constitution—to their marked impersibility.

"Of all modern people," he says, "there are none in whom general sensibility is more developed than among the French.....Incessantly carried away by sentiment, the Frenchman presents in himself the

union of all that denotes the qualities and the defects of general sensibility; and it is hence easy to conceive how suicide is so readily committed by him. On what depends this predominance of sensibility in our country? On race; on that drop of blood, of which some have desired to contest the influence." (P. 9.)

But he does not ascribe the prevalence of suicide among the French wholly to race or to other physical causes. He finds a very efficient cause in their obnoxious mental training. A very large proportion, he observes, of the persons who commit suicide—independently of insanity, which he holds not to be the only cause—have received an education; that is, they can read and write. But, as he rightly observes, this is not sufficient; something more is required to regulate the moral temperament—to moderate the impressibility of the mind to external agencies; and on this point education is very commonly worse than defective.

"It must not be forgotten," says M. de Boismont, "that this instruction, based on romances, dramas, and party publications, is not of a nature to form the judgment, to rectify the moral sense; and that it tends on the contrary to exaggerate the passions, and to lead people to consider suicide as the end of that multitude of pretended evils of which these unfortunates believe themselves the victims." (P. 44.)

The influence of other predisposing causes of suicide is fully discussed; and a summary is given at p. 54, which we will here translate, adding a few notes from the text of the work.

"The influence of hereditary predisposition is undeniable; but it is most marked among the insane.

"Climatic and meteorological influence must be reckoned among the causative conditions of suicide."

Extremes of temperature conduce to suicide, as has been shewn among European troops and sailors both in cold and in hot climates. But the influence of climate is modified by other causes. Suicide was rare among the inhabitants of France at the time of the Roman invasion, while it is now common; and, on the other hand, it was common in Italy, where it is now rare—except, perhaps, in Piedmont.

"With regard to sexes, the proportion of suicidal females is about one in three. This diminution of the number of suicides in the female sex is remarkable among prisoners. It would give but an imperfect idea of the proportion of suicides in the two sexes, if we did not take into account the number of attempts at self-destruction."

There are, observes M. de Boismont, certain conditions peculiar to the female—those connected with menstruation and childbearing, which might be regarded as, and indeed are in many cases, causes of suicide. If, then, we refer many of the suicides among females to these causes, the diminution in the number who are not subjected to their influence is the more remarkable; and M. de Boismont attributes it to the want of that degree of energy and despair which are required for the commission of the act, but which are not compatible with the ordinary female constitution; as well as to the influences of family life and of religious principles, more developed in the female sex and therefore more powerful.

"The period of life when most suicides are committed is from 20 to 30 years; but it is especially from 40 to 50 years that the predisposition to suicide reaches its highest figure. Old age, which one would

think very greedy of its days, has its voluntary deaths; and the proportion to the population at each age is equal among the old to that among persons of middle age, if not greater. Self-murder in youth is most rarely met with; but for some years it seems to have undergone a perceptible increase."

As a cause of suicide among children, M. de Boismont again refers to their faulty education, by which sentiment is developed at the expense of reason and reflection.

"The increase of the number of suicides among the unmarried and widowed is due to special causes, among which must be enumerated, isolation, irregularity of manners, cessation of former habits, etc.

"The state of fortune must be taken into consideration among the causes; but, though poverty has a marked action, it is evident that there are also other elements. Suicides are most numerous in those departments in which industrial progress is greatest.

"Immorality predisposes greatly to suicide, and certain professions also appear to have an influence."

Among the exciting causes, intemperance in drink is one of the most common. This statement, however, must not, according to M. de Boismont, be taken too absolutely. About one-eighth of the number of suicides which he has collected were drunkards; but, in many of these, the causes which have themselves led to the intemperance must be taken into account. Intemperance may be a result of individual organisation or of hereditary predisposition; but in many instances it is the result of chagrin, of misery and poverty, or of the contagion of example. Some diseases also lead to drunkenness; thus it has been observed to follow an injury of the head in which recovery followed the use of the trephine; it has occurred in a puerperal woman; and has followed apoplexy. In all those cases, the patients ultimately committed suicide. The pain of disease sometimes leads to intemperance.

In speaking of disease as a determining cause of suicide, M. de Boismont says that

"The medical man, when he remembers the physical tortures which he has witnessed in others, and which have so often discouraged him, knows better than any one why so many commit suicide. It is very easy to say to a suffering man: 'Take courage; have patience; your ills will pass away.' These consolations have but a moderate influence on him whose days and nights pass without a moment of repose. Moral courage and religious feeling, which may aid one to bear suffering, are not at the disposal of all. The immense majority of men have an invincible repugnance to pain. When it is continual, when it lasts during months or years, it is not surprising that it should give rise to despair. There are always miserable persons, who are the prey of agonising pain, who know the severity, even the incurability, of their disease. They follow its progress with the eye; they measure the time which they have yet to live. Is not such a contemplation sufficient to shake their courage?.....If pain be the source of such poignant thoughts in the rich, in what condition must it not place the artisan, who sees his moveables go one by one, and misery invade his sad dwelling." (P. 200.)

On account of disease, 415 persons, or about one-fifteenth of the entire number, committed suicide. The diseases which were the most frequent causes of suicide were: pulmonary consumption (27); weakness or loss of sight (19); cancer (19)—the disease

being in the uterus in 11 cases; paralysis (17); disorders of the stomach (16); obstinate headache (15); venereal diseases (14); diseases of the urinary passages (13); asthma and heart-disease (11); aneurism (8); epilepsy (6); etc. Among the cancerous diseases, cancer of the testicle predisposes remarkably to suicide.

M. de Boismont is not at all disposed to agree with those who would consider every suicide a lunatic.

"The love of life," he says, "is so natural to man, that it seems quite a simple thing to attribute voluntary death to derangement of the intellectual faculties. With a little observation, however, it will be perceived that each man possesses different degrees of this instinct.....We indeed find a large group of suicides determined by disgust of life, by weakness, by mental depression or excitement, by hypochondriasis and melancholy, by mania and hallucinations, by other kinds of insanity, by psychical disorders depending on intemperance. But to maintain that insanity is the only possible explanation of suicide, is to go against the teachings of history, to shut one's eyes to evidence. When the Greeks and Romans attempted to put an end to their days, they obeyed their philosophical and religious convictions." (Pp. 212-13.)

He holds distinctly that suicide may be committed by the sane as well as by the insane.

"The motives," he says, "which sane persons (*les gens raisonnables*) invoke as the reason for putting themselves to death are found in passions, desires, regrets, in a word, in all the ordinary exciting circumstances which attend life. In the insane, on the other hand, the tendency to suicide is caused by hallucinations, by illusions, by the conceptions of delirium, by irresistible impulses—by a true diseased condition.No one, after reading the chapters on the causes, nature, and symptomatology of suicide, and the analysis of the last sentiments of those who have committed it, can confound the insane suicide with him who is conscious of the act he is committing." (Preface.)

As typical examples of these two categories, M. de Boismont gives the following.

"A military officer who has been obliged by a revolution to quit his profession, because he cannot swear fidelity to a principle which he detests, finds no other means of escaping the *ennui* consequent on his change of life, than the excitement of gambling. The passion is developed, and in the end overwhelms him. After several years of intoxication, of despair, of resolution, of remorse, there is a period of rest. He coolly examines his situation. Half his fortune is lost; but enough remains to educate his son and ensure an honest competency to his wife. 'I will,' he says, 'profit by this gleam of reason to prevent your ruin,' and shoots himself.

"A melancholic patient imagines that he is the object of persecution. He sees pretended enemies surrounding him, and laying ambush for him; they hold threatening discourse about him; they throw poisons into his food. He has not an instant of rest. Existence becomes insupportable to him. To escape such a punishment, death appears the only resource; he procures a cord and strangles himself." (Preface.)

In the first case, M. Brierre de Boismont looks on the suicide as the deliberate act of a sane individual; in the second, it is that of a madman.

In the summary of his remarks on insanity as a cause of suicide, M. de Boismont says:

"Insanity is a very frequent cause of suicide, having been noticed in half, or at least in more than a third, of the known cases. The most frequent form is melancholia. Exaltation of ideas, mania, may lead to suicide, through the influence of the accompanying illusions. Hallucination is often a cause of suicide, either by the terrors or the errors to which it gives rise. Imitation has in several instances led to self-destruction. Suicide may occur instantaneously, without being traceable to any known cause. Most frequently, however, when the attempt has failed, it is recognised as the first symptom of mental alienation, which afterwards passes through its phases. The insane sometimes commit suicide during lucid intervals, through the despair arising from a knowledge of their malady." (Pp. 235-6.)

A long and instructive section is devoted to *ennui*, or *tedium vite*, as a cause of suicide. The author first discusses the subject historically, referring copiously to the writings of Seneca and of the early Fathers of the Church. In the writings of old authors, *ennui* sometimes leading to suicide is noticed as a not uncommon result of the monastic life. St. Jerome has some very sagacious remarks on the subject.

"There are," says this Father, "some monks, who, through the insalubrity of their dwellings, through immoderate fasting, through the *ennui* produced by solitude, and through excess in reading . . . fall into melancholy, and have more need of the medicines of Hippocrates than of our advice. . . . I have seen persons of both sexes, in whom the brain had undergone change through too much abstinence; especially among those living in cold and damp cells. They no longer knew what they should do, nor under what circumstances they should speak of or be silent on any subject." (P. 249.)

The writings of modern authors who speak of *ennui* are also referred to; and M. de Boismont says:

"Thus, at an interval of eighteen centuries, we meet with the same morbid mental disposition, masked under different forms, but originating in the same passions. . . . Love of country among the ancients, religious feeling among the moderns, cease to have a place in the heart. A thirst after material well-being, a fear of losing it, replace the generous sentiments; and individualism, more powerful than ever, raises its proud head unrestrained. Is not this similarity between the two epochs such as to inspire most serious inquietude?" (P. 267.)

In another part of the book (p. 480), he makes the following remarks in reference to the influence of different periods of civilisation.

"Antiquity, through its philosophical and religious doctrines, essentially pantheistic and mystical, was very favourable to the development of suicide.

"The middle ages, on the other hand, through the establishment of Christianity, through the predominance of the religious sentiment and of spiritual philosophy, succeeded in diminishing the progress of the evil.

"Finally, modern civilisation, by propagating doubt, by exalting pride, by producing egotism, scepticism, and indifference, by inordinately developing material interests, has given a new impulse to suicide."

The author then goes on to speak of *ennui* in reference to the cases which form the groundwork of his book; and sums up in some remarks, of which the following is an abstract.

"Suicides produced by *ennui* must be classed in two subdivisions: one, containing those cases—the most numerous—in which *ennui* has been due to moral or physical suffering; while in the other, suicide has resulted from habitual melancholy or gloomy ideas. In the former case, the disgust with life is secondary; in the latter, it is primary. Weariness of life is often produced by the predominance of thought over action—by the want of an object for activity. It is also liable to attend puberty; and may arise from excess of all kinds, and its consequent exhaustion. Injured *amour-propre* among artists, mistakes of all kinds among ardent and energetic men, the writings and ideas of the time, exaggerated pride in the young, extreme susceptibility of opposition, may also produce it. Generous minds, animated with a desire of ameliorating the condition of their fellows, are often led into disgust of life by witnessing the failure of their efforts. A naturally melancholic disposition tends to suicide; but it does not *per se* constitute insanity. *Tedium vite* may manifest itself at all periods of life. The only treatment which can successfully combat the malady is to constantly follow out some object; when it is complicated with insanity, special means are demanded. *Tedium vite* is frequently a cause of suicide, without any symptoms of insanity; but it would be an error to suppose that it is always so." (Pp. 290-2.)

Passing over an interesting chapter, entitled an Analysis of the Last Sentiments expressed by Suicides in their Writings, we come to one on the Symptomatology of Suicide of the Insane. The subject is very fully discussed; but we can only give some of the conclusions.

"Suicide in the insane presents marked differences from that of rational persons. The proportion of the sexes is equal; and it is more frequent in the married than in the single. Lypemania (melancholy) is the most common cause of voluntary death. Hereditary predisposition and diseased conditions have an influence in most cases. Anterior attacks of insanity must also be taken into account. In insane persons who attempt suicide, the motive lies in the fancied objects of their delirium, or in morbid impulses; while, in the sane, the passions or moral and physical suffering are the cause. When the ideas of the insane are analysed—when it is noticed how the majority of them imagine that they are being poisoned, that they are losing their money, that they are persecuted, etc.—it is surprising that there are not more suicides among them. This is to be accounted for by the indecision and apathy common in lypemania. Failure in suicidal attempts is frequent among the insane. Suicide among the insane is distinguished from that of the sane by the repetition of the attempts and by the difference of the motives. Insane suicides, contrary to what is observed in the sane, write little or nothing in their last moments; and, if they do so, their writings bear the impress of a disordered mind. Refusal of food is also a distinguishing characteristic in suicide of the insane: it is, however, not always connected, even in the insane, with the thought of suicide. Hallucinations and illusions, generally of a depressing character, are very common in suicidal mania, and have a decided influence on the perpetration of the act. Hallucinations of the sense of feeling have great medico-legal importance; for, under their influence, the insane, especially females, complain of acts committed on their persons. Illusions arising from changes of figures, or from interpretation of words, may also have grave results. The hallucinative character is a capital symptom in the differential dia-

gnosis of the two kinds of suicide; but hallucination and illusion may occur without the idea of self-destruction. . . . Suicide is not rarely met with in hypochondriacs. Many suicides present physical symptoms at the commencement of their disease. The nature of the ideas and words, the actions, the general physiognomy, the expression of the eyes, the antecedent history, furnish indications which should cause the disposition to suicide to be carefully watched. Most generally, insane suicides choose one means; but sometimes they employ several in succession. Insane persons who contemplate suicide manifest tenacity of idea, dissimulation, and silence as to their object; and not unfrequently shew much discernment in arriving at their end. The idea of suicide may be disclosed all at once in the insane. Suicide may be preceded by homicide. Morbid impulses, sometimes irresistible, are not rare in insane suicides. They are often connected with delirious ideas and hallucinations, but may be the only leading symptom, apparently constituting suicidal monomania. The tendency to suicide, common in lypemania, is observed also in other forms of insanity where gloomy ideas prevail, as in the insanity of drunkards, in puerperal insanity, erotomania, etc." (Pp. 408-11.)

The Nature of Suicide, and Suicide in its Relations to Civilisation, are ably discussed in the following two chapters. The last mentioned chapter contains a very interesting historical and statistical account of suicide at all periods and among various nations.

In the next chapter (the sixth), M. de Boismont treats of the Distribution of Suicides according to Regions, Modes, and Epochs. His observations here are specially applicable to France, and are arranged in the following sections: Place of Birth of Suicides; Localities of Suicide; Discovery and Verification; Objects found with the Body; Statistics of Suicides claimed and unclaimed, recognised and unknown; Modes of Suicide in Paris; Distribution of Suicides according to the Time of Day or Night, and according to Days, Months, Seasons, and Years. With regard to the latter point, the author finds that suicide in Paris is most frequent in the summer, and least so in the winter months. From an examination of the suicides in Paris from 1835 to 1860, it appeared that the numbers of suicides, calculated on a total of 10,000, during May, June, and July, were respectively 1019, 1084, and 1011; falling to 640 in November, 638 in December, and 681 in January.

In the next chapter, the Treatment of Suicide is spoken of. The author first descants at length and instructively on the mode of dealing with the tendency to suicide in the sane, and gives a summary from which we make some extracts.

"Palliative measures are not sufficient in the treatment of suicide among the sane; preventive means must be used. The most efficacious, in present circumstances, are religious and moral training, and crossing of the race by mixed marriages. The study of physiology and hygiene should form a part of public education. We cannot too strongly discourage marriage between near relatives, if there be disease, or between persons having hereditary disorder." (P. 630.)

He then goes on to insist on the importance of good moral training, and the avoidance of books of an exciting character.

"The moral treatment is of great importance, and in most cases produces cure; but we should also ex-

amine whether the physical state is an element of the disease, and treat it accordingly." (Pp. 631-2.)

Speaking of Suicide among the Insane, M. de Boismont observes:

"Its treatment differs completely from that of suicide among the sane. It is most generally necessary to employ isolation, medicines, and coercive measures. Prolonged baths and continued irrigation are suited to the acute stage of suicidal insanity. Cold affusions, hydrotherapy, tonics, antispasmodics, dry friction, bloodletting, blisters, etc., may also be used with success. Artificial feeding by the œsophageal tube is sometimes necessary. Morphia appears to have an useful action in the treatment of suicide. Good feeding is of high importance. When the acute period is passed, *family life*, which we have carried out in practice during nearly twenty-five years, is of great service. When convalescence has set in, travelling, amusements, gymnastic exercises, and intellectual and manual labour, hasten and establish recovery. Suicidal insanity may be cured by a physical or moral crisis. The children of suicidal parents should be subjected to a preventive treatment consisting in a special physical and intellectual education, directed with sagacity and perseverance by persons chosen for the purpose." (P. 665.)

In the eighth and last chapter, on Legal Medicine, M. de Boismont treats of the following subjects: Asphyxia by carbon; by submersion; by strangulation or suspension: gunshot-wounds; precipitation; cutting instruments; poisoning; crushing by the wheels of carriages; starvation; simulation of suicide; policies of assurance; suicide in its relation to homicide; medical responsibility in cases of suicide among the insane.

This work of M. Brierre de Boismont is the result of much labour; and his opinions are worthy of the most attentive consideration. He has, as has been already said, spent many years in collecting his materials and in elaborating from them the results at which he has arrived. His opinions on the question, whether or not suicide is always to be regarded as dependent on insanity, are not in accordance, it will have been observed, with some which have been put forth in our pages; and he certainly brings forward instances which lead one to hesitate before classing all cases of suicide as the result of irresponsibility—except so far as that irresponsibility may be said to depend on the absence of a proper moral and intellectual education. The book contains much matter of interest beyond that which we have extracted, and ought to be carefully studied by all who would gain a good insight into the subject of suicide in its moral, political, and social, as well as in its more purely medical, relations.

LECTURES, CHIEFLY CLINICAL. By THOMAS KING CHAMBERS, M.D.; Honorary Physician to H.R.H. the Prince of Wales; Consulting Physician and Lecturer on the Practice of Medicine at St. Mary's Hospital; etc. Fourth Edition. Pp. 612. London: 1865.

THIS edition differs but little from its predecessor, for a reason which is probably well known to the profession, and which is explained by Dr. CHAMBERS in his preface.

"When," he says, "that (the third) edition was in the press, I was struck down by a dangerous illness, and have been out of work nearly eighteen months.

On my return, by God's grace, to health and labour. I find it sold off, and a new one called for before I have again occupied the teacher's chair. I have, therefore, no fresh matter to offer, and must content myself with a thorough revision, and the addition of an index unavoidably omitted last year."

In announcing, therefore, the appearance of this new edition, we can but reiterate the terms of commendation which we applied to its immediate predecessor; at the same time congratulating the author on his restoration to health, and expressing a hope that he may be enabled to give to the profession much more of that valuable teaching which he has proved himself so well able to impart.

SAN REMO AS A WINTER RESIDENCE. By an INVALID. London: 1865.

THE author of this work—whom, from the preface, we learn to be Mr. W. B. ASPINALL, of Foxdale, Tarporley—has given a very pleasant description of San Remo. The profits are, he informs us, to be applied to the cost of building an English church in the place—a matter in which he appears to take much interest.

British Medical Journal.

SATURDAY, NOVEMBER 11TH, 1865.

CHOLERA.

A CORRESPONDENT asks for information about the ice-bag cure for cholera. We can only repeat to him the facts which are patent to the profession. The remedy received publication in the *Times*, which means glorification. Out of this naturally sprang notification in other journals, and, we have no doubt, the wide world celebrity which attaches to the *Times*' correspondence. As to the real value of the remedy, we can say but little. The bag, under the benign warmth of the *Times*, certainly received a temporary inflation at Southampton; but, from the subsequent silence of its author, and, above all, of the members of the medical profession at Southampton who witnessed its application, as to its merits—the much noise and little wool which has ushered it in—we conclude that it has undergone a certain degree of collapse; is, in fact, to be set down in the same limbo as the two thousand cures for cholera which have already preceded it. The fact is worthy of allusion, as an illustration of the worse than impropriety of forwarding details of cures of diseases to the *Times*. Who ever does so, even from the best of motives, necessarily subjects himself, in the eye of his brethren, to the imputation of being stirred thereto by, at all events, not the highest professional motives. Humanity is not served by his so doing, but usually very much injured. Again and again, have very hurtful "cures"—cancer-cures, for example—been

puffed into notoriety through the daily journals. Such puffing encourages the ignorant and credulous to deal with that which is oftentimes their ruin. He who desires only to serve humanity, would let his medical brethren decide the value of his remedy—whether it was really good, indifferent, or bad—before he attempted to thrust it down credulous throats. To publish cures in the *Times*, instead of submitting them to the test of professional trial, exhibits an overweening self-estimate—a conceit indicative of want of the true philosophic spirit; or, if not this, it shows a man anxious for that kind of spurious reputation which is obtained by appeal to the public—a longing for the applause and countenance of incapable critics.

Since writing the above, we find the ice-bag once more in the field.

"At a meeting of English physicians in Paris, at the house of Sir Joseph Olliffe, M.D., physician to the English Embassy, Dr. John Chapman of London has given an exposition of his discovery of a new method of treating disease by controlling the circulation of the blood in different parts of the body through the agency of the nervous system. This he does by cold or heat, or both together, applied along the spine."

Then follows, in the *Times*, a column of abstruse disquisition, explanatory of the "discovery."

"The lecture, though a long one, was listened to with attention and interest; and the lecturer received the thanks of the auditors, who assured him that they should each make trial of his therapeutical method."

Surely, it is high time that those gentlemen at Southampton who witnessed the treatment of cholera by the ice-bag should tell us what they saw and thought of its effects.

Infallible cures for cholera still flow into the Academy of Medicine. Sulphate of copper is the last.

"Each day," said M. Velpeau, "numerous remedies are vaunted by estimable physicians, but utterly fail, infallible as they are. We should all be on our guard against them. The heads of hospitals are overwhelmed with recommended remedies. Lately, an English doctor sent me an infallible and instantaneous cure, and with it numerous proofs of its efficacy. 'What was the remedy?' asked M. Serres. 'I have forgotten,' replied M. Velpeau, amidst general laughter. Another honourable and scientific Parisian doctor assured me that, by the aid of a lavement containing ether, he cured cholera in all its stages; and that never had the remedy failed. I, therefore, asked my medical colleagues at La Charité to let their patients have the benefit of it. They tried it in three cases, but all the three nevertheless took the fancy to die. Cures, therefore, shower down on us, one more sure than the other; but, alas! they rest on nothing—I mean only on the simple ideas of their inventors."

M. Velpeau then went on to defend himself against some remarks which had been made on his late reply to M. Le Verrier.

"I have been accused of saying that the patient gets well better without than with a doctor. What I did say was, that half of all cases of cholera were not fatal, and that this was a very lucky thing, be-

cause we had as yet got no specific for its cure. Most assuredly I never said that the treatment of a case could be undertaken by any other than a medical man. At all events, I am happy to be able to add that the disease is rapidly on the decrease."

We regret to have to announce more deaths of medical men from cholera. Dr. Landry of Anteuil, aged 39, has been carried off; so, also, has M. Jubin, an *interne* of the Hôtel Dieu. Dr. Axenfeld is also in a precarious state from the effects of a puncture received whilst opening the dead body of a cholera patient.

The *Wien. Med. Woch.* says that the cholera gains ground at Trieste. The soldiers who are suffering are, it is said, to be removed out of the city. Nevertheless, no case has yet occurred in Vienna, notwithstanding the constant intercourse which is going on between that city and Trieste, Paris, and other infected places.

The *Moniteur* says that cholera prevails with intensity at Jerusalem.

"The French consul has informed the physician of the St. Louis Hospital that one floor of the consulate has been placed at his disposal in order that he may have all patients attacked in the neighbouring houses conveyed there and tended, at any rate in the first stages of the disease. Mgr. Valerga, the Apostolic Vicar, has caused a new hospital to be opened, where patients are conveyed and tended by the sisters of St. Joseph de l'Apparition."

Dr. Chauffard, of the Children's Hospital at Paris, in a paper lately read to the Hospital Medical Society, says:

"That the present epidemic of cholera was not preceded by diarrhoea in Paris; and that the same is true of the cholera in the South of France. The diarrhoeal affections appeared immediately subsequent to the cholera. The statement, therefore, that diarrhoea always precedes the advent of cholera, cannot be taken as true."

M. Velpeau, speaking of the infectious character of cholera, has well said:

"There is, doubtless, danger in considering as infectious diseases which are really not so; but we must, nevertheless, be very careful not to set down amongst non-infectious diseases those which are capable of being communicated from one person to another. Such an error in doctrine may be a fatal error, and cost many a person his life. It may lead people to be careless in preventing the importation of a dangerous disease."

L'Union Médicale, speaking of the unfortunate effects often observed in persons who have a great dread of the contagiousness of cholera, says:

"Pious women, like Elizabeth of Hungary—courageous queens—have dressed with their own hands the hideous wounds of leprosy. Bishops, priests, and sisters of charity, have rendered such acts of devotion familiar to us. Saint Louis tended the plague-stricken, and boasted in the title of Royal Hospital attendant. When cholera was announced at Moscow, the Emperor Alexander immediately visited that city. In the worst days of the epidemic of 1832, Louis Philippe visited the Hôtel Dieu, which was filled with cholera patients. The Emperor Napoleon was starting from Toulon when the cholera broke out in Paris. He visited carefully the Hôtel Dieu and

the Val de Grace, stopping at the bed of every cholera patient; and the Empress did the same at Beaumont, Lariboisière, and St. Antoine. These visits reanimated the dying, and gave general confidence. Such acts may be called acts of duty; but, at critical moments of life and in perilous occasions, to do his duty is often a great glory to a man."

L'Union Médicale gives the following fact showing the infectious character of cholera:

"On Oct. 12th, 1865, M. and Madame B. went to their country house. The maid with them was suffering from cholera. During the night, the cholera became converted into cholera. Two females of the village were at once set to take charge of her. Next morning (Friday), a Sister of the Bon-Secours was sent for from Paris. Thus, three females were in constant attendance. On the Saturday morning, one of the two villagers was seized and died of cholera on the Monday. On Sunday, the Sister of Charity was seized and died at midnight. The other villager was also seized on Sunday and died on Tuesday. A few days later died the lady's maid. Several other persons of the family and another Sister of Charity also suffered severely; but recovered on returning to Paris. No case of cholera existed in the commune before the arrival of an infected maid, and none happened afterwards."

The *Union Médicale* says:

"The cholera decidedly seems to be disappearing; not suddenly, and to return in the same manner, as was seen in preceding epidemics, but gradually. All alarm should therefore cease, but without salutary precautions being forgotten. On the 1st instant, the total number of deaths from cholera in private houses and in the hospitals was only 92; on the 2nd, 80; on the 3rd, 75; and on the 4th, 70. The civil and military hospitals are down for only about a quarter in that total. The number of admissions to the hospitals has diminished in proportion to that decrease, and the number of home cases is lessening. The epidemic appears, therefore, to be fairly dying out. If the cholera thus stays its ravages, it will have been relatively mild as compared with preceding invasions; and this satisfactory result must be attributed to the improvements in the capital, and the disappearance of the numerous and unhealthy quarters of Paris in which the epidemics of 1832 and 1849 made so many victims."

THE CATTLE-PLAGUE.

THE "Reports to the Lord Provost, etc., of Edinburgh, on the Pathological Appearances, Symptoms, Treatment, and Means of Preventing Cattle-Plague," have just been published. They are carefully drawn up, and illustrated by coloured plates; but nevertheless are not altogether satisfactory. There is in them a want of clearness and precision; they leave confusion in the mind of the reader. Instead of being "Reports of the Cattle-Plague," we find them actually to be "Reports of Cattle-Plague and other Epizootic Diseases." True, the reports of Dr. Smart are called only "interim" reports; but still they are confusing to ordinary readers. Dr. Smart speaks of Rinderpest and of Murrain as of different diseases; but surely the terms, in ordinary parlance, are convertible. Pleuropneumonia, he says, "is the most frequent and dangerous complication of the dis-

ease." (What disease?) "Many of the animals dissected were cases of pleuropneumonia, without Rinderpest." "Of the hundred dissections, there were sixteen in cattle affected with murrain disease also, without other complication." What is the meaning of this last sentence? In the first place, what is "murrain"? Then, what means "murrain disease also"? Lastly, how could the murrain have been without "other complication", if the animal had "murrain disease also"? We notice these defects in these otherwise excellent reports, because we happen to know that their value has been thereby to a great extent diminished in the view of those who are practically interested in the matter. We may also notice that the colouring (shading) of the plates varies greatly in different copies of the reports, so as really to give a different pathological signification to them. Besides this, from the "description of plates" it is almost impossible to learn, in many cases, whether the descriptions are of specimens from the Rinderpest, the murrain (whatever that be), or pleuropneumonia. We hope Dr. Smart will remedy these defects, and do justice to the results of the great experience which he has had of Rinderpest.

We have the satisfaction of being informed through the head supporter of medical quackeries—the *Times*—that a homœopathic doctor of London has just returned from a cattle-plague visit to Holland. The gentleman says that "his journey was attended with the most satisfactory results", but does not tell us to whom they were satisfactory—whether to himself, to the sick cattle, to the Dutch Government, or to science in general. But, as the doctor's visit proved the virtues of homœopathic remedies—of arsenicum, rhus, phosphorus, phosphoric acid, and sulphur—we may conclude that the satisfaction belongs to homœopathy.

"The preventive homœopathic treatment was arsenicum chiefly—ten drops of the third dilution to each cow or ox daily. Of 230 put under this plan, only twenty-five took the disease."

The *Moniteur* says:

"On account of the prevalent opinion in England that the cattle-plague was imported into that country from Russia, the Russian Government ordered an investigation to be made on the subject, whence it results that the cattle-plague has not appeared in Russia since 1859."

DR. HUNTER, whose name has long been made familiar to the profession and the public through the aid of the newspapers, in connexion with the treatment of consumption, has lately added to his celebrity by appearing in a police-court. The result is, that he is held to bail on the charge of committing a rape on a married woman, far gone in consumption, in his own consulting-room. Whatever opinion we may have of Dr. Hunter as a practitioner of medicine, and of his mode of obtaining practice,

we do not hesitate to say that the evidence brought to sustain the charge against him, so far as it goes, is most inconclusive. It is in the interest of the profession at large that we say we sincerely trust the charge will be disproved. Every medical man is liable to imputations of this kind, which are so easily brought, and, it may be, very difficult to disprove. We would call to our readers' recollection the similar charge which was lately brought by a young girl against a Mr. Sprague. We ventured to anticipate at the time that it was without foundation, as it afterwards proved to be—the grand jury having at once ignored the bill of indictment.

THE Paris Faculty of Medicine reopened on the 3rd instant with an address from the Dean, M. Tardieu, who gave an account of the proceedings of the past year. He lamented the deaths of Professor Maligne, and of MM. Réveil and Bauchet. He referred to the promotion of Denonvilliers to the chair of *operative medicine*, and to that of M. Behier to the chair of *medical pathology*. During the past year, the number of inscriptions had increased. At the examinations, the note "very satisfactory" had been much oftener affixed than in the previous year; the number of rejected or "adjourned" had lessened; and of the theses, twenty-one were held worthy of recompense and honourable mention. After referring to the "historical conferences" which were initiated by M. Verneuil, and had proved so successful during the past winter, he pronounced with emotion the names of the *externes* and of the *internes* who had perished on the field of battle with the cholera. He also spoke of the two *internes* on whose breasts had been so legitimately affixed the Star of the Legion of Honour. After this, Professor Laugier read the *éloge* of J. L. Petit; and next were distributed, by Bouchardat, the prizes for the *concours* of 1865. On this occasion, contrary to anticipations, the proceedings passed off very quietly—MM. les Etudiants refraining from the boisterous exhibition of last year's opening day.

THE Master of the Rolls has again given a judgment in reference to a bequest of the late Lord Henry Seymour of a sum of about £60,000 to the charitable institutions of London—"aux hospices de Paris et de Londres."

"The question the English Courts have to determine is, What institutions are included under the words '*aux hospices de Londres*'? After examining a number of French definitions of the word '*hospice*', his Honour held that such word, and the gift covered by it, did not include '*hospitals*' as generally understood in this country, but must be confined to such institutions as gratuitously received within their walls and permanently provided for persons incapacitated from taking care of themselves, either from old age combined with poverty, or neglected infancy, or mental incapacity, or from bodily ailments not sus-

ceptible of cure. Such a gift did not include such hospitals as discharged their patients when cured or when incurable, such as St. Bartholomew's and St. George's Hospitals; or hospitals merely for instruction, such as Christ's Hospital; or hospitals merely for the relief of sickness, and not admitting inmates, such as dispensaries. The gift must be construed and confined strictly within the meaning of the French word 'hospice', and the various claimants must be marshalled accordingly."

At the recent examinations at the Royal College of Surgeons, three members of the Council of Medical Education and Registration attended—viz., Professors Sharpey and Parkes, and Mr. Cooper. They were close observers of the ordeal the young gentlemen were going through, with which, it further appears, they were perfectly satisfied. Mr. Quain, the recently elected member of the Court of Examiners, took his seat at the Board on Tuesday last, when, as we hear, out of seventeen candidates who offered themselves, no less than eight were referred back to their studies for three months.

A LADY named Fergusson, holding the degree of M.D. from the University of Philadelphia, and who is said to have acted as resident surgeon or *chirurgienne* to a lying-in hospital in that city, and to have made the voyage to Australia in charge of a ship, applied in June last to the Medical Board at Melbourne, to be placed on the Register. The Board, not knowing what to do, referred the application to the Attorney-General, to ascertain whether the Australian Medical Act comprehends the admission of female practitioners. *Appropos* of this event, the *Australian Medical Journal* remarks,

"Until we have reached that perfect social economy in which the sexes are to be confounded, or rather, perhaps, in which the relative inferiority of the male sex is to be demonstrated, it is not possible to look upon lady-physicians as other than curious examples of exceptional idiosyncrasy. No doubt, it requires a peculiar condition of the moral sense, or a special concurrence of favouring circumstances, to produce the medical woman. The duties for which women are commonly supposed to be naturally qualified, presuppose a certain mental fitness, the very opposite of that which furnishes the substratum of the medical woman. There is no necessary antagonism between the domestic virtues and literary or scientific studies, so long as these are studies pure and simple, and do not carry the student into the responsibilities and anxieties of their professional application; but when they are thus pursued beyond the boundary that separates the abstract from the practical, they undoubtedly suggest an incompatibility with the duties of home existence, and a woman who has voluntarily devoted herself to a state in which the abandonment of the domestic qualification seems a necessity, is a being whom men do not love, and with whom women can hardly sympathise. A great deal of flatulent eloquence has been expended by the champions of so-called women's rights, in an endeavour to prove that the healing art is peculiarly fitted to display the qualities of benevolence and kindness, essentially belonging to the female character; and they tell us

how, in the dark ages, when pathology was yet unknown, and the elements of therapeutics had not yet coalesced into a science, of woman travelling about the world with balsams, oils, herbs, and adhesive plaster, ministering to the sick and wounded, and exercising their skill without the certificate of boards or councils, and that therefore it would be well to restore to the sex this social right of medical practice, and bring back a custom so Heaven-inspired. Moreover, as a further argument, they point exultingly to a benevolent lady who, at the sacrifice of much comfort and personal convenience, went to the wars in our own times, in order that the hospital comforts of wounded soldiers should be thoroughly looked to. But the medical women of the middle ages already have their representatives in these days. It is a weakness with many ladies who have reached the leisure time on the other side of middle life, to prescribe physic for their neighbours. There is not much harm done by this playing at doctoring, and the medical lady-physicians were probably not more mischievous than the matrons of our own day. Of Miss Nightingale, there is no true woman who would not be glad to learn a lesson from her. Ministrations such as she performed are not only strictly within the limits that bound the domestic virtues, but they are among the most exalted of these. The sick chamber is desolate if there be no women in it to perform the thousand little offices necessitated by the helplessness that disease creates. But a woman who dissects, who makes *post mortem* examinations, who tests urine, who perhaps carries diseased specimens in her dress pocket, who can pass the male catheter and introduce bougies, who has perhaps performed lithotomy, who punctures buboes, probes sinuses, examines dejecta, sputa, and purulent discharges, applies ligatures to hemorrhoids, and may have just come from operating for fistula in ano, is not a person in whom you would look for the tenderer domestic qualities. It is too much forgotten that the duties of the surgeon are many of them extremely repulsive, and that not seldom even strong men recoil from them. The necessity for their performance makes us sometimes forget how repulsive they are. But it is abhorrent to the sense of delicacy that women, in whom delicacy is a constituent rather than a quality, should desire to perform them."

THE EDINBURGH UNIVERSITY CLUB.

On the 8th instant, the Edinburgh University Club held their quarterly meeting at St. James's Hall. Dr. C. J. B. Williams presided at the dinner on the occasion, and was numerous and warmly supported by members of the Club. In proposing "Prosperity to the Club", he remarked that the Club formed a rational point of reunion in the metropolis of members of the University, and was useful in serving to revive old reminiscences. It was now forty years since he had graduated in Edinburgh; and he still felt that the University was an *Alma Mater* to be proud of. He remembered it as undoubtedly the first school of medicine in the world; and was glad to see that the spirit of progress was still going on there, and that the school continued to maintain a foremost rank, and to possess its advantages. Extension of knowledge is still kept in view; "and therefore," he said, "as alumni and as graduates, we drink success to our *Alma Mater*."

Special Correspondence.

NORWICH.

[FROM OUR OWN CORRESPONDENT.]

SINCE I last communicated with you, our old city of Norwich has been in great commotion, in consequence of the annual meeting of the Church Congress, which brought a large number of strangers into the town, and kept us all alive. Indeed, it seemed as if everything unconnected with it was at a standstill, and people could not find time to be ill. The meetings occupied nearly the whole week, and were in many respects very interesting and instructive. The connexion between science and religion, and the light thrown by the one upon the other, occupied a fair share of attention; and I could not help thinking what a wonderful effect would be produced in the exaltation of our profession and the subversion of all kinds of quackery, were it generally understood by the clergy that a knowledge of science should be a necessary accompaniment to the knowledge of the dead languages and theology, and form a part of the daily study of those who have such good opportunities of influencing all classes of society. I cannot help coming to the conclusion, that the absence of scientific acquirements and pursuits has a directly contrary effect; and that clergymen who are ignorant of science, and take no pleasure in it, are the great promoters of unsound doctrines in medicine. From time immemorial, the clergy have taken an active part in the treatment of disease, arising out of the peculiar position in which they are placed with respect to the poor of their several districts. They have been, and always will be, dabblers in physic; and, if qualified, might render valuable assistance to the educated medical men of their neighbourhood; but if they neglect, or take no interest in, scientific pursuits, they are apt to be credulous and led away by unscrupulous pretenders, and thus become the means of encouraging quackery in whatever form may be most fashionable at the time.

To pass on to subjects more strictly professional, I have to state, what many of your readers may already know, that we are suffering very much in this neighbourhood from the cattle murrain; and numbers of valuable animals, both cattle and sheep, have died or been destroyed in consequence. The nature of the disease has been described in your pages, and needs not repetition. It is, no doubt, very contagious amongst cattle herded together, and, generally speaking, very fatal. I have seen several *post mortem* examinations, disclosing an inflamed state of the mucous surfaces of the alimentary canal, which appears to be the real cause of death. I have myself a great abhorrence of indiscriminately slaughtering valuable beasts as soon as they are attacked, without any attempt being made to cure them; it is unscientific and cruel, to say nothing of the loss both to the owner and the consumer. No *post mortem* appearances that I have seen have given me the impression

that the disease must unavoidably be fatal; and, through the kindness of one of our veterinary surgeons, a trial is now being made of a mode of treatment which I suggested to him, and which, he thinks, has had a decided effect upon the animals. The result, however, is quite uncertain at present; but, if anything good come of it, you shall be informed. The treatment alluded to is as follows: Half an ounce of chlorate of potash, in a pint or more of decoction of cinchona bark, three times in the twenty-four hours; plentiful diluent drinks of linseed-tea, or even water, if the animal prefer it; cleansing the hide frequently with warm water; and using plenty of Condy's solution and chlorate of lime about the stall. An association has been formed here to investigate all matters connected with the origin, spread, and treatment of the murrain (including several of our principal medical men); and when they have made a report of their proceedings, I will request them to send it to you.

We have no cholera at present, neither have I seen many troublesome cases of diarrhoea.

[Does our correspondent, of his own knowledge, know of any cases of death of sheep from the murrain? Experiments made at Edinburgh seem to show that the communication of the disease to sheep is almost impossible. At least, the efforts made in that direction have hitherto failed. EDITOR.]

Association Intelligence.

SOUTH MIDLAND BRANCH.

THE ninth autumnal meeting of this Branch, consisting of ninety members, was held at the Angel Hotel, Market Harborough, on Thursday, Oct. 26th, 1865, at 2.30 p.m.; Geo. ASHDOWN, Esq., President, in the chair. The members and visitors were previously entertained at luncheon by John Francis, Esq., at his house. The following gentlemen were present; viz., George Ashdown, Esq.; John Barclay, M.D. (Leicester); D. W. Byers, Esq. (Market Harborough); J. M. Bryan, M.D. (Northampton); Fred. Cox, Esq. (Welford); J. Q. Costin, Esq., John Francis, Esq., W. H. Gatty, Esq., and Thomas Heygate, Esq. (all of Market Harborough); T. Macaulay, Esq. (Kibworth); Wm. Newman, M.D., and O. B. Shore, M.D. (Stamford); H. Terry, jun., Esq. (Northampton.)

Dr. BRYAN (Honorary Secretary) read the report of the last meeting, and stated the purposes for which the Association was formed, and that the members might congratulate themselves on the continued success of the Branch, which numbers about the same as at the last annual meeting in June; also, in its prosperity, as the funds now in the hands of the Treasurer amounted to £6:11:1, with a good prospect of the same continuing.

The PRESIDENT made a short address; and read letters from several gentlemen unable to attend; viz., Messrs. T. W. Williams, F. Buszard, Manley, Kite, Skinner, Ceely, Olive, Veasey, Moxon, and Goldsmith.

Papers, &c. The following communications were made.

1. Case of Animal Poisoning from *Post Mortem*

Examination of a Diseased Horse. By W. Newman, M.D., Stamford. The patient was aged 45, of broken-down constitution (a veterinary surgeon); and the poisoning was supposed to have taken place from bites of flies, as two spots were observed in the arm in which the inflammation, etc., was set up, and this did not take place until after seven days. Only one ounce of urine was passed daily, although the symptoms were not those of uramic poisoning. Incisions were made into the swollen arm. There was constant vomiting and extraordinary restlessness, and he eventually sank. Sulphate of soda, in drachm doses, was given for about a day or so, and champagne and various remedies; but nothing allayed the sickness.

Mr. GATTY remarked that wounds during *post mortem* examinations where ill effects occurred, arose from an ill state of health or from blood-poisoning; and instanced wounding himself at the same time as another at a *post mortem* examination, when he was not affected, but the other was.

Mr. F. Cox said that the most violent symptoms of blood-poisoning were those occurring in an intemperate man.

Dr. BARCLAY instanced a case of a midwife who, having a venereal sore on the finger, inoculated a female at her accouchement, inducing puerperal metritis.

2. Laryngoscopic Demonstrations with Lamp, and Remarks. By O. B. Shore, M.D., Stamford. A pocket-lamp, with powerful lens, made after the pattern of Dr. Mackenzie's of London, was shown by Dr. Shore. He brought it before the members for two reasons. 1. Because the lamp itself was very useful in the numerous cases in which the interior of the mouth and other cavities of the body required to be examined, and being very portable, could be carried about with ease, always ensuring a good and powerful light at hand; and 2. Because any practitioner possessing a lamp of this kind, which can be used either for direct or reflected illumination (an assistant being necessary to hold the lamp in those cases in which both hands require to be used), and a laryngoscopic mirror for the inspection of the throat, with a few brushes, would not require to buy the rather expensive apparatus which men with a large number of patients to examine would prefer to employ. Dr. Shore mentioned that he was not quite satisfied with a few of the details in the manufacture of the framework; but these the maker has received orders to alter; and he will be happy to supply any member with a lamp of the kind for twenty-three shillings. The address is, Mr. Meyer, 51, Great Portland Street, Oxford Street, W. The oil used is that suggested by Dr. Cruise of Dublin, in his endoscope (ten grains of camphor to one ounce of petroleum oil), which gives a much more powerful light than any other oil. [A lamp, somewhat similar in construction to the one now shown, was exhibited at the annual meeting in August.]

3. A Cheap and Portable Ophthalmoscope Stand (price £1:1), made by a whitesmith at Stamford. By W. Newman, M.D.

4. Spontaneous Cure of Ovarian Dropsy. By W. H. Gatty, Esq.

5. Singular Case of Lumbricoides, strangled by a Bead in the Inside of a Child. By J. Q. Costin, Esq. In cases of the same, from two grains to ten grains of santaline rubbed up with powdered sugar, were recommended, according to age.

6. Labour complicated with Rupture of the Uterus. By F. Cox, Esq. Turning was adopted in this and a similar case, with successful results; and the question was, whether such was the best practice, or whether forceps or the perforator should be used.

A vote of thanks was then given to the authors of papers, with a request that they allow them to be published in the *BRITISH MEDICAL JOURNAL*. Also, a vote of thanks was given to the President.

The Next Annual Meeting is to be held at Bedford, under the presidency of Dr. Lawford of Leighton Buzzard, who purposes offering a prize of ten guineas to members of the Branch for the best essay on the effects of intemperance.

Dinner. Gentlemen, to the number of twelve, then adjourned to a handsome dinner with haunch of venison. After which, the usual loyal and patriotic toasts were drank; also, success to the British Medical Association and South Midland Branch, and to the President and several officers of the Branch; and the meeting terminated, after a very pleasant and instructive gathering.

BATH AND BRISTOL BRANCH: ORDINARY MEETING.

The first ordinary meeting of the session was held at the York House, Bath, on Thursday evening, October 26th; F. BRITTAN, M.D., President, in the Chair. Thirty members attended.

New Members. Christopher Royston, Esq., of Bath, and Anthony C. Farrington, Esq., of the United Hospital, Bath, were unanimously elected members of the Branch.

Papers. The following papers were read, and ably discussed.

1. Case of Embolism. By F. Brittan, M.D.
2. Notes of several Cases of Injury of the Shoulder-Joint. By C. S. Barter, Esq.
3. Case of Retention of Menses from Occlusion of Vagina. By W. M. Clarke, Esq.
4. Anæmia of Optic Nerve constituting Extra-Cerebral Amaurosis, following Abscess of the Antrum caused by a Diseased Molar Tooth. By C. Gaine, Esq.
5. Discs of Calcareous Matter from the Scrotum after Hydrocele. Exhibited by E. H. Swete, Esq.
6. Case in which a Child was Born with Unaccountably Lacerated Scalp. By E. H. Swete, Esq.

SOUTH EASTERN BRANCH: WEST KENT DISTRICT MEETINGS.

THE second meeting for the ninth session, 1865-66, was held at the Kent County Ophthalmic Hospital, at Maidstone, on October 27th, 1865; Dr. WOODFALL in the Chair. Eleven members and visitors were present.

Communication. A paper was read by Mr. Matthew A. Adams, on the Modern Methods of dealing with Cataract. Various instruments were exhibited; and ophthalmic cases of interest in the hospital were brought before the meeting.

Next Meeting. Dr. Gramshaw was elected chairman of the meeting to be held at Gravesend in March 1866.

Dinner. The members and visitors adjourned to dinner at the Star Hotel.

BIRMINGHAM AND MIDLAND COUNTIES BRANCH: ANNUAL MEETING.

A MONTHLY meeting of the Birmingham and Midland Counties Branch was lately held; the President, J. RUSSELL, M.D., in the Chair. Thirteen members were present.

Communications. 1. Dr. WADE read a paper on Trichiniasis, and exhibited specimens of trichinæ

found in the body of a man who had recently died under his care in the General Hospital of phthisis. There was no history obtainable of trichiniasis; and, from the condition of the larvæ, it appeared probable that their introduction had been at a date long antecedent to death.

2. Mr. J. H. HOUGHTON (Dudley) exhibited a very remarkable specimen of Intrauterine Fracture. The bones of the cranium and all the long bones, as well as the metacarpals, were fractured.

Reports of Societies.

LIVERPOOL MEDICAL INSTITUTION.

THURSDAY, OCTOBER 5TH, 1865.

THE first meeting of the session was opened with an

INTRODUCTORY ADDRESS. BY H. LOWNDES, ESQ.

Mr. LOWNDES chose for his subject the "maintenance of health". In the course of the session, there would be many cases and papers of strictly professional interest; "all shapes of foul disease" would pass in review. Many of the members of the society were passing their days in the midst of disease and death, a melancholy occupation—

"Cruelibus ubique

luctus, ubique pavor, et plurimus morbis imago."

This evening, then, he was glad to devote to a more cheerful topic—that of health. In sanitary reforms, as regarded our towns, ventilation, etc., modern medical writers had greatly distinguished themselves; but in the attention they paid to the influence of diet, of ablutio, of exercise, of repose, and so forth, on the health of individuals, they seemed to him almost to fall behind the ancients; at any rate, systematic books of medicine did not teach the student the laws of health in the same full and intelligible manner as the ancient treatises.

After a few remarks on the nature of health, Mr. Lowndes said the principal points to be attended to in its maintenance, were the regulation of the diet, cleanliness, exercise and aëration, sleep, and the maintenance of the healthy state of mind. He would devote a little time to each of these topics.

On the subject of diet, he insisted on the great importance of adjusting the diet to the season, and to the age and temperament of the individuals; and quoted from Celsus and Paulus Ægineta, to shew how carefully the ancients studied these points. He made some remarks on Bantingism; and said that if diet alone was to be taken into consideration, agricultural labourers ought to be troubled with corpulency, as bread and cheese and beer were all supposed to tend to bring on that affliction; but the reducing effect of their laborious exercise, hard beds, short slumbers, etc., shewed how much more philosophical were the ancients in considering the question in all its aspects. Of stimulants, he thought their moderate use absolutely essential to good health and energy—at least, in large towns. He thought the light wines were at present a little too much praised at the expense of those fine ales for which this country was so renowned. In another era, Messrs. Bass, Guinness, etc., would have been deified. As to teetotallers, he said, we see them in our midst, pale, dyspeptic, languid, low spirited. He then referred to the lamentable mode in which they try to propagate their views. As to intemperance, he had more hope from the example of other classes and the gradual process of civilisation, than from precept.

On the subject of cleanliness, bathing, etc., Mr. Lowndes advocated the cleansing the whole surface

of the body daily with soap and cold water. The warm and shower-baths, and still more the Turkish baths, he thought, all injurious if used habitually, however useful they might occasionally be medicinally.

He then insisted on the great necessity for sufficient exercise in the open air, and the vital need of sunlight and pure air for man as well as for the vegetable kingdom. In gymnastics, the use of heavy clubs and dumb-bells was to be reprobated, as overstraining the heart and great vessels. The use of light clubs, fencing, boxing, climbing, etc., were all valuable exercises. Vociferation was much extolled by the ancients as exercising the chest; but it was doubtful whether we ought to encourage it too much in these days. In some places—vestries, etc., for instance—it was still in vogue, with uncertain effect as regards health. In the female sex, singing was a desirable substitute.

Passing on to the subject of sleep, Mr. Lowndes referred to the idea of the ancient philosophers as to the philosophy of sleep. "Est autem somnus nihil aliud quam animi in medium se recessus." Those powers which have been busy all day carrying on the campaign of life, directing the muscular movements, communicating through the external senses with the outer world, setting the brain a fretting and fuming and raging and mourning—these powers were thought in sleep to leave their post, and to concentrate in some internal recesses; so that, for instance, those who slept with their eyes open, did not perceive the objects that were nearest to them. After referring to the circumstances favourable to sound sleep, and making some remarks on dreams, Mr. Lowndes considered the subject of open windows in bed-rooms, and thought that, as sleep partook to some extent of the nature of that state called hibernation, in which animals required warmth, darkness, and repose, and were not solicitous as to the number of cubic inches of air, so it might be doubted whether the free access of perhaps cold air by open windows was desirable, particularly as cool air was the natural stimulant of the respiration, whilst in sound sleep the rate of respiration was low, as well as the pulse, the temperature, and the excretion of urea. He thought that, except in extremely hot weather, it was more prudent as well as more philosophical to keep the windows closed at night, and to be content with the milder ventilation of an open door and a fire-place, if, indeed, this were ventilation at all.

In conclusion, Mr. Lowndes referred briefly to the maintenance of the state of mind good for health. For the mind to be healthy and cheerful, we must not be too much alone; we must mix with our kind, and be sociable. "Voluntary solitariness," says Burton, "is that which is familiar with melancholy, and gently brings on, like a siren, a shoeing-horn, or some sphinx, to this irrevocable gulf." We must not give ourselves up to the fear of imaginary evils, nor yet of that which is inevitable. Bacon says: "Men fear death as children fear to go into the dark; and as that natural fear is increased with tales, so is the other." And again: "as was well said, 'Pompa mortis magis terret quam mors ipsa.' Groans and convulsions and a discoloured face, and friends weeping, and blacks and obsequies and the like, shew death terrible." But, indeed, it was not the passage over, but the new country, "the undiscovered country from whose bourn no traveller returns", that we must needs take thought of. Leaving this subject, for fear of trenching on the province of the divines, he said that all had little ills and troubles, that they magnified. We must think of the foxes, Burton says, who, when they were going about lamenting the loss of their tails, were reproved by the molewarp

or mole: "Why this fuss? look at me, I am blind."
 "The greater evil makes the loss unfelt."

All the faculties of the mind were to be duly exercised and developed. The imagination could hardly be too much brought into play, provided the other faculties, the will and the judgment, were also duly exercised. Dr. Conolly had some interesting remarks on this point. Though so many of our minor poets had suffered from impaired reason, Shakespeare and Milton never lost the serene balance of their minds; and we know that they were both busily engaged with worldly matters, as well as with their immortal tasks. The very surnames of the passions shewed them deadly enemies to health: "heart-burning hate", "green or gnawing jealousy", "wan despair", "sharp remorse". We could avoid being envious of the lot of others, and need not emulate the nightingale, who was said to die for shame if she heard another sing more sweetly than herself.

We must fill our state, mend it if we can, if it need it; but in any case, we must try to be content. And we must give our minds due recreation and amusement. Bacon says well: "To be free minded and cheerfully disposed at hours of meat and sleep, and of exercise, is one of the best precepts of long lasting." "Entertain hopes, mirth rather than joy, variety of delights rather than surfeit of them; wonder and admiration, and therefore novelties; studies that fill the mind with splendid and illustrious objects, as histories, fables, and contemplations of nature."

Mr. Lowndes concluded by thanking the meeting for their attention.

A cordial vote of thanks to Mr. Lowndes for his interesting address was unanimously adopted.

WESTERN MEDICAL AND SURGICAL SOCIETY.

FRIDAY, OCTOBER 20TH, 1865.

GEORGE FOLLOCK, Esq., President, in the Chair.

MR. TURNER exhibited a Photograph of the Face of a Woman, which in two or three weeks became covered with a thick crop of short and white downy hair. The body and extremities were also covered. The face had the appearance of being painted. She is 42 years of age, and is suffering from carcinoma of the breast.

Dr. MORELL MACKENZIE then brought forward two cases of what he termed Spurious Diphtheria. One case was that of a man, aged 31, whose uvula, pharynx, tonsils, epiglottis, ventricular bands and vocal cords, were covered with a thick white opaque membrane. On the artificial or natural separation (by coughing) of the false membrane, the surface was seen to be inflamed and marked by bloody lines and points. The patient had complete aphonia and a croupy cough. The false membrane has been present in the throat at least for four months. The patient declared that he never had syphilis, nor were there any evidences of the previous existence of that disease. He had not been confined to his bed for a day since his throat was bad. He felt slightly weak, but the principal inconvenience was the loss of voice. There was no albumen in the urine. Dr. Andrew Clark had made a microscopic examination of some shreds of the membrane, and declared it to be croupous lymph. Dr. Mackenzie said that the case presented all the local and pathological features of diphtheria; and that the absence of severe constitutional symptoms alone differentiated it from true diphtheria. Indeed, had the disease occurred in a child, it is possible that the presence of the false

membrane in the larynx would have given rise to constitutional fever.

In the second case, a lad, aged 17, has both tonsils, uvula, and posterior wall of the pharynx, covered by a membrane, looking like wash-leather, and at least one-sixth of an inch in thickness. He had never had syphilis. His throat had been bad eight months, and had been under observation one month.

Dr. Mackenzie said that in the first case caustics aggravated the disease, and led to the rapid reproduction of the false membrane. The membrane (since the discontinuance of local treatment) was slowly clearing away. Cod-liver oil and quinine were being given internally. Such cases as these, he considered, went far towards proving that diphtheria, croup, and aphtha, were but varieties of the same disease, agreeing in their essential pathological features, but differing in severity, and modified by the age and constitutional peculiarity of the patient, the surface affected, and by the presence or absence of epidemic influence.

Correspondence.

TREATMENT OF PNEUMONIA.

LETTER FROM A. W. BARCLAY, M.D.

SIR,—Dr. Bennett intends to persevere with his scheme of collecting statistics on the treatment of pneumonia, although no response has been made to his previous appeal to the profession on the subject; and he has again issued a circular soliciting co-operation. It does not become me to offer any opposition to a praiseworthy effort, even though I am convinced that it is labour entirely thrown away; but perhaps you will permit me, through the medium of the JOURNAL, to reply to his strictures upon myself, as it is his intention to lay the results of his inquiry before the next meeting of the Association.

Dr. Bennett objects, in the first place, to the proposition in *Medical Errors*, that where no law of causation can be proved, the attempt to determine the influence of treatment by statistics must be futile. The simplest answer would be to refer him to the pages of Stuart Mill, the greatest master of inductive reasoning of the present day, who asserts an exactly similar proposition. But I went further than Mill has done; and endeavoured to show that, by the calculation of chances, such a number of cases must be collected, as to make it impossible to prove by statistics the effect of any mode of treatment except it were so clearly beneficial or so clearly prejudicial as to be easily recognised as the cause of the recovery or death of the patient, when it at once comes under the "laws of causation". Dr. Bennett says that my own statement that a certain number of cases of pneumonia will die in spite of any treatment yet known, is "an excellent example of loose reasoning." My proposition is an assertion, not an argument; and I do not say a certain *proportion*, but a certain *number*. I can only now add, that if Dr. Bennett does not lose a certain number, small or large, of cases of pneumonia, he is a lucky man. Let any of your readers whom he may have addressed turn to his statistics, and they will find just such treatment as they have employed over and over again, when patients have died in spite of it.

In order to convince Dr. Bennett that my idea was correct of the value of such general and loose statistics as he proposes, I have referred, in the Lumenian Lectures, to the result which might be deduced from summing up the statistics collected, as I believe he

rightly states, by Dr. Sibson, though published without his name. These give a relative mortality considerably in favour of blood-letting. The cases, as Dr. Bennett says, differed widely in other respects, but the total is just as I have stated; and is, or ought to be, to one who so sternly ignores blood-letting, a proof that they are valueless. It is the wide difference among cases, in regard to everything belonging to them except the one fact of consolidation of lung-tissue, which must make statistics almost impossible on such a subject. Whatever may be the actual or relative number of successful cases recorded to-day, a series of unsuccessful ones may commence to-morrow, and the rate of mortality will differ from year to year.

Let me turn for a moment to Dr. Bennett's own account of the Edinburgh Infirmary. It will be seen that, from 1839 to 1846, the mortality from pneumonia is given as about thirty-three per cent.; the lowest being in the year 1845-6, when it reached only twenty-four. Immediately after this, the death-rate rises suddenly and remarkably to forty-four in each of the following years; and sinks again as suddenly to nineteen. Are these fluctuations to be explained by treatment? Was there nothing in the coincidence of typhus fever in those two fatal years? It is very gratifying to find that we have made advances in the knowledge and treatment of disease; that in the Edinburgh Infirmary, for example, the general mortality from pneumonia, in ten years from 1854 to 1864, is only fourteen per cent., while from 1839 to 1849 it was thirty-four per cent.; and, still more, that in the practice of Dr. Bennett the mortality may be reduced to *nil*. I cannot help observing that this remarkable fact of invariable recovery took place equally with antimony without wine, and with wine without antimony. Probably all had "nutrients", by which I suppose beef-tea, milk, etc.,—in fact, *food*—is meant; but the fact is stated with reference to some and not to others. The only possible conclusion from statistics arranged in this fashion is, that neither mode of treatment had anything to do with the recovery, and that treatment has no influence, except a pernicious one, on the course and progress of the disease.

But I have been drawn away from my more immediate object of replying to Dr. Bennett's strictures. He goes on to quote an observation of Louis to the effect, that the leaf of a tree having been once described can always be recognised; and, by some curious method of reasoning, thinks this remark is applicable not to diagnosis, but to treatment. What I have ventured to suggest in *Medical Errors* is simply this. 1. That, when medicine has a distinctly curative tendency, we trace in its operation a law of cause and effect, and statistics add nothing to such knowledge once acquired; 2. That, when the power of the remedy is doubtful or uncertain, the only proof of its power which statistics can afford must be derived from two exactly parallel series, in one of which the remedy was, and in the other the remedy was not given; 3. That, inasmuch as no two individuals are alike, and no two cases of disease are alike, and the accidental circumstances which may determine recovery or death are very many, we must either be content with a very select number of instances, or we must count the series of cases by tens of thousands. It is, therefore, clear to my mind that statistics never will and never can establish the value of any mode of treatment, because the select series must be too small, while the larger number is either unattainable, or, as in the case cited from Dr. Sibson's Review, the result may be opposed to our actual experience in the matter, and does not command our assent.

In conclusion, I would venture to suggest to Dr. Bennett that, when he professes to give every case that has been under his care, he would do well to make no reserves. Why should a case partly treated by a colleague be withheld, when a case "bled, blistered, and purged, before admission", is included? Then, again, the advocates of bleeding may very fairly urge that cases admitted into the hospital might possibly have been saved if they had been bled at once, in place of waiting for Dr. Bennett's regular visit, and no harm could be done by the details of such cases being frankly given. Of course, he is quite justified in withholding cases that were not recognised during life; but of the nine cases unknown to himself among his patients, perhaps more than one were taking "nutrients", and so ought not to have died from the pneumonia. Information on all these points would be highly interesting, because in Dr. Bennett's statistics it is impossible to find any one circumstance *invariably* present or absent in the series of recoveries and deaths, which in the least degree accounts for the termination one way or the other. Practically, there is little difference between the treatment of Dr. Bennett's cases and my own, so far as the abstract given can enable me to form an opinion; but I am quite sure that the mortality at St. George's has not yet reached the zero point. Nor do I believe that, while the patients include brewers' draymen and debilitated gin-drinkers, over-fed butlers and half-starved needlewomen, it will ever with us reach that point. But those who do not claim for treatment much of the credit of recovery, surely ought not to accuse its absence as the cause of a fatal termination.

I am, etc.,

A. W. BARCLAY.

LADIES' MEDICAL COLLEGE.

LETTER FROM JAMES EDMUNDS, M.D.

SIR,—As Honorary Secretary to the Female Medical Society, I have great pleasure in acknowledging the courteous remarks from T. K. C. in last week's JOURNAL, and to state that our Committee will be most glad to avail themselves of any suggestions which may arise out of the experience and judgment of the medical profession in respect to their project.

I ought, however, to ask you to allow me to state that this Society is in no way animated by any feeling of disrespect or hostility to the medical profession, or associated with any love of quackery; and that certain statements which from time to time have been made in the *Lancet*, as to the proceedings of this Society, are errors, and not creditable to the profession which that journal is anxious to be considered to represent. An article in the *Lancet* of June 10th is full of misstatements. Presuming at the time that the editor was labouring under some misapprehension, I sent on copies of all our papers and prospectuses, and claimed insertion for a short counterstatement; but not only was this denied admittance, but subsequently a second attack was made upon us in another editorial article. At a time when the *Lancet* is anxious to drive its powerful rivals out of the field, it is well that such specimens of impartiality be made known to the members of the Association; and I do so without any wish to prejudice the merits of this particular question.

The Society is now endeavouring to provide for superior women proper opportunities for learning the science of midwifery and the supplementary branches of medical knowledge, including hygiene and the treatment of the minor ailments which are peculiar to women and children. It is not attempting to substitute women for men in general practice,

but would like to see the routine practice of midwifery left to the management of properly educated women, with the understanding that they call in well known obstetricians in cases of difficulty and danger. Thenceforth it would leave all questions as to women attempting to deal with difficult cases, or the general practice of medicine and surgery, to settle themselves. Irrespective, however, of the full and efficient development of this range of teaching, there is at present an urgent want in the way of proper tuition for our ordinary midwives.

At present, there are two courses of lectures established—one on Midwifery and the Diseases of Women and Children, by Dr. Murphy, consisting of at least eighty lectures, and taking about the same range as those courses which Dr. Murphy gave for many years at University College; and a second supplementary course of general outlines of medical science, consisting of fifty lectures, by myself. I shall be happy to post all our papers to any gentleman who will send on a stamped address, and to give every information as to the objects and character of our proceedings; and shall be grateful for any suggestions which I may receive.

T. K. C. objects to the name "Ladies' Medical College". It is easy to object to any name; but will T. K. C. suggest one which is more accurate and less objectionable? The word *medical* might be displaced by *midwifery*; but that term is one which it is preferable not to use too obtrusively, and, moreover, it would not include all the subjects, as sanitary knowledge, etc., which we wish to impart. *Medical* is, on the contrary, not open to any objection for daily use in conversation; and it does not follow that we profess to deal exhaustively with all which may be comprised under the term; nor, indeed, is the use of the word generally held to imply any such profession. As to the word "school", in place of "college", I am not aware that the distinction suggested by your correspondent between the meaning of the two terms is borne out either by lexicographical authorities or by general usage. T. K. C. will find, on reference to the advertisements, that many of the medical schools are designated as "colleges". (See "Charing Cross Hospital", "London Hospital", etc.) The analogy suggested between a school of cookery and a school of medicine carries no weight to my mind on this point. I am, etc., JAMES EDMUNDS.

4, Fitzroy Square, November 1865.

THE RINDERPEST IN SHEEP.

LETTER FROM H. W. FREEMAN, ESQ.

SIR,—From a paragraph in your JOURNAL of last week, I inferred that no cases of this malady in sheep had been reported as fatal; but, within the past few days, my attention has been drawn to a disease ravaging several flocks of sheep in our neighbourhood, which seems, in the main, identical with the Cattle-Plague in the ox.

Five weeks ago, a flock of seventy sheep, bred in the vicinity of Bath, was bought at a cattle-fair by a well known and intelligent agriculturist in this neighbourhood, and taken to his homestead. At the expiration of a fortnight, two sheep died, after two or three days' illness, from a peculiar and supposed specific train of symptoms, and the mortality has steadily increased; so that twenty-six sheep have died in less than eighteen days, all presenting the like characters of disease. In no single case has the animal recovered.

From what I can gather, this appears to have been the first outbreak in our neighbourhood; but since its development two other proprietors of cattle,

within easy distance of the former, have suffered amongst their own homebred flocks. Two bullocks, in an adjoining farm to the infected flock, have died within the past few days, from the same train of symptoms and *post mortem* appearances. A herd of seventeen yearlings, I am told, have died or been slaughtered within ten days from this supposed disorder, and within the same district.

Speaking from personal observations of the symptoms and *post mortem* appearances of the sheep, they appear pretty uniform in all, varying only in degree.

The cornæ of the animal are first observed to be dull; and a watery discharge from the eyes, nose, and mouth, quickly appears, and soon becomes tenacious and offensive. The tongue and salivary glands appear swollen and red. The animal remains motionless, heavy, and dull; the abdomen is drawn up with frequent jerkings; its coat seems to stand out and "stare"; sooner or later, an intestinal flux or inflammatory diarrhoea sets in, which nothing seems to check; death ultimately occurs from exhaustion.

Some, after being attacked, have lived but a few hours; others as long as three or four days; the majority dying within twenty-four and thirty-six hours.

On making examinations of the dead carcasses, the after-death appearances were striking. The mucous membranes of the mouth, trachea, and upper portion of oesophagus, were much reddened, discoloured, and injected; the injection decreasing towards the paunch or first stomach.

The lungs appeared much congested; for the most part crepitant, and not sinking in water. No pleuropneumonia was found.

The heart contained much fluid black blood.

The paunch, or first stomach, was not discoloured; but its rough papillary epithelial coating peeled off on the slightest touch, leaving the muscular coat bare.

The second and third stomachs were not materially altered.

In the fourth stomach, as in cows, the whole mucous surface was in a state of great tumidity and lividity, highly injected, and, towards the pyloric end of the organ especially, there were found patches of exuded lymph, with superficial erosions of the mucous surface. The discoloration extended somewhat, in most cases, along the upper portion of the duodenum; and the surface appeared roughened, as if devoid of its epithelial coating, but there was no ulceration.

In the course of the small intestine, stretching towards and situate about the ileum, were patches of congested mucous membrane; the small solitary glands which, in the healthy subject, feel shotty and raised, had for the most part disappeared, traces remaining here and there, but no ulceration. The larger Peyerian glands were somewhat swollen and raised, but not ulcerated.

The large bowel, in most cases, did not appear materially altered. Some specimens presented a single patch or so of inflamed tissue, with a slight amount of exudation of lymph. The hemorrhoidal vessels about the rectum were somewhat congested. The liver, spleen, and kidneys, appeared quite healthy.

The meat itself seemed, if anything, a little darker than usual, but there was no other material alteration.

I have failed to discover how the disease has been introduced into the neighbourhood of Bath; but we have had no case of known importation.

A strict cordon was kept round the infected flock; the dogs were prevented from coming into contact with the beasts; yet, within a few days, the disease spread and infected the adjoining farm-yards. Sometimes, before the dead sheep can be buried, they have been partially devoured and attacked by foxes, which are very numerous in this vicinity; and I would suggest the

possibility of these animals being one of the sources of communication. Although we have no proof that the vulpine species suffer in like manner, yet might they not be the fomites of the zymotic poison?

From the preceding statements, we cannot fail, I think, in associating this malady with the Rinderpest of oxen. That it is not ovine typhus or typhoid, or the analogues of those diseases to the human subject, appears certain; that it is a form of gastro-enteritis scarce admits of a doubt, and that caused by a specific poison.

I am, sir,

H. W. FREEMAN,

Resident Medical Officer, Bath United Hospital.

October 30th, 1865.

WHENCE CAME, AND WHAT IS THE "YELLOW" FEVER OF SWANSEA? WHAT IS THE "YELLOW FEVER" OF AUTHORS?

LETTER FROM J. ROSE CORMACK, M.D., F.R.S.E.

SIR,—I have read with attention the letter by Dr. Padley of Swansea, which appeared in your impression of October 28th, under the heading—"The Yellow Fever in Swansea"; but I have failed to see its scope and point, if it be intended, as its opening paragraph suggests, to supply information to contribute to a solution of my question—"Whence came, and what is the 'Yellow Fever of Swansea?'" This is not a question which can be solved by the enunciation of generalities, and an appeal to standard authorities. In matters medical, and particularly in matters medico-epidemiological, we must remember the epigram of Rousseau, that "the truth is in the facts, and not in the mind which observes them."

Dr. Padley amiably endeavours to mitigate the unfavourable opinion which has gone abroad, and which I quoted, regarding the place of his dwelling. I do not find, however, that he asserts that the condition of Swansea was such in September last, as to afford no scope for the easy propagation of fever by continuous succession, there being during that month a predisposing atmospheric constitution. On this point, therefore, there is nothing to reply to. Dr. Padley's admissions are more than enough to justify my remarks, so far as they refer to local conditions.

The most important statement contained in Dr. Padley's letter is to the effect that: "Dr. Buchanan, commissioned by the Privy Council, has investigated with great zeal and ability all the circumstances connected with the appearance, extension, and characters of the disease; has pronounced it to be specific yellow fever; and has repeated this opinion at the last meeting of the Pathological Society." Under such circumstances, it would be unbecoming in me, for the present, to say more upon the Swansea fever. It would, moreover, be absurd to discuss it now, as there are no facts, and only reported inferences to deal with.

Dr. Padley asks me to state my views as to the nature of yellow fever, and in fact to define specific yellow fever. I admit at once my entire inability to accept this challenge. Touching the existence of a specific yellow fever, my reading and dispassionate reflection have resulted in nothing more than deep-rooted scepticism. The only precise conclusion I can arrive at is, that it is inexpedient to follow the present vague traditional beliefs repeated by a succession of systematic authors, most of whom have evidently taken their materials and their creed second-hand from previous compilers. The fevers of tropical countries require a kind of elucidation which they have not yet received. Individual cases, and particular outbreaks, must be observed and described in such a way as to enable those who do not see for

themselves to compare or contrast the descriptions with the corresponding descriptions of our well-known home fevers. Then, and not till then, shall we be able to determine whether the differences between the fevers of tropical and temperate regions are specific, or the mere results of temperature and climate. An individual opinion, particularly an opinion based upon mere book knowledge, is not worth much in matters of this kind, except in so far as it goes to support the admission or rejection of evidence upon a matter in dispute. To that extent, however, every one is fairly entitled to hold and state the conclusion he has come to, with regard to any medical question. On the present occasion, I, of course, claim nothing for my opinion beyond that due to an allowable hypothesis, which present imperfect knowledge can neither confirm nor set aside; but which hypothesis (unless it be sheer nonsense). I humbly submit, ought, in the interests of our fleets and armies and general communities, to be established or confuted by accurate and extended inquiries.

What I suspect, but cannot prove, is, that a considerable number of the West Indian and other epidemics of "yellow fever", from which "standard authorities" have formed their ideal of a specific yellow fever, have been in reality epidemics of remittent and typhoid fever. This is either a stupid heresy, or a practical question of momentous importance. If we find that an epidemic of fever is an epidemic of typhoid, we then know how to check the propagation of the disease; viz., by disinfecting the discharges, a method which has been proved by Dr. William Budd, and amply confirmed by others, to be completely efficacious, if completely carried out. It is impossible briefly to state the grounds of my suspicion; but I may be able in a few paragraphs to indicate their nature.

We find, for example, in army statistical returns, that an epidemic is seldom viewed as a whole, but is parcelled out and ticketed in a sort of red-tape fashion. I have now before me an official return of fever cases from the Windward and Leeward Commands, in which there is given a total of 46,922 cases, of which twenty only are called yellow fever, and of these twenty fifteen were fatal. I should like to know upon what principle these twenty cases were separated from the remainder of the 46,922 cases. I should also like to know the principles which guided the classification into intermittent, remittent, common continued, yellow fever, and synchus; and, in particular, as to the 38,393 of the 46,922 which are set down as "remittent". Perhaps the distinction between the twenty cases of "yellow fever" and 38,393 concurrent cases of "remittent", was not a specific distinction. Who will venture to say that it was? We used to read about, speak about, and treat cases of "infantile remittent fever"; but we now know that "infantile remittent" and typhoid are one and the same specific disease. At all events, the cases of so-called "infantile remittent" are chiefly cases of typhoid; but practitioners frequently include a variety of different affections under that old and familiar, but let us hope now soon to be obsolete name. There is much interesting information on this subject in the last edition of the classical work of Rilliet and Barthez, *Sur les Maladies des Enfants*, and in the work of E. Friedrich, *Der Abdominal-Typhus der Kinder*, published at Dresden in 1856. Is it not possible that, when fevers come to be observed and studied in the tropics as they have been in Great Britain, discoveries may be made, equally disturbing as that now mentioned to the old stereotyped descriptions of "standard authorities"?

It has long been currently taught, that in India and other tropical regions typhus and typhoid are

unknown. Mr. J. B. Scriven, in the *Indian Annals of Medical Science* for April 1857, disproves this opinion, and reports cases of fever which were beyond question cases of typhoid. Drs. Lyons and Aitken, in their *Report on the Pathology of the Army of the East* (Blue-Book, 1856), describe typhus, typhoid, and relapsing fever, in the English army in the Crimea during our late war with Russia; and cases of fever associated with jaundice, apparently cases of relapsing fever, are given. In the *British and Foreign Medico-Chirurgical Review* for October 1859, Mr. Robert Lawson, Inspector-General of Army Hospitals, publishes "Observations on the Outbreak of Yellow Fever among the Troops at Newcastle, Jamaica, in the latter part of 1856." In that paper, he gives the case of a man (Malony), whose case was first entered as "remittent", and then as "yellow" fever. Dr. Copland, at p. 775 of his *Dictionary*, in a valuable article on Epidemics, says that "various writers have contended that yellow fever commences as the bilious remittent of the country—the latter passing into the former by such insensible grades, that a difference between them cannot be assigned." "But that there is a wide difference in the cases, the symptoms, and the duration, I am morally convinced." These references are at least sufficient to show the vague character of the notions upon yellow fever which we find in books. The time is probably not far distant, when the whole literature of tropical fevers will have to be recast. In the meantime, it is a step in advance of the last generation to know that the same fevers which we have in England occur in the tropics. This cardinal truth will throw increasing light upon the whole subject, as reliable observations are made in different places and seasons and by different men.

Early intercourse with physicians, both in this and in other countries, originated my scepticism as to the existence of a specific disease entitled to the name of yellow fever. In 1839 and 1840, I visited the haunts of fever and cholera in Barcelona, Cadiz, Gibraltar, and many other towns in the peninsula. I had the advantage, when on that tour, of living a week under the hospitable roof of the late Dr. Gillkrest, Inspector-General of Hospitals at Gibraltar, and of receiving from his lips much of his personal experience and opinions regarding yellow fever, and its then comparatively recent outbreaks at Gibraltar, and throughout the coasts of the Mediterranean. What particularly strikes me in a retrospect of my intercourse with Dr. Gillkrest and the Spanish physicians at that time, was the wavering and discordant character of the statements which they made when pressed to name, in addition to yellow skin and black vomit, some specific sign by which the fever which they called yellow fever could be distinguished. My impression was, that they mainly relied on yellow skin and black vomit as diagnostic signs. If so, their diagnosis was really baseless; because these phenomena have occurred in typhus, but still more frequently (though rarely) in some epidemics of typhoid and relapsing fever in Great Britain and Ireland. They depend primarily upon toxæmia, and secondarily (at all events the black vomit) on sanguineous exudation into the stomach and alimentary canal. Black vomit is chiefly altered blood. Before it appears in yellow fever, we often have "white vomit," as several authors have pointed out. This white vomit contains a large portion of serum. White vomit is often seen in this country associated with watery dejections in typhoid. White vomit and black vomit both occur in non-febrile gastric affections. Black vomit, therefore, has nothing whatever specific in its character, and is simply an acid ammoniacal liquid containing altered blood. The black

sediment—like coffee-grounds—consists of coagulated albumen and broken blood-cells. The exudation of the blood from which black vomit is formed, may depend on toxæmia of different kinds, or it may result from non-toxæmic causes. But the point which I wish here to insist on, is this—that black vomit and yellow skin are not pathognomonic of any specific fever.

In 1846, Quetelet, in his work on Probabilities, gave a very unflattering estimate of the value of medical data. After pointing out the necessity of informing ourselves by observation, collecting well recorded facts, and rigorously testing their fitness for comparison with each other, before proceeding to deduce from them a methodical appreciation of causes, he asks: "Is this what we see in medical inquiries?" He replies that that which we see is the very opposite—viz., "observations which do not admit of comparison, heaped up pell-mell, or so arranged as to lead not to an unbiased conclusion, but to the belief of that which it is wished to establish." Quetelet's strictures are severe, but they are not unjust, though it is gratifying to feel that they are decidedly less merited now than when written twenty years ago. It rests with the profession to remove the scandal proclaimed against us by the Belgian astronomer. Few have the time, the talent, and the opportunity of minutely exploring the natural history of diseases; but all can refuse to accept doctrines which have an inadequate basis of facts to rest upon, temperately stating their incredulity apart from advocacy of any theory of their own. A judicious pursuance of this course will promote the cause of truth, at least in our own minds, and also most probably in the minds of others. This is my apology for explaining the cause of my inability to accept Dr. Padley's challenge to define specific yellow fever, and for freely expressing at the same time scepticism as to there being proof of the existence of any such disease, distinct from other fevers.

I am, etc.,

JOHN ROSE CORMACK, M.D., F.R.S.E.,
Formerly Physician to the Fever Hospital and Royal
Infirmary of Edinburgh.

5, Bedford Square, London, W.C., October 31st, 1865.

THE ROYAL ALBERT INFIRMARY at BISHOP'S WALTHAM, the foundation-stone of which was laid by Prince Leopold last year, was opened on the 7th instant by the same youthful Prince, accompanied by his sisters, the Princesses Helena and Louise. A statue of the late Prince Consort in terra cotta, modelled by Theed after his design of the Coburg statue, was also uncovered on the occasion. The building was designed by Mr. Critchlow of Southampton, and has accommodation for twenty beds.

THE FORCE OF HABIT. Dr. Gairdner, in a memorandum on Dr. Anderson's report of the state of the water in the twelve wells in Glasgow, observes that the produce of two of the worst wells is highly relished by drinkers. "Nos. 9 and 10 must be condemned without reservation. In the case of the Bridgeton Well, indeed, it is perfectly obvious that the water is within the range of soaking of a great quantity of stable manure, as well as of a privy in the immediate neighbourhood. Yet, although these facts are quite notorious, or at all events can be ascertained without much difficulty, they do not hinder the water of this well from being extremely popular, and I am told that an attempt to remove the well some years ago was strongly resisted. Probably the peculiar flavouring of the water comes, by long habit, to be rather relished than otherwise; and I do not doubt that some of the drinkers consider this pump as superior to Loch Katrine."

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND. The following gentlemen passed their primary examinations in Anatomy and Physiology at a meeting of the Court of Examiners, on the 7th instant, and when eligible will be admitted to the pass examination.

Blenkinsop, Frederick Henry, St. George's Hospital
Drew, Walter Henry, University College
Duke, Benjamin, Guy's Hospital
Harvey, Thomas, St. Thomas's Hospital
Hodder, Frederic William, Toronto
MacCarthy, Jeremiah, Dublin
MacEgan, Barney Constance, Galway
Steele, Henry Murray, University College
Wilson, Richard, St. George's Hospital

ROYAL COLLEGES OF PHYSICIANS AND SURGEONS, EDINBURGH. (Double Qualification.) The following gentlemen passed their first professional examinations during the recent sittings of the examiners.

Ferguson, James, Kirkcaldy
Garde, William Henry, Australia
Hannin, James, Kerry
Little, William J., Kilkenny
Stanton, Charles Robert, Montrose

And the following gentlemen passed their final examinations, and were admitted L.R.C.P. Edinburgh, and L.R.C.S. Edinburgh.

Cornish, Henry, Taunton
Crane, Charles Albert, Avranches, France
Crowe, George, Paris
Dunlop, Andrew, Haddington
Farrelle, William Keys, Longford
Godfrey, Abraham Cross, Cork
Grealy, John, Galway
Green, Edwin Septimus, Houghton-le-Spring
Long, Bourke, Cork
Miller, Alexander Hamilton, Londonderry
Patrick, Josias Wilson, Belfast

ROYAL COLLEGE OF SURGEONS, EDINBURGH. The following gentleman passed his first professional examinations during the October sittings of the examiners.

Palauque, John Antoine, Hounslow

And the following gentlemen passed their final examinations, and were admitted Licentiates of the College.

Chestnut, Joseph Wallace, Artrim
Macarthur, Peter, New York
Mack, John Steele, Lanarkshire
Watson, Robert, Dufermline

APOTHECARIES' HALL. On November 2nd, 1865, the following Licentiates were admitted:—

Hulme, Samuel James, Infirmary, Manchester
Loane, John, Dock Street, Whitechapel
Raven, Thomas Francis, St. Bartholomew's Hospital
Wood, John Hurd, Notting Hill

At the same Court, the following passed the first examination:—

Evans, Septimus, London Hospital

APPOINTMENTS.

RUTHERFORD, William, M.D., appointed Assistant to the Professor of the Institutes of Medicine in the University of Edinburgh.

***Woon, J. A., M.D.,** elected Resident Physician in the Queen's Hospital, Birmingham.

ROYAL NAVY.

BAXTER, William H., Esq., Surgeon, to the *Spitful*.

CREIGHTON, Robert, Esq., Surgeon (additional), to the *Cambridge*.

DAVIDSON, James, M.D., Staff-Surgeon, to the *Eagle*.

DUCKETT, Clarke A., M.D., Surgeon, to the *Niger*.

SMITH, Horace H., M.D., Surgeon (additional), to the *Saturn*.

VOLUNTEERS. (A.V.=Artillery Volunteers; R.V.=Rifle Volunteers):—

CAMERON, A., M.D., to be Assistant-Surgeon 35th Yorkshire R.V.
COOK, J., M.D., to be Honorary Assistant-Surgeon 2nd Surrey A.V.
HARR, W., Esq., to be Assistant-Surgeon 2nd Surrey A.V.

BIRTH.

PIOTTI. On October 22nd, in Rome, the wife of Dr. Piotti, of a daughter, stillborn.

DEATHS.

HELPS, William, M.D., Resident Physician of Bethlehem Hospital, aged 37, on November 7.

***MONCKTON, Alfred, Esq.,** at Branchley, Kent, aged 26, on November 5.

PIOTTI. At Rome, lately, Sophia Margaret, wife of Dr. Piotti, and daughter of the late *Edward Daniell, Esq., of Newport Pagnell.

THE CATTLE-PLAGUE continues to increase in virulence.

CHOLERA. Two cases of Asiatic cholera are said to have occurred in Barnsley. In one case, the patient recovered; the other was fatal.

THE ANATOMICAL ROOMS in Paris, which have from some motives of prudence been closed of late, will be reopened on the 15th instant.

DEPOSIT OF DEW. Dr. Allnatt calculates that during some of the heavy dews of late, as much as a ton and a-half of water has been thereby deposited on an acre of land.

THE FRENCH MEDICAL CONGRESS has decided to hold its next annual meeting at Bordeaux; and also to hold an international medical congress at Paris in 1867.

THE LATE DR. MOTT. The value of the estate of the late Dr. Valentine Mott of New York, is said to be 400,000 dollars. He left his anatomical museum to the New York Medical College.

THE DEATH OF COMMISSIONER FONBLANQUE is announced. He died in his 80th year. Commissioner Fonblanque, in conjunction with the late Dr. Paris, published in 1823 the well-known *Treatise on Medical Jurisprudence*.

NEW MEDICAL SOCIETIES IN CANADA. A society has been formed in Montreal, for the reading of papers, and the discussion of medical and surgical topics, styled the Medico-Chirurgical Society of Montreal. A similar society called the Quebec Medical Society has also been organised in that ancient city.

BRITISH RAINFALL. The drought in September was at many stations quite unparalleled. Out of twenty-six English stations, only two (Arncliffe and Seathwaite) had an inch of rain, eight had less than a tenth of an inch (Goodamoor being of the number), and two had none—viz., Pevensey and Taunton.

A FRENCH GOVERNMENT TRANSPORT, the *Tarn*, employed in transporting French troops between Vera Cruz and different ports in the neighbourhood, has been visited by yellow fever. There were twenty-nine deaths out of 127 cases on board, amongst whom were the commander and the surgeon-major.

THE RAVAGES OF WAR. The books of the government undertaker at Nashville, Tenn., shew that he has buried, since that city was occupied by the national troops, 13,631 soldiers and government employees, there being 1,000 of the latter; also 8,000 rebel soldiers and 10,000 contrabands and refugees.

HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, BROMPTON. At the last meeting of the committee of management of this charity some special business was transacted, viz., the selection from the list of candidates of twenty of the most eligible cases to proceed to Madeira, where they will remain for the winter. The committee have exercised the greatest care in choosing the patients for this experiment, both as regards the physical condition and the character of the persons selected. The selected patients have already sailed.

SUICIDE OF A MEDICAL STUDENT. A medical student at Vienna a few days ago poisoned himself with cyanide of potassium on the day he was to have undergone his first examination. The body was examined by Rokitsansky, who pronounced the existence of disease of the brain.

DIARRHŒA IN LONDON. The deaths from diarrhœa in the last four weeks were 54, 62, 48, and 61. When the sixty-one deaths are compared with the average, it will not be questioned that an epidemic tendency exists in the London population at the present time. Two deaths of children in the week were referred to cholera.

SANITARY PRECAUTIONS. Last week, the opening address to the course of lectures to be given during the present session, under the auspices of the Manchester and Salford Sanitary Association, was delivered in the Hulme Town Hall, by Mr. Thos. Turner, F.R.S., the subject being "The Policy of Prevention in connexion with the Plagues of the Day."

UNIVERSITY OF CAMBRIDGE. A new schedule of regulations for degrees in medicine and surgery has been proposed to the Senate for adoption by the Board of Medical Studies. The alterations refer to the number of terms to be spent in the University, and to the arrangement of the subjects of study and examination. The number of examiners is also proposed to be diminished.

MEDICAL ATHLETES. There is, we are glad to say, an athletic society at St. Bartholomew's Hospital School; also there is at University College an athletic club. It is needless to dilate upon the excellence of such societies—of the great benefits, both moral as well as physical, which they must produce amongst medical students. These clubs should be encouraged at all our medical schools.

DEATH OF A SURGEON FROM FEVER. On the 3rd inst., died at Brencley, Kent, of typhus fever, contracted in the discharge of his professional duties, Alfred Monckton, Esq., aged 26 years. So highly esteemed was the deceased, that upwards of three hundred of his fellow parishioners attended the funeral on the 6th inst., and all business operations were suspended. He had greatly extended a practice which had been held for two centuries by his ancestors.

UNIVERSITY COLLEGE, LONDON. At a meeting of Council on Saturday last, the Longridge prize of £40 for general proficiency in medicine and surgery, was awarded, on the recommendation of the Faculty of Medicine, to Mr. Bryan Holme Allen of London. The Filiter exhibition of £30, in pathological anatomy, was, on the report of the examiners, Dr. Sharpey, Mr. Erichsen, and Dr. Wilson Fox, awarded to Mr. John Williams, of Blanylynant.

THE NEW HÔTEL DIEU. The operation of fixing the limits of the new Hôtel Dieu of Paris is shortly to be completed. A contract has been concluded at the Hôtel de Ville for the demolition of sixty-four houses to prepare a place for the new hospital. The grand entrance to the hospital will be near Notre-Dame. It will be bounded on the north by the Quai Napoléon, on the east by the Rue d'Arcole, and on the west by the Rue de la Cité.

FEMALE DOCTORS: SUING FOR FEES. The plaintiff, Mrs. Dr. Ward, of New York, sued to recover of Mrs. Dr. Nevison the sum of about 200 dollars, for professional services alleged to have been performed by plaintiff for defendant. It seemed that for about three months in the summer of 1864, the plaintiff attended and performed daily professional duty at the defendant's institution at Dryden, and for this she claimed the sum above named. Defendant did not

deny the allegation as to the performance of the service, but answered that it was understood at the time, that they were to be wholly gratuitous; that she came to defendant's house as a visitor and guest. The court took the papers, and reserved decision.

THE HISTORY OF A SPECIAL FAILURE. A daily paper gives an account of a dinner lately held on behalf of a hospital for diseases of the heart. The hospital (says the report) "is situated in Margaret Street, and has now been in operation eight years; but it has not yet met with that support which the admirable object to which it is devoted must naturally have led its founders to expect. Heart-disease, it is well known, has become one of the widespread and growing maladies of busy and highly civilised communities, etc.... The first year the hospital was opened, the applications for relief were but few, but they have since gradually increased from year to year, until they have risen to 150 a week. Within the last twelve months, the applicants have been so numerous, that it has been found absolutely necessary to refuse any further assistance to any but the most destitute and the most afflicted sufferers. The establishment, however, has been kept open, in the anticipation, that it would ultimately receive a fair share of that liberal support, etc.... The receipts from the public are insufficient to defray the cost even of the drugs dispensed. The dinner was thinly attended, and it was therefore agreed that it should be regarded as a sort of private party. The Chairman, Mr. T. Chambers, M.P., said that the number of persons who died last year in England of heart-disease was not less than 20,000; and Dr. Spratt, the principal medical officer of the hospital, believed that a great majority of the persons suffering from that malady could be cured by a proper system of treatment. That gentleman had kept the hospital open for a number of years at a considerable personal loss. It was manifestly desirable that his labours and his devotion to the task he had undertaken should meet with a different return," etc.

DEATH OF PROFESSOR LINDLEY. We have to record the death, on the 1st instant, of Dr. John Lindley, lately the distinguished Professor of Botany in University College. Dr. Lindley was born February 5th, 1799, at Catton, near Norwich, where his father was proprietor of a large nursery garden. After leaving the Grammar School of Norwich, he devoted his attention to botanical science. In 1819 he published a translation of *Richard's Analyse du Fruit*, and in 1820 a work entitled *Monographia Rosarum*, in which he described several new species of roses. About the same period he contributed to the *Transactions of the Linnæan Society* various papers on botanical subjects. Some time afterwards he proceeded to London, where he became Assistant-Secretary to the Horticultural Society, and was engaged by Mr. Loudon to write the descriptive portion of his *Encyclopædia of Plants*, the merit of which, as a botanical work, was entirely due to him, as was stated in the Preface. The *Encyclopædia* was completed in 1829. In the same year he was appointed Professor of Botany at University College, which appointment he held until about four or five years ago. At this period the Linnæan system was almost universally followed by English botanists. It is one of the chief merits of Dr. Lindley that he early saw the necessity of superseding the artificial by the natural classification of plants. In an essay on this subject, inserted in his *Introduction to the Natural System of Botany*, published in 1830, he showed very clearly what the advantages of this system were, and thus paved the way for its general adoption in England. Two years later he published the *Introduction to Systematic and Physiological Botany*,

and a *Synopsis of the British Flora*, in which our indigenous plants were arranged and described for the first time according to the natural system. In a *Natural System of Botany*, published in 1836, Dr. Lindley took new views of botanical classification, and proposed a new nomenclature for the families of plants. Some years later, his great work, *The Vegetable Kingdom*, was published. This work, the most elaborate that had appeared on systematic botany, gave a description of all the families of plants, and more especially of those useful to man. It gave very extended lists of the genera, and was generally recognised as one of the most important contributions which had at that time appeared on systematic botany. He was also the author of works on the *Elements of Botany*, *Botany for Schools*, and the *Theory and Practice of Horticulture*. While engaged in writing these works, Dr. Lindley was most diligently employed, as a practical botanist, in describing new species, on which he wrote a large number of papers contributed to botanical publications. In 1841 he became editor of the *Gardener's Chronicle*, a weekly publication, which he conducted with great ability. For some years, he lectured on botany at the Gardens of the Apothecaries' Society in Chelsea. In 1860 he was appointed examiner in the University of London. He was a Ph.D. of Munich, and a Fellow of the Royal Society, of which in 1858 he received the medal as a reward for his services to botanical science.

MR. ROSE was a nephew of Dr. Reid, the author of the *Inquiry into the Human Mind*, and had been educated by him at Glasgow. From thence he was transplanted to Oxford as one of the Glasgow exhibitors at Balliol, and then to London as a student in surgery. He was a thoroughly honourable, high-minded man, having little imagination, but a very clear head and sound judgment. This excellent man belonged to a family who had a tendency to pulmonary disease. In the year 1828 he had the misfortune to lose three out of four children from the effects of scarlet fever. This broke his heart. The disease of which his brothers and sisters had been the victims became developed in himself, and he soon followed his children to the grave. (*Sir B. Brodie's Autobiography*.)

ADULTERATION OF FOOD. Annexed year by year to the Inland Revenue Report comes a communication from the Principal of the Laboratory. It is a chapter of the history of invention and adroitness in the acquisition of wealth by fraud. Perhaps no article subject to revenue duties is more "sophisticated" than pepper. It may be mixed with its own weight of almost worthless ingredients without being rendered unsaleable on the score of want of pungency. Of samples analysed the first was found to consist of 25 per cent. of gypsum, the rest being mustard husks and a little cereal starch, and, though a good imitation, did not contain a trace of pepper. The second sample consisted of 16 per cent. of gypsum, 44 per cent. of mustard husks, a little cereal starch, and the rest pepper. Coffee is another article much adulterated. There are good reasons for believing that it is now being extensively sold mixed with large proportions of burnt sugar or caramel. The most usual mode of adulterating beer, and one which, says the Principal of the Inland Revenue Laboratory, there are good grounds for believing is very generally practised by the publicans in London, is to add water to the beverage, the injury to the fullness or "body" of the article arising from this dilution being repaired by the introduction of sugar, treacle, or other saccharine matter. Within the past year 31 samples of beer and of materials used by brewers were examined, and of these 23 were found to be illicit. In 13 instances

grains of paradise had been used, and in one that drug in conjunction with coriander seeds; in four coriander seeds alone, and in one those seeds with a large proportion of white mustard seeds; two samples contained sweet flag (*calamus aromaticus*), and another sulphate of iron. No detection of the illicit use of cocculus indicus, tobacco, or other poisonous substances was made. The stringent measures adopted by the Customs to prevent the importation of simulated wines are still continued, and 182 samples have within the year been examined, of which 102 were found to be composed chiefly of factitious wine, while nearly the whole of the remaining 80 were of very low value, and, although genuine wine predominated more or less in their composition, they still contained considerable proportions of spurious wine. There can be no doubt but that these made-up liquids would have passed into consumption either *per se* as sherry, or mixed with genuine wine.

HEALTH OF THE NAVY. The report just issued on the Health of the Navy in the year 1862 shows that the number daily sick was 3,370, or 57 per 1,000 of the force in the service afloat corrected for time, which was 58,870. There were almost exactly three entries on the sick list for every two men, and a mean of about 18 days' sickness to each man of the force. But a very large proportion indeed of the sick rate in the royal navy is from boils, simple catarrh, and injuries of a more or less trivial nature, the duties of the man-of-war's man involving such constant exertion that it is necessary to pay much more attention to trifling ailments than their immediate importance would seem to call for, in order to avoid the risk of their aggravation. The ratio of sickness from disease, properly so-called, as in reality very small. The Cape station showed the highest rate in 1862, owing to duties in the Mozambique Channel and in the Zambesi river. The number of men invalided from the navy in the year was 1,944, or 33 per 1,000; and the number of deaths 902, or 15.3 per 1,000. But eliminating disturbing elements arising from accidental duties—that is to say, excluding deaths from casualties by wounds and injuries and deaths from outbreaks of cholera and yellow fever, the death-rate in the service as a service is reduced to 9.6 per 1,000, which is very little higher than the death-rate among the healthiest class of outdoor labourers in England. It may be said the death-rate in the navy is reduced by invaliding, but the vast majority of invalided men labour under diseases of by no means a fatal nature, and very many of them re-enter the service. The rate of mortality on the Cape station was as high as 23.7 per 1,000; but the station had to sustain the loss of two boat's crews massacred at Bareda, in the Arabian Gulf, by Somalis, to whom they had applied for goats and water. Excluding deaths by violence, the ratio of mortality at this station was only 4.3. On the India and China station the mortality rose to no less than 66.3 per 1,000, the great majority of deaths being from dysentery and cholera contracted in river service against the Taepings. The surgeon of the Euryalus sketches incidentally a fearful picture of the state of Shanghai, to which his ship returned after the capture of Khabding. Then, again, the mortality on the American coast has to bear a certain number of deaths caused by the Mexican expedition. Vera Cruz is a city of open sewers, and is situated on a level surface, the fall towards the sea being so trifling that the courses for foul water, etc., require repeated sweeping during the day. The Mexicans are very particular as regards this act of cleanliness, but under the conjoint rule of France, Spain, and England it became neglected, and the neglect was avenged. The accumulation of

offal is kept down by the turkey buzzards, everything being placed on the outside of the houses for removal by these, the scavengers of the place. But besides perils abroad from foes to health and life, Dr. Mackay has the old tale to tell in this report of foes in our own household.

OPERATION DAYS AT THE HOSPITALS.

MONDAY......Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 9 A.M. and 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

TUESDAY.....Guy's, 1½ P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.

WEDNESDAY....St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.

THURSDAY....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopedic, 2 P.M.—Royal London Ophthalmic, 11 A.M.

FRIDAY......Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

SATURDAY....St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.—Royal Free, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY. Medical Society of London, 8 P.M.

TUESDAY. Royal Medical and Chirurgical Society, 8.30 P.M. Dr. A. T. H. Waters, "On the Morbid Anatomy and Early Physical Signs of Pneumonia," Mr. Squarey, "On the Effect of Coffee on the Urea and Chlorides in Health."—Anthropological Society, 8 P.M.—Statistical.

WEDNESDAY. Meteorological.

THURSDAY. Harveian Society of London, 2 P.M. D-bate "On Rheumatism and Gout."—Zoological.—Royal.—Linnean.—Chemical.

SATURDAY. Association Medical Officers of Health.

REGISTRATION OF DISEASE.

MONTHLY RETURN of new cases of disease coming under treatment at Pauper and Public Institutions. (A.) Manchester and Salford (Sanitary Association). (B.) Preston (R. C. Brown, Esq.). (C.) St. Marylebone, London (Dr. Whitmore).

Diseases.	5 weeks ending Sept. 30.	4 wks. endg. Sept. 23.
Small-Pox	10	22
Chicken-Pox	2	1
Measles	21	72
Scarlatina	40	18
Diphtheria	1	2
Hoping-Cough	155	13
Croup	549	4
Dysentery	21	51
Erysipelas	33	2
Insanity	54	17
Bronchitis and Catarrh	615	75
Pleurisy and Pneumonia	41	7
Carbuncle	—	—
Accidents and other diseases ..	5626	427
Totals	7134	843

BOOKS RECEIVED.

1. The Climate of Malaga in the Treatment of Recent Pulmonary Disease. By T. M. Madden, M.D. Dublin: 1865.
2. Lectures on Inflammation. By J. H. Packard, M.D. Philadelphia: 1865.
3. Vertical Hemiplegia of the Palate. I. On Facial Palsy. II. On a Case of Diabetes Mellitus. By W. R. Sanders, M.D. Edinburgh: 1865.
4. On Epidemic Cholera and Diarrhoea. Their Prevention and Treatment by Sulphur. By J. Grove, M.D. Third edition. London: 1865.

TO CORRESPONDENTS.

*. All letters and communications for the JOURNAL, to be addressed to the Editor, 37, Great Queen St., Lincoln's Inn Fields, W.C.

COMMUNICATIONS.—To prevent a not uncommon misconception, we beg to inform our correspondents that, as a rule, all communications which are not returned to their authors, are retained for publication.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

CHOLERA IN FRANCE.—From public documents published in 1862, it appears that in France the cholera carried off 103,000 victims in 1832; 100,000 in 1849; and 143,438 in 1854.

F.R.C.S.—The scales of charges as fixed by the Manchester Medical Society can be obtained of J. E. Cornish, Piccadilly, Manchester.

F. T.—INFECTION AND CONTAGION.—Great confusion has arisen from the use of the terms "contagion" and "infection." But the disputes as to the meaning of the words are idle; for there is really no essential difference between them. It might, indeed, be well if the term "contagion" were abandoned, and that of "infection" alone retained. Clearly what we mean by the word is, that a specific disease has been communicated from one person to another. It matters little how the communication was effected—whether the infectious principle is conveyed directly from the air breathed by the person diseased, or whether it is conveyed in water, or in old clothes, etc. The main fact is still the same; viz., that a diseased principle originating in one individual is by some agency conveyed into the body of another. Even when the principle is conveyed by actual contact of human bodies, it is still always through the agency of some distinct medium that the infection is produced. The essential poison of syphilis is conveyed through a secreted medium from individual to individual, just as that of small-pox, for example, is conveyed through the medium of air.

MEDICAL ETIQUETTE.—SIR: Would you kindly inform me whether it is usual for a medical gentleman on taking a practice to call first on an old practitioner he may find in the same town, or the reverse? Which ought to make the first call?

I am, etc., F. C. H.

[The new comer should, we think, make the first advances.]

THE LATE DR. BARKER AND THE SOUTH MIDLAND BRANCH.—SIR: I think every member will read your Review of Dr. Barker's Life, as I have done, with great satisfaction. One point alone I think is not strictly correct; viz. the origin and formation of the South Midland Branch. The facts, I believe, are these. A year or two prior to the formation of the Branch, I was urged by some friends at Birmingham to agitate the establishment of a Branch in this district; which, alone, I was not able to accomplish. Subsequently, the late Dr. Barker had his attention drawn to the same subject—I believe, also, at Birmingham. He then corresponded with myself and other friends in this county; and I hope I am not egotistical in stating, that he rendered him such assistance in this matter, as to start the Branch; which, in all probability, without such assistance, would have been confined to the county of Bedford. I have seen this subject spoken of once or twice previously in the JOURNAL, or should have scarcely, on this occasion, alluded to it. I am, etc., HENRY TERRY, JUN., Late Secretary and Treasurer to the South Midland Branch. Northampton, November 1865.

CHARTS OF URINARY DEPOSITS.—A correspondent writes: "What is much needed for men engaged in active practice is a Chart of the Urinary Deposits to hang in a room, so that the forms could be immediately seen by running the eye down it, together with the shortest possible practical remarks. In looking for the engraving of 'Cystine' to-day in the New Sydenham Society's translation of Neubauer and Vogel, it struck me that if the engravings there could be used for this purpose, it would put them to good use; and if the Sydenham Society would publish such a chart, it would be very acceptable. It should be well mounted on linen and a roller, and the type large."

THE GRIFPIN TESTIMONIAL FUND.—SIR: The following subscription has been further received on behalf of the above Fund:—H. Bovall, Esq., Horsham, 5s.

Amount previously announced, £129:13:3. Received at the Lancet office, £9:0:0.

I am, etc., ROBERT FOWLER, M.D., Treasurer and Hon. Sec.

145, Bishopsgate Street Without, November 8th, 1865.

J. B. writes: "We take several of the journals besides the Association one, but we find none so practical and useful to the general practitioner as your admirable JOURNAL."

SUBSCRIPTIONS.

THE FOLLOWING LAWS OF THE ASSOCIATION will be strictly enforced:—

15. The subscription to the Association shall be One Guinea annually; and each member on paying his subscription shall be entitled to receive the publications of the Association of the current year. The subscriptions shall date from the 1st of January in each year, and shall be considered as due unless notice of withdrawal be given in writing to the Secretary on or before the 1st of December previous. If any member's subscription remain unpaid twelve months after it shall have become due, the publications of the Society shall be withheld from such member until his arrears be paid.

16. The name of no member shall remain on the books of the Association, whose arrears extend over three years; but the omission of the name from the list of members shall not be deemed, either in honour or equity, to relieve any member from his liability for the subscriptions due for the period during which he has availed himself of the privileges of membership.

T. WATKIN WILLIAMS, General Secretary.

Birmingham, November 1865.

COMMUNICATIONS have been received from—Dr. FREDERICK P. ATKINSON; Mr. R. HARRISON; Mr. H. LOWMOSE; Mr. JOHN MORELY; Dr. BULLAR; Mr. LEE; Dr. BAESH; THE HONORARY SECRETARIES OF THE ROYAL MEDICAL AND CHIRURGICAL SOCIETY; Mr. H. LEBLANC; Mr. J. M. STONE; Dr. J. BARCLAY; Mr. T. M. EVANS; Dr. D. B. WHITE; Mr. BLOMFIELD; Dr. J. ROSE; Mr. J. COLEMAN; Mr. J. M. MARTIN; Mr. S. WOOD; Mr. JAMES ROBERTSON; Dr. J. A. WOOD; Dr. R. FOWLER; Dr. GEORGE JOHNSON; Mr. G. K. H. PATTERSON; Mr. H. W. FREEMAN; and F. C. H.

ADVERTISEMENTS.

ESTABLISHED 1848.

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Notes

ON

THE PATHOLOGY AND TREATMENT
OF CHOLERA.

BY

GEORGE JOHNSON, M.D., F.R.C.P.,

PROFESSOR OF MEDICINE IN KING'S COLLEGE; PHYSICIAN
TO KING'S COLLEGE HOSPITAL; ETC.

[Continued from p. 494.]

THE EVIDENCE AS TO THE EXISTENCE OF A MORBID
POISON IN THE BLOOD AS THE
CAUSE OF CHOLERA.

In a previous communication (p. 465) I stated that the presence of a morbid poison in the blood, as the essential cause of cholera, is very generally admitted. There does, however, exist some scepticism with regard to this point; and, therefore, it seems not undesirable to state briefly the chief facts and arguments which are in favour of the doctrine in question.

Now, the proofs of the existence of morbid poisons are to be found mainly in the history of the diseases to which they give rise, and in the impossibility of giving a rational interpretation of the morbid phenomena without assuming the existence of some morbid agent. Neither chemistry nor the microscope has thrown any light on the essential nature of morbid poisons. "It is the human body," as Dr. Carpenter well observes (*Human Physiology*), "which forms the appropriate testing-apparatus for morbid poisons; and even if we could always obtain them in a separate state, and could subject them to chemical analysis, we should know much less of their most important properties than we can ascertain by observation of their actions in the system; this alone affording the means of judging of their dynamical character, which is of far more importance than a knowledge of their chemical composition."

The hypothesis, that a poison in the blood is the cause of the gastro-intestinal symptoms of cholera, is supported by many analogous facts. For instance, vomiting and diarrhoea not unfrequently result from breathing air which is contaminated by the exhalations from decomposing animal matter. Thus Dr. Christison states (*Treatise on Poisons*, 4th ed., p. 636) that M. Ollivier, "while visiting a cellar where old bones were stored, was seized with giddiness, nausea, tendency to vomit, and general uneasiness; and subsequently he suffered from violent colic, with profuse diarrhoea, which put on the dysenteric character, and lasted for three days."

Breathing the air of the dissecting-room and the dead-house is a common cause of diarrhoea; and Mr. Simon (*Lectures on General Pathology*, p. 231) remarks upon the instructive fact that, when a diarrhoea has been excited by dissecting animals whose flesh has a peculiar odour, this odour may sometimes be detected in the evacuations of the patient. Some years since, I was present while a medical friend examined the dead body of a patient who had died of cancer of the bladder and bowel. The stench was singularly strong. Within a few hours, my friend was seized with diarrhoea; and he noticed that his stools had the strong and peculiar odour which had pervaded the room when the body was being examined. In such cases as this we have conclusive evidence that fetid gases may pass, with the inspired

air, through the lungs into the blood, and thence be eliminated through the bowels. Can it be beneficial to prevent or retard that process of elimination?

It has been proved by experiments on animals, that many of the symptoms of cholera may result from the injection of putrid matters into the blood. Mr. Henry Lee, in his *Pathological and Surgical Observations*, describes several experiments of the kind which were followed by vomiting, diarrhoea, difficult breathing, great prostration, and death.

The remarkable arrest of blood in the branches of the pulmonary artery, which I have shown to be the essential cause of choleraic collapse, has its exact analogy in the arrest which is caused by the injection of certain salts into the blood, or by the admission of atmospheric air into the veins. (See *ante*, p. 492.)

Evidence of blood-poisoning in cholera may be derived from a consideration of the *symptoms of invasion*, as they have been called. The pathological theories which have unhappily prevailed in this country have led to an undue regard being paid to diarrhoea as a premonitory symptom of cholera, and to an almost entire disregard of other symptoms, to which the Indian practitioners attach great importance. The symptoms in question are those indicative of general discomfort and derangement of function, particularly affecting the nervous system. Twining says (*op. cit.*, p. 9): "Prior to the more distinct and alarming attack, there are sometimes for a few hours, and in some cases for two or three days, symptoms of indisposition, evident not only to the patient himself, but to his friends. When cholera is raging severely, the disease is often ushered in by diarrhoea; at other times, it begins with catarrh, nausea, and oppression at the scrobiculus cordis, which are not in an early stage to be distinguished from the slight indisposition which often precedes fever. The approach of cholera in this manner makes the patient suppose he is feverish or bilious; and if recourse be had to some of the medicines commonly used in slight ailments of that sort, the disease is said to be caused by the dose of medicine taken, when, in fact, it had been insidiously making progress for some hours." In this country, it has not unfrequently been asserted that an attack of cholera has been caused by the operation of a rhubarb pill or a dose of castor-oil. I can give a parallel to this *post hoc ergo propter hoc* argument. Some years since, when I was seeing out-patients at the hospital, a woman brought a child who was suffering from febrile symptoms, and for whom I prescribed a mixture containing nitrate of potash. Two days afterwards, the mother returned, and said, in a complaining tone, "Your medicine has brought out the small-pox." Truly the small-pox had come out; but certainly it was in the blood before it came into the skin. So, when symptoms of cholera follow speedily on the action of an aperient, the morbid poison was before in the blood, and probably caused the feeling of derangement for which the dose was taken. It is as probable that small-pox might result from rubbing croton-oil on the skin, as that a specific disease like cholera would be caused by a purgative.

Annesley gives an extract from the letter of "a zealous and intelligent medical officer", who strongly insists on the great practical importance of studying the initiatory symptoms of cholera. Referring to the purging, vomiting, and spasms, his correspondent says: "I am so thoroughly convinced that these symptoms are only secondary, that, were the following marks present, I should not hesitate to pronounce the case one of epidemic cholera. As the patient is approached, an appearance of overpowering lassitude

is at once perceived, with a pallid, anxious, and sorrowful cast of countenance; and, in more advanced stages, the countenance is dejected and sunk." He then refers to a case in which he observed this peculiar expression of countenance; and, feeling confident that cholera was impending, he kept a close watch upon the man. After an interval of nine hours, vomiting, purging, and cramps set in.

Bell and Orton (*op. cit.*) describe the initiatory symptoms of cholera in much the same terms as Annesley; and Dr. Paine, whose experience of the disease was obtained in New York, says: "Diarrhœa and vomiting do not always distinguish the premonitory stage; but it is sometimes denoted only by headache, loss of appetite, oppression at the chest, etc.; and, again, spasms are known to have been the earliest symptom, and at first the only prominent one." These symptoms of general derangement, which often attend the invasion of cholera, appear to be strictly analogous to those which mark the commencement of other undoubted zymotic blood-diseases.

Again, Orton and others of the Indian authors have remarked on the striking resemblance between the symptoms of cholera and those which result from the bite of a snake or other venomous animal. The venom of these animals unquestionably enters the blood, and thus often destroys life. So, it is probable, does the cholera-poison enter the blood.

Another fact, which is almost certainly indicative of a morbid condition of blood in cholera, is the frequent occurrence of albuminuria during the progress of the disease. This symptom, in connexion with cholera, cannot, I think, be a result of a merely passive congestion of the kidney. Much more probably is it due to an active congestion excited by a morbid quality of blood.

One of the most conclusive arguments in favour of the doctrine that a morbid poison in the blood is the essential cause of cholera, is based upon the fact that the worst symptoms of collapse have often been observed to follow immediately upon the arrest of the vomiting and purging by opiates and astringents. The first case which painfully convinced me of the fatal mischief which may result from the treatment of diarrhœa by opium, occurred during the cholera epidemic of 1849. A woman, about forty years of age, was seized with the usual symptoms of choleraic diarrhœa—vomiting, purging, and cramps. She had not a symptom of collapse. The countenance was natural, the skin warm, the pulse good. I gave her five grains of Dover's powder every hour until three doses had been taken. When I saw her again, in about three hours from the time of my first visit, the vomiting, purging, and cramps had ceased; and she was in full collapse, from which she never rallied. This case gave a terrible shock to my belief that collapse is a consequence of loss of fluid, and that it is to be prevented by arresting the vomiting and purging which usually precede and accompany the symptoms of collapse. I saw no way of escape from the painful conviction, that my patient's condition had been made fearfully worse by my well-intended but mischievous interference. Since that time I have had frequent opportunities of ascertaining from the published reports of cases, and from what I have seen in the practice of others, that the immediate occurrence of profound collapse is a not uncommon result of the sudden arrest of the vomiting and purging by opium. The salutary and curative efforts of Nature—the vomiting and purging—by which the morbid poison is being eliminated, are thus arrested; the poison then accumulates in the blood; the flow of blood through the lungs becomes obstructed; and the state of collapse is established.

MM. Briquet and Mignot have published some instructive particulars of the results obtained by them in the treatment of diarrhœa by opium. (*Op. cit.*, p. 514.) Their practice was to prescribe rest, rice-diet, and from fifteen to thirty drops of "laudanum of Sydenham"; the dose to be repeated in an hour, and to be followed by opiate enemata, if necessary. In obstinate cases, they gave altogether as much as from eighty to a hundred drops of laudanum. The result of this practice was, that, out of 200 patients who came under treatment at the commencement of the attack ("dès le début des premiers accidents"), no fewer than twenty-six—that is, 13 per cent.—passed into collapse. This, I have good reason to believe, is a far larger proportion of cases of collapse than would ordinarily occur if choleraic diarrhœa were allowed to take its own course and terminate, as it tends to do, in spontaneous recovery. Those who advocate the use of opiates and astringents in the treatment of choleraic diarrhœa appear to forget that there is such a result as spontaneous recovery, and they claim the credit of a cure in every case of diarrhœa so treated which does not pass on to collapse. During the last epidemic of cholera (in 1854), the late Mr. Wakefield stated, in a letter to the *Times*, that in a large number of cases of diarrhœa occurring amongst the prisoners at Cold Bath Fields, the only medicines which he gave were carbonate of soda and mint-tea; and not a single case passed into collapse. It can scarcely be supposed that this plan of treatment had any other effect than to dilute the contents of the bowel, and so to assist their speedy expulsion—a mode of operation entirely different from that of opium and astringents.

Mr. French states, with reference to the treatment of diarrhœa (*The Nature of Cholera investigated*, 2nd ed., 1854, p. 75): "I am satisfied, from much experience, that cases of epidemic diarrhœa generally subside speedily under the use of the simplest possible remedies which are wholly free from astringent properties." In this statement I entirely concur.

But it may be asked how it could happen, if there be a morbid poison in the blood the escape of which it is dangerous to arrest by opium, that so large a proportion as nearly seven-eighths of MM. Briquet and Mignot's patients escaped without more serious consequences? Ought not the whole number thus treated by opium to have passed into a state of collapse? To these questions it may be replied that, happily for the patients, in a large proportion of cases, the diarrhœa continues, in spite of repeated doses of opium, for a period varying from a few hours to several days; and, in such cases, it is reasonable to suppose, that the curative efforts of Nature succeed in eliminating the morbid poison from the blood, notwithstanding the opposing influence of the drug.

During the last epidemic of cholera, I saw several cases in which a diarrhœa had for some days gone on, in spite of large and repeated doses of opium and astringents. In each of these cases, the diarrhœa quickly ceased after the exhibition of one or two doses of castor-oil. And it is evident that the experience of MM. Briquet and Mignot was in perfect agreement with this; for they state that if, in spite of the energetic employment of opium, the diarrhœa continues for a period of two days, opium is then of no avail; and they have found in such cases that an emetic of ipecacuanha has immediately put a stop to the disease. It is probable that a diarrhœa which thus continues for several days while opiates are being given, and which is so speedily arrested by an emetic or a purgative, is due, not to the continued presence of a morbid poison in the blood, but rather to the local irritation of the mucous membrane of

the digestive canal by the morbid secretion which has been poured into it, and the complete escape of which has been retarded by the opium.

The peculiar character of the intestinal discharges in cholera affords some evidence of blood-poisoning.

Boehm (*Die Darmschleimhaut in der Asiatischen Cholera*, 1838) was the first to publish the fact, that the secretions discharged during life, and those which are found in the bowels after death, contain a large amount of epithelium.

The flocculi in the rice-water stools consist almost entirely of perfectly organised epithelial cells, most of them of large size. Of this fact, I have satisfied myself by repeated examinations of the discharges from different patients. The peculiar creamy viscid secretion, which sometimes nearly fills the small intestines after death, is also almost entirely made up of the same fully formed epithelium. Now, it is obvious that this large amount of epithelium cannot be explained by the peeling away of one or two layers of cells from the surface of the mucous membrane—the result of a local irritation during life, or of maceration by the fluid contents of the bowel after death. This abundant cell-formation can result only from a very active vital effort. And if the object of that cell-growth be not to withdraw from the blood some morbid products—some constituents of the blood or of the tissues which have been damaged by the morbid poison—it is difficult to suggest any explanation of the phenomena.

The desquamation of the skin and of the uriniferous tubes of the kidney, under the influence of the poison of scarlatina, is probably analogous to this intestinal desquamation in cholera. In both cases, it is probable that a poison in the blood is the immediate cause of the process.

The very peculiar odour of the rice-water stools—so entirely unlike any other odour, that it alone would suffice for the diagnosis of cholera—shows that the stools contain some new material, or that some constituent of the body has undergone a peculiar morbid change.

It is nearly certain that the intestinal discharges contain a morbid poison by means of which the disease may be communicated to others. So that, as Dr. William Budd has suggested (*ASSOCIATION JOURNAL*, 1854), a single case of cholera may, through the sewers, infect a whole district.

The facts and arguments here adduced are sufficient to warrant the inference that a morbid poison in the blood is the essential cause of cholera. The poison excites the gastro-intestinal symptoms, the vomiting and purging; by means of which the poison and its products are eliminated. And, in the worst cases, the same poison excites contraction of the muscular walls of the pulmonary artery, and then the condition of collapse occurs. During an epidemic of cholera, there occur many cases of choleraic diarrhoea which never pass into collapse. It is probable that both classes of cases are of essentially the same character; the same morbid poison is the cause of both; and the transition from choleraic diarrhoea with bilious stools to choleraic collapse with rice-water stools takes place by almost imperceptible gradations in different cases. The transition back again from the state of collapse to that of bilious diarrhoea occurs when the morbid condition of the blood is so far lessened that the circulation through the pulmonary vessels again becomes free. The stage of reaction is then established; and this is sometimes followed by fever, with engorgement of the lungs and a scanty secretion, or even complete suppression, of urine, which is often fatal.

[To be continued.]

Illustrations

OF

HOSPITAL PRACTICE:

METROPOLITAN AND PROVINCIAL.

HULL GENERAL INFIRMARY.

[Cases reported by T. M. EVANS, Esq., House-Surgeon.]

EXCISION OF KNEE: AMPUTATION: DEATH.

Under the care of WILLIAM J. LUNN, M.D.

ELLEN GANLEY, aged 11, was admitted July 28th, 1864. She was a strumous looking child, but in pretty good health at the time. The left knee was swollen, tense, and shining, and contracted at an angle of 135° ; but not very painful, except when handled. It had been affected upwards of twenty months. She was ordered to rest in bed, and to take half a drachm of syrup of iodide of iron three times a day.

Aug. 24th. There was very little, if any, improvement. Under chloroform, a single transverse incision was made; and about an inch of the femur, and rather more of the tibia, with the patella, were removed; the limb being afterwards placed on a straight iron splint with foot-piece. The operation was borne very well.

The cartilages were much ulcerated, leaving the bone exposed in several places; and the synovial membrane was thickened.

In the evening, she was frequently sick, and suffered great pain in the limb. She was ordered to have soda-water as required, and ten minims of tincture of opium at night.

Aug. 25th. She was sick during the greater part of the night, but better this morning. She still had pain; pulse 150, and feeble; tongue slightly furred. She was ordered to have a citrate of potash draught with four minims of tincture of opium every four hours, and to repeat the opiate draught every night.

Aug. 27th. Pulse 120; cheeks flushed. She was still occasionally sick. The wound looked well.

Aug. 29th. She felt better, and had scarcely any vomiting. The limb was more easy.

Sept. 1st. She was still improving, and her appetite was returning. There was a free discharge of pus. She was ordered to have three ounces of wine daily.

Sept. 12th. The wound looked sloughy, and was painful. She slept badly. Half a drachm of tincture of cinchona was ordered to be taken three times a day in decoction of cinchona.

Sept. 22nd. The splint and pads having become very foul from the abundant discharge, fresh ones were applied under chloroform. The child was so restless that there was great difficulty in keeping the limb in good position.

Oct. 5th. The wound discharged profusely, and had extended in size.

Oct. 15th. Dressing the wound caused so much pain and nervous alarm, that it was sometimes necessary to give her chloroform. Her health was beginning to fail very much, the discharge continuing most abundant; but the limb was kept in better position.

Oct. 27th. Her health was suffering greatly. She was much emaciated, and her bowels were relaxed. The wound was very sloughy, and discharging pro-

fusely; the thigh was extensively excoriated. Amputation was performed in the middle of the thigh. The ends of the bones were in parts covered with granulations, in others ulcerated. There was no union of any kind between them.

Oct. 29th. The stump was dressed; it looked pretty well.

Oct. 31st. Several of the sutures had given way, and the wound had opened out, and looked sloughy.

Nov. 5th. She had much hectic fever. The wound was less sloughy, but there were scarcely any granulations. She was ordered to have three grains of ammonio-citrate of iron and two minims of liquor opii sedativus three times a day.

Nov. 9th. The stump was very foul, with no granulations. Her strength was failing rapidly; she had occasional sickness.

Nov. 11th. She died at 3 P.M. No *post mortem* examination was made.

COMPOUND FRACTURE OF THE SKULL, FOLLOWED BY EXTENSIVE CEREBRAL PROTRUSION: RECOVERY.

Under the care of R. M. CRAVEN, Esq.

George Nicholson, aged 15, was admitted March 1, 1865, at 7 P.M., having received an injury to his head, caused by the falling upon it, from a height of twelve feet, of an iron plate three feet square and seven-eighths of an inch in thickness. A wound, four inches in length, extended along the vertex of the head, a little to the left side of, and parallel to, the longitudinal sinus, from which broken-down cerebral matter protruded. He was perfectly sensible; but vomited whilst being undressed; pupils natural. On examination, a detached piece of bone, two inches long and one inch wide, was felt, depressed to the depth of half an inch, and was removed with forceps, as also two other small detached pieces, the wound having been slightly enlarged for the purpose. A dressing of wet lint was applied.

March 2nd. Complete paralysis of the right arm and leg had supervened, without anæsthesia or any facial paralysis. The action of the pupils was perfect; the pulse natural; the intellect was unimpaired, but he complained of headache.

March 3rd. There was now paralysis of the right side of the face, and a tendency to contraction of the muscles of the paralysed arm. Consciousness remained perfect.

March 5th. Considerable protrusion of cerebral substance had taken place, and the facial paralysis was very marked. He sighed frequently, and was rather drowsy.

March 12th. The protrusion had increased to the size of half an orange, and pulsed very much. Consciousness was quite perfect.

March 21st. The paralysis of the face was rather less marked, the tongue being protruded more centrally; and the surface of the cerebral matter had a sloughy appearance. In other respects there was no change.

March 28th. A bandage was carefully applied with firmness over the cerebral protrusion, which was dressed with oiled lint.

March 30th. The facial paralysis was much less marked, and he had regained some power over the leg, being able to draw it up in the bed.

April 7th. There was further improvement in the paralysed limb, and a diminution in the size of the protrusion.

April 11th. The application of the bandage caused dilatation of the pupils and retching, which were at once relieved by loosening it.

April 18th. The protrusion was much reduced in size. All paralysis of the face had passed off.

April 22nd. There was a slight return of power in the arm. The bandage caused headache, unless very carefully applied.

May 2nd. The size of the protrusion was greatly reduced; but it still pulsed when uncovered. He could raise the hand to his head, and was also regaining power over the leg.

May 10th. He could now walk with a stick. There was no cerebral protrusion; but only a flat granulating surface, which pulsed when exposed.

July 4th. He was discharged with the wound entirely healed. He was able to use his arm, and to walk without assistance, though rather lame.

MALFORMATION OF THE VULVA: CURE BY OPERATION.

Under the care of R. M. CRAVEN, Esq.

Betsy Thrippleton, aged 20, was admitted May 5, 1865, on account of an impediment to coition, she having been married seven weeks previously. On examination, the perineum was found to be prolonged forward, with its median raphe, nearly to the meatus urinarius, where it admitted only of the passage of a catheter into the vagina. About an inch in front of the anus was a small depression, marking apparently the more proper termination of the perineum.

She stated that the malformation was congenital. She menstruated regularly, and was in all other respects well formed.

Under chloroform, a director was passed into the vagina in front, directed backwards, and made to emerge at the posterior depression before mentioned, and the intermediate part, about one-fourth of an inch in thickness, was divided with a bistoury. By this means, a perfectly free passage into the vagina was formed, of the natural dimensions. Oiled lint was inserted between the labia.

At each succeeding dressing, chloroform was rendered necessary by the acute sensibility of the parts; but the wounds healed rapidly without adhesions, and she was discharged cured at the end of a fortnight.

VERY LARGE CAULIFLOWER EXCRESCENCES REMOVED FROM THE VULVA.

Under the care of WILLIAM J. LUNN, M.D.

Sarah A. Kirk, aged 21, was admitted August 8th, 1864. From the labia and their neighbourhood projected a mass of condylomata, as large as a child's head, discharging an abundance of very fetid matter, and having an inflamed and irritable appearance. It had been two years and a half in growing to its present dimensions. The patient was in delicate health, and had had several attacks of gonorrhœa and syphilis.

Cloths wetted with a weak solution of chloride of lime were ordered to be constantly applied, and a bath of the same used twice a day.

Aug. 24th. She was very considerably improved, the mass being now separable into several distinct pedunculated growths. Under chloroform, a portion of the size of the closed fist was removed with the knife, and the bleeding vessels secured by ligatures; but such serious hæmorrhage resulted as made it evident that she would not bear any further loss of blood; and another portion of the same size was then removed by the *écraseur* without any hæmorrhage. The remainder were afterwards tied with strong cord. Brandy was freely given during the operation and afterwards, and warmth applied to the extremities; but she remained very faint, and was frequently sick. She was ordered to have soda-water occasionally, and fifteen minims of tincture of opium at bed-time.

11.30 P.M. Pulse 100, very feeble; hurried and sighing breathing. She was tossing about frequently, and was still constantly sick. A mustard poultice was applied to the epigastrium.

Aug. 25th. She had somewhat rallied; pulse 100, feeble; breathing quieter; extremities warm; the sickness had nearly ceased; there was no further hæmorrhage. She was ordered to have four ounces of brandy daily, and fifteen minims of tincture of opium twice a day.

Aug. 27th. She was altogether better. Some of the ligatured portions had come away.

Sept. 6th. The whole of the parts ligatured had now separated, leaving healthy suppurating sores.

Sept. 15th. A large slough had formed over the sacrum. She was improved in other respects, and her appetite was good.

October 5th. Ligatures were applied to several small growths still remaining. These separated in a few days, and she was discharged quite well on November 5th.

POPLITEAL ANEURISM: LIGATURE OF THE FEMORAL ARTERY: SECONDARY HÆMORRHAGE, AND RE-LIGATURE.

Under the care of K. KING, M.D.

Albert Smales was admitted April 26th, 1865, at noon, with a swelling in the right ham, of the size of half an orange, filling the popliteal space. Pulsation in it was very marked and forcible, and the pulse throughout the arterial system remarkably hard and strong; the heart's impulse was forcible, and there was a loud aortic regurgitant murmur. He was a strong looking man, formerly a stoker, but now a cabinet-maker, and had never suffered from acute rheumatism or any other illness. The aneurism was first noticed ten days before, as a small swelling, and had been preceded by a beating and stinging pain in the part for nearly a month. Since its appearance, it had rapidly increased in size, and had been extremely painful.

On account of the urgency of the case, and his having been under observation for some days previously to admission, the operation was at once performed under chloroform, which was well borne. A silver wire ligature was used; and pulsation in the tumour ceased on its application, but returned in a few minutes, and before he was removed from the table, though only to a slight extent. There was very little hæmorrhage; one small vessel being secured by an ordinary ligature. The wound was closed with wire-sutures, and the limb wrapped in cotton wool. An hour afterwards, there was no reduction in the temperature of the limb, but it was very painful. He was ordered to have twenty minims of tincture of opium immediately.

In the evening, pulsation in the aneurism was very marked; the limb was of the same temperature as the other, and very painful. He was ordered to have fifteen minims of tincture of digitalis every three hours, and to repeat the anodyne-draught at night.

April 27th. He felt easier after a tolerably quiet night; the pulse was less strong, and the aneurismal pulsation feebler; the limb was quite warm; tongue furred; bowels constipated; he had some pain in the abdomen. He was ordered to have a senna draught.

April 29th. He was more comfortable. The aneurism still pulsated, but was much reduced in size; the tibial artery of the same limb could be distinctly felt to beat, and the pulse in the other arteries was still very strong and jerking.

May 1st. Suppuration was established in the

wound. Though he had continued the digitalis, there was the same violent jerking pulse.

May 3rd. The pulse was very irregular and intermittent, but still forcible and jerking. He was ordered to omit the digitalis, and to take fifteen minims of tincture of opium every four hours.

May 4th. He was quieter and more comfortable; the pulse was more regular and steady.

May 5th. At 10 A.M., hæmorrhage occurred suddenly, and half a pint of blood was lost before it could be restrained; arterial blood escaping in several streams between the edges of the wound. Two stout silk ligatures were now applied, one above and the other below the bleeding point, which itself required another ligature, hæmorrhage being apparently kept up through some anastomosing branch. The wire ligature, being firmly attached, was left, and Skey's tourniquet applied at the groin to moderate the violent pulsation of the femoral artery. Pulsation in the aneurism again ceased, and the limb was enveloped in cotton wool. Forty minims of tincture of opium were given.

7 P.M. The temperature of the limb was not lowered, but there was much pain and slight numbness. He was ordered to have half a drachm of tincture of opium immediately, and fifteen minims every two hours.

May 6th. There was no alteration since the last note.

May 8th. He was more comfortable; there was free suppuration in the wound. The opiate was continued.

May 10th. Skey's tourniquet being kept in position with difficulty, Signoroni's was applied.

May 13th. The pulse had been quieter during the last few days, and the tourniquet had been constantly applied, keeping up slight pressure. There was no pulsation in the ham, and the tumour was much reduced in size.

May 15th. A distinct pulsation in the wound was noticed, and was stopped by the application of Skey's tourniquet on the distal side.

May 20th. The pulse was much quieter; and the patient slept better. None of the ligatures have separated.

May 27th. The upper ligature came away to-day. He had been very comfortable all the week, and continued the opiate.

June 1st. The lowest ligature had come away; the remaining one was still firm, and apparently included a nerve, as, on pulling it, acute pain shot into the knee and down the leg.

June 5th. The tourniquets were removed, pulsation in the artery near the wound being only very slight. His health was good. The original wire-ligature had come to the surface, and had been removed. The tincture of opium was omitted.

June 17th. The remaining ligature was still firmly attached. He was allowed to get up.

June 26th. He was made an out-patient; the wound having healed, except in the track of the ligature, which had not yet separated.

July 26th. He walked with the knee very slightly bent; there was no tumour nor pulsation to be distinguished in the ham; and the ligature had come away to-day. The cardiac bruit was much less marked.

ACCIDENTS TO AMERICAN PHYSICIANS. Dr. Prescott, at London, Canada West, was out shooting, when his gun burst, shattering his left hand so severely, that it had to be amputated above the wrist. Dr. J. G. Hall, of Maine, broke through the scaffold floor of his stable recently, while assisting in unloading some hay, and broke one of his legs.

Original Communications.

THE HOT MUSTARD HIP-BATH IN DIARRHŒA AND CHOLERAIC DIARRHŒA.

By JOSEPH BULLAR, M.D., Physician to the Royal South Hants Infirmary.

WE all know that, in the former epidemics of cholera in this country, there was a general disposition to diarrhœa or to painful affections of the bowels in those places where Asiatic cholera was prevalent. The same was the case here. There were much diarrhœa, some choleraic diarrhœa, and a few cases of genuine Asiatic cholera. The use of the hot mustard hip-bath in diarrhœa and choleraic diarrhœa I will illustrate by cases in which it was alone used, and in which its immediate benefit was unmistakable.

CASE I. J. C., aged 31, the head gardener of my neighbour, had diarrhœa for nine days. He said that he was suddenly seized, between two and three o'clock in the early morning, with sickness and purging; and that ever since he had vomited his dinner, and had six or seven stools daily, with constant epigastric and abdominal pain, and occasional severe griping. He took at first a quarter of a pint of brandy in hot water to stop it; and then some domestic opiate astringent; and the last day a dose of calomel, which was followed by twelve stools. He was naturally a strong, healthy young man; but he began to look ill. He had taken his usual food, and, the last two or three days, a good deal of brandy and water.

I directed him to try a hot mustard hip-bath, which he prepared and regulated himself. He mixed four ounces of mustard with seven gallons of water; got into it at 90°; raised it to 110°; and, after twenty minutes, it stung him so much that he could only remain in it five minutes longer. He went to bed, felt drowsy, and went to sleep; and had no return whatever of the diarrhœa, pain, or sickness. The next day, he was fit for work. I ordered him to avoid stimulants, and to keep to tea, mutton, and rice for a few days. He has been since quite well.

This was a case of simple diarrhœa in a healthy young man, injudiciously treated by brandy and astringents, running on for nine days, and immediately cured by one hot mustard hip-bath of 110° for twenty-five minutes.

CASE II. A very delicate baby of nine months old had diarrhœa for a fortnight after weaning. Lime-water did not stop it. The bowels acted three or four times a day. The secretions were fetid, and the child was sick after his food. Directions were given that he should be seated in a hip-bath, containing a gallon of water and a tablespoonful of mustard, for five minutes night and morning: the water as hot as he could bear it. No medicine was given. This was continued for three days. The diarrhœa yielded, and never returned.

This was simple diarrhœa in a strumous infant of nine months old, showing the applicability of the remedy to an early age and a weakly subject.

CASE III. A strumous boy, about three years old, was an out-patient of the infirmary here with a diseased finger, and was brought by his mother for this, and obstinate diarrhœa. The house-surgeon, struck with his sunken eyes and collapsed look, requested me to see him. He was cold, with cramps, griping pains, and occasionally was sick, and purged with rice-water stools. He had had diarrhœa for a week;

but these aggravated symptoms came on the day before, and he had passed no urine. His pulse was hardly perceptible. It was a case which struck me as likely to run into fatal collapse easily. I requested the nurse to put him immediately into a mustard bath as hot as he could bear it. She used a hot bath in which his legs and half his body were immersed. He struggled and cried, but was kept in the bath for ten or fifteen minutes, then dried and wrapped in a blanket, and laid down. He soon fell asleep. Four hours after, when I saw him, he was playing in his bed, and had no return of vomiting, purging, pain, or cramps, since he left the bath. I told his mother she might take him home, and give him milk and water and bread and butter only; and on the house-surgeon going to see him, on the second day, he found he had remained quite well; and his mother had given him a teaspoonful of castor-oil, as his bowels did not act.

This was a well marked case of choleraic diarrhœa. Though there was no collapse, there were rice-water purging and vomiting, cramps, cold skin, failing pulse, no secretion of urine, and that sunken eye which shows that much of the watery part of the blood has escaped. Chalk mixture, kino, and opium had failed to restrain the fortnight's diarrhœa. The child gave me the impression that, if he had been sent home to a low suburb, with his mother a mere inexperienced girl, with directions as to food and medicines, he would have got worse and died. One hot-water mustard-bath, which covered and well reddened his legs and half his body for a quarter of an hour, cured him, and he was sent home safe.

In these cases, no medicines were given. They are fair, simple experiments, in which there can be no possible doubt that the hot water mustard hip-bath relieved simple diarrhœa in a strong vigorous man and in a puny infant, and choleraic diarrhœa in a weak strumous child. I bring them forward as simple experiments worthy of attention; not as proofs that this should be the universal treatment of diarrhœa, but that it is one promising mode of treatment, simple, efficacious, rational, and now especially valuable as strengthening the more important point, that there is a stage in Asiatic cholera—that stage in which the great gush of watery fluid from the gastro-intestinal surface has taken place, followed by the cold skin, the shrunken hands, the want of secretion of urine, the commencing decarbonisation of the blood—in which this powerful remedy may, by producing reaction, bring back the circulation to the surface, and stop the progress of the disease.

That it is a most powerful remedy, these cases of diarrhœa prove; and the reasons seem to me to be these. In the first place, it produces a revulsion of blood to the surface, and thus changes that tide which has set in towards the organs of the abdomen.

The visible effect of hot water at 110° with mustard is to redden the skin more, and with greater rapidity and permanence, than water alone.

This red colour arises from the coloured blood-corpuscles becoming redder, more oxygenised, and therefore of higher vitality, than they do in passing through the lungs.

Here, in the skin, the blood-corpuscles are passing from the smallest arteries to the radicles of the veins through the intervening capillaries, and would normally have become more purple instead of scarlet, having expended part of their oxygen. In cholera, they have become at this point much more venous, giving the characteristic blue, or rather leaden, aspect. The corpuscles are highly carbonised instead of oxygenised, and the patient dies of carbonised blood.

In the last stage of life, his whole surface is leaden or blue and cold, and he lies pulseless often for hours; and, though so icy cold to the touch, throws off his bed-clothes, instinctively seeking through the skin more oxygen for the carbonised blood stagnating in his capillaries.

Some years ago, a pastrycook here went into his ice-well, and was asphyxiated by carbonic acid gas there. Shortly afterwards, when his dead body was brought up, it was as blue and leaden and livid as a cholera corpse. He died of carbonised blood.

It is true that respiration goes on to the last in cholera; but pathological anatomy shows that the mass of blood in the body is venous. The pouring out of the watery parts of the blood and its salts leaves the corpuscles without life, and in a short time incapable of being re-vitalised. The object and hope is, to stop this white hæmorrhage before the red corpuscles are incapable of re-oxygenation.

Now, if we consider the large surface of the skin which is reddened by a hot mustard bath and the rapidity of the circulation, the bath itself must, by this reddening process, be a powerful agent towards arterialising the whole mass of blood, and thus in giving more life. A blood-corpuscle does not take a minute to complete the whole circuit of the body. Each corpuscle thus reddened, and therefore more highly vitalised, passes on to the heart, and its place is instantly taken by another, subjected to the same process, and so on in every capillary vessel subjected to the heat and stimulus in an ever-flowing stream, and so rapidly that each makes the whole circuit (though it does not return to the same spot) in less than a minute of time. The amount of corpuscles so reddened in half an hour must be very considerable. I can only explain in this manner the rapid restoration to good health and strength in the cases related; and, if so, the hope that this treatment early employed may diminish the pernicious after-effects of the devitalised corpuscles in the vessels, only to be got rid of, if at all, by an after-fever.

From this reasoning, it follows that the reddening stimulus to the skin must be over a large surface, and continued for a considerable length of time, and tried early, before the blood-corpuscles have altogether lost the power of becoming oxygenated. And the test that the remedy has been applied in time would be in its reddening effects on the surface. If no reddening were produced, the hot mustard-bath would have been applied too late.

In the early stage of the hatching of an egg, the red corpuscles may almost be seen to be formed out of the yellow yolk, by equable, continual warmth and air—a process of the same kind as this, but a slower one, and by heat and air alone. Here heat is combined with a stimulant of the nerves, which goes to explain the rapid action of the joint means. For here is direct heat to re-vitalise the corpuscles, and a powerful excitant of nerve-force to circulate them more rapidly and to rouse the sluggish powers.

The rationale of this is the conversion of physical into vital forces.

Very hot water and mustard over a large surface is one of the most powerful vitalising agents we can employ.

On the continent, the grocers sell "mustard bran" for mustard foot baths and poultices, which our neighbours much use; but it is not to be procured in our shops. From the kindness of a lady who sent a quantity of it, which she obtained at Colman's, 26, Cannon Street, London, to the Infirmary here, I find that it is much stronger than common mustard, both in poultices and baths; and, as it is only three pence a pound, it should be introduced generally into this country for external use.

ABSTRACT OF A PAPER ON CHOLERA.

By P. O'CALLAGHAN, LL.B. and LL.D. Dub., and D.C.L. Oxon; formerly Surgeon in the 11th (Prince Albert's Own) Hussars.

[Read before the Social Science Association, October 6th, 1865.]

In the year 1832 I happened to have medical charge of the garrison of Limerick, under the district superintendence of the late Sir James Pitcairn, during the memorable outbreak of spasmodic cholera. I believe that the number of cholera cases in that garrison was nearly a third of those in the whole of the troops serving in Ireland at that time. My responsible and arduous duties on that occasion gave me the most favourable opportunities for studying this extraordinary disease, not only in the military hospitals, but likewise in the crowded civil establishments and refuges extemporised for the reception of the numerous cases of cholera in that populous city; and much subsequent experience and observation enabled me to test the value of the practical knowledge thus acquired.

Long before the idea was accepted, or even generally entertained, by the medical profession, I satisfied myself that the cholera was not a contagious disease, and that it was incapable of reproduction from the human body either alive or dead. I was also convinced that it was produced by a subtle atmospheric poison, borne along in suspension in the air, but not in chemical solution. It would, on this supposition, be likely to invade localities capriciously as it were, and in various degrees of intensity; and in general would be more under medical control in its advent and retrocession, because the poison would be at those times in smaller quantity and more diluted. I have been further convinced that this singular poison is material, and that its specific gravity is a little greater than the atmosphere, although it may be wafted forcibly in its strong currents; for I have observed that it had always a tendency to subsidence in calm and stagnant states of the air.

The latter supposition will serve to explain many of its strange phenomena. For instance, I have remarked that most persons were attacked towards morning, after they had lain several hours in a horizontal position, near the floors of their apartments, and probably immersed in the most polluted portions of the vitiated air during that time. It would occasionally happen, that even the lee-side of a ship might be alone infected, if the vessel had been sailing any length of time with a side wind.

I have observed the disease to stoop, as it were, and pounce upon a single bell-tent in a large camp, leaving all the others perfectly unharmed; and in another striking instance, I have seen one side of a large barrack-room attacked, although not a single case occurred on the opposite side, which was equally crowded. The immunity of the uninfected side in the latter case, appeared to me to have been caused by the poisoned air having been blown over it through high windows, and deposited on the beds under the opposite wall.

From these observations it can be easily conceived that this terrible atmospheric poison is mainly influenced in its course by the direction of the winds, and that any locality in which it unhappily might prevail should look for a storm or strong gale of wind as the most merciful of all providential visitations; for I believe that neither the heat nor the cold, the humidity nor dryness of the air have the smallest influence in lessening its virulence.

If this theory should be true, it must follow that the worst localities are those in which the air is least circulated—such as narrow and crowded streets in

low situations, enclosed courts, areas, cellars, etc. These unwholesome places are unluckily the most densely populated; and the physical condition of the inhabitants, from a combination of various causes, is in the worst possible state to resist infection, or struggle against disease.

It is therefore too hastily assumed that the locality, or something about the locality, is capable of *generating* this peculiar poison; as if this state of things was new, and had not always existed even in a far worse degree than at present. The drainage is first accused as the "*teterrima causa*," next that universal culprit the water, then the graveyards, slaughter-houses, shambles, and even many of our most useful manufactories; in short, everything that produces a disagreeable smell. Nothing, however, appears to be more conclusively established than the fact, that smells are not noxious in proportion to their sensational offensiveness. On the contrary, there are good reasons for supposing that the agreeable fragrance of many perfumes, and in some cases the grateful odour of certain plants, become exciting causes of serious constitutional disturbance. For example, it is too well known that the pleasant scent of a newly mown hay-field, is far more injurious to many than the most noisome effluvium from a knacker's reeking slaughter-house.

This is not simply a theoretical idea, supported by mere assertion. Let any person of ordinary acuteness of observation take a morning walk through that most elegant, spacious, and best stocked of all gardens, Covent Garden; he cannot help being struck with the generally pale and unhealthy aspect of its occupants, who sit enthroned in their airy and well-ventilated stalls, surrounded with piles of delicious fruits and gorgeous bouquets of sweet-scented flowers. If he will then take the trouble to extend his walk only a little way further, and try to wend his way through the narrow, close, and offensive purlieus of Newport Market, those loathsome depots and receptacles of animal matter in all its stages of decomposition, he will probably be compelled to hold a handkerchief before his nose; but he will see, at the same time with astonishment, the rosy and chubby cheeks of the boisterous children who inconveniently obstruct his way, and the florid glow of rude health in the countenance of their robust parents. The most eloquent leaders in the most popular journals should not delude the public into the unjust impression that the useful trades of the butcher, skin-dresser, glue-maker, chandler, etc., are more unhealthy occupations than those of the greengrocer, fruiterer, milliner, bouquet-maker, etc. The contrary is the actual fact.

When the sewage of London was discharged into the Thames, a short time ago, the stench from the river at low water was exceedingly offensive. The whole of the press was unanimous in its clamorous demand for the suppression of such an alarming public nuisance, and London was menaced day after day with a pestilence which never came. On the contrary, the health-returns clearly proved that the metropolis was unusually free from epidemic disease on that occasion. My sole object, at present, is to urge with all the earnestness in my power the paramount duty of providing before-hand for the immediate removal of decided cases of cholera from infected localities. The necessity for making such preparations is, in my opinion, of the most vital consequence, not only for the more favourable treatment of the patients themselves, but likewise for the absolute safety of the medical officers and their attendants. In furtherance of this object I would recommend that all cholera hospitals should be made ambulatory where possible, or at all events easily and expeditiously

removable. For such a purpose nothing appears to me to be so easily procurable, and so thoroughly available, as a large canvas tent. This suggestion, which was submitted many years ago to the consideration of the head of the Military Medical Department, I am happy to hear has been since occasionally adopted with the most beneficial results. I must confess I looked with serious apprehension upon a former recommendation of the General Board of Health—viz., that a medical staff should be organised for the purpose of house-to-house visitation, and the local treatment of cholera cases. As well might they have recommended that medical men should be sent down into foul mines, with the senseless object of resuscitating the unfortunate creatures whom they might find there gasping in the agonies of choke-damp.

In the town of Sligo, in 1832, no cholera hospitals were established, and the sick were all treated in their own houses. The consequences were appalling; most of the doctors, patients, and attendants were soon carried off, and that devoted town was rapidly decimated. I was, however, rejoiced at the authoritative recommendation of the central board for the early treatment of "premonitory symptoms." When the cholera visited this country a second time, I think in 1849, the 11th Hussars (of which regiment I was then surgeon) were quartered at Hounslow. The disease prevailed to a great extent in the neighbourhood, and was alarmingly fatal in the town and surrounding villages. Our barrack at that time was most unfavourably circumstanced. Its construction was bad, its ventilation and drainage very defective, and it was in great part enclosed by a foul and stagnant ditch.

My principal efforts then were directed to arrest, if possible, the disease in its first symptoms. For this purpose every barrack-room was supplied with a bottle of an astringent medicine, composed of the compound chalk mixture, catechu, and opium. This was given in charge to an intelligent non-commissioned officer, with orders to give a tablespoonful to every man who complained of the slightest premonitory symptoms, and even to repeat the dose if necessary before the man could be removed to the hospital.

This barrack-room self-treatment was attended with the happiest results, and was almost invariably successful. Few of such cases even required admission into the cholera ward; still fewer assumed an alarming character; and none proved fatal.

This is the arrangement which I would now venture to urge upon all local boards of health for general adoption. Let there be at once established convenient depôts for the immediate and gratuitous administration of this description of medicine, and appliances for the speedy removal of the decided cases either of rich or poor, from the infected atmosphere in which they may happen to be immersed, and I feel confident that under providence this dreaded visitation will become divested of much of its malignity, and much of its terror.

NOT ACCLIMATISED. The mortality returns of New York for the second week in October show that of the 262 deaths of children in the week, 203 are reported the offspring of foreign parents, and only 59 of native parents. If life and death bore the same proportions in the entire population, the above figures would indicate that of the 1,500,000 residents within ten miles of the city hall at least 77 per cent. are foreigners. Of course, this is absurdly wrong; but the returns prove two things—foreigners produce five children where natives have two; and the former raise one where the latter raise three. (*New York Times*.)

Reviews and Notices.

A DESCRIPTION OF THE DISEASED CONDITIONS OF THE KNEE-JOINT WHICH REQUIRE AMPUTATION OF THE LIMB, AND THOSE CONDITIONS WHICH ARE FAVOURABLE TO EXCISION OF THE JOINT: with an Explanation of the Relative Advantages of both Operations, as far as they can be ascertained by Cases properly authenticated. By PETER CHARLES PRICE, late Surgeon to the Great Northern Hospital. Edited, with a Preface and Memoir of the Author, by HENRY SMITH, F.R.C.S., Assistant-Surgeon to King's College Hospital. Pp. 192. London: 1865.

This work is an essay which was submitted by the lamented author to the Council of the Royal College of Surgeons, in competition for the Jacksonian Prize in 1860. That prize was not awarded; for what precise reason is unknown. It has, however, according to Mr. SMITH, been said the Essay was rejected on the grounds, that all the conditions for the acquisition of the prize were not fulfilled, and that Mr. PRICE had written rather an essay upon excision of the knee-joint than answered the questions proposed. Mr. Smith admits that the author, in his zeal for the success of excision of the knee-joint, did not pay so much attention as he might have done to the other subjects referred to in the prize question; but, at the same time, he maintains that the subject on which information was really desired, was excision of the knee-joint.

The first part of the book contains a description of the Anatomy of the Knee-joint and its Appendages.

In the second part, the author gives a Sketch of the Various Diseased Conditions of the Structures comprising the Knee-joint, which under certain phases demand a Recourse to Amputation of the Thigh or Excision of the Articulation. At pages 12 to 48, and pages 127 to 142, this subject will be found very ably discussed. The conclusions at which he has arrived are founded on the records of 291 cases of excision which, with considerable research, he collected. Of these 291 operations, 78, or 1 in 3.7, terminated fatally. Among those—238 in number—which had come under British surgeons, there were 55 deaths, shewing a mortality of 1 in 4.3. These calculations include five fatal cases in which amputation was performed after the failure of excision.

As to the conditions in which excision of the knee-joint is indicated or contraindicated, Mr. Price regards the operation as advisable when the disease, demanding complete removal, is limited to the synovial membrane; provided that the general conditions are not unfavourable. It has been objected that disease may be lighted up by the operation in the ends of the bones; but the author cannot see why it should be more so when the disease has been confined to the synovial membrane, than when a greater extent of bone has been affected and removed. Nor does he entirely admit the force of the objection, that it is sometimes impossible to remove the whole of the diseased membrane. This may, he allows, sometimes be the case. The operation, in cases where the synovial membrane merely is affected, he holds to be strictly conservative; the small amount of bone and

cartilage removed allowing ready osseous or fibrous union, and, in young subjects, the growth of the bone.

Excision is also held by Mr. Price to be a proper remedy in cases of so-called ulceration of the cartilages of the knee-joint; in simple inflammation of the spongy texture of one or more of the bones, especially if the disease be chronic; in circumscribed chronic inflammation of the ends of the bones proceeding to suppuration; in limited inflammation of the ends of the bones resulting in necrosis, provided that this be not too extensive; and in circumscribed strumous inflammations. Excision is also preferable to amputation in cases of deformity without disease, where milder means have failed; and the author also considers it a judicious proceeding when operative measures are required in consequence of fracture and dislocation in the neighbourhood of the joint. It is not a proper remedy in acute inflammation of the synovial membrane; nor in the diffuse form of tuberculous infiltration of bone; nor, for very obvious reasons, in cases of malignant disease affecting the knee-joint.

Speaking of excision in the acute synovial disease, he says:

"From what I have seen of excisions, I am led to believe that the less amount of local mischief there is about a joint condemned to removal, the greater the chance of success after excision. Besides the great and excited local disturbance, the general health is more or less rapidly and seriously implicated; and the constitution is, therefore, rendered more than ever susceptible to morbid inflammatory lesions. In addition, the cut surfaces of the bones are inflamed, and the absorbents and veins about the implicated parts are in an excited condition, and ready to transmit unhealthy action to neighbouring or remote parts." (P. 131.)

To this Mr. Smith adds in a note:

"I think it may be laid down as a rule, that excision of the knee should not be undertaken for acute suppuration in the joint. The danger attending excision in such a case is far greater than that accompanying amputation."

Having pointed out the conditions of the joint which indicate or forbid excision, the author comments on certain circumstances which are held by some to preclude the performance of the operation; viz., 1. The state of health of the patient; 2. His age; 3. The extent to which the soft parts are implicated; 4. The time supposed to be necessary for adequate repair.

It has been objected, that patients who have long suffered from chronic disease are incapable of withstanding the shock of a severe operation. In reply to this, Mr. Price refers to the histories of some successful cases, in evidence that, "provided the operation be skillfully performed, and the after management judiciously carried on, the result often surpasses the most hopeful expectations of the surgeon." Even the presence of pulmonary disease is, with him, not an absolute contraindication; for, while he would not recommend operating on a patient in an advanced stage of consumption, he believes that

"The earlier stages of phthisis, and even those more advanced, do not very frequently so seriously contraindicate against excision of a vitiated joint as is generally supposed. It is, I am convinced, far easier for the constitution, however much depressed, to

exert new and, perhaps, taxing energies for the production of repair, than it is for it to bear the exhausting depression of disease." (Pp. 144-5.)

In fact, Mr. Price is not convinced that, because a patient is much reduced in health, he is unfit to undergo the operation of excision and the subsequent long treatment; and Mr. Smith, coinciding with the author, refers to cases where, the operation having been performed on patients whose health seemed to have been greatly shaken, recovery has taken place, while in others, where the constitution has suffered but little, the result has been unfavourable. Of this, Mr. Smith offers the following explanation.

"I think we may assume that in the one case the system has been so accustomed, as it were, to the irritation of the local disease, that it does not feel the shock of the operation; nevertheless, when the offending cause has been removed, the powers of Nature assert their supremacy, and the relief afforded by the aid of the surgeon is surely, although in some cases but slowly, exhibited by an ultimate rallying of the patient; but in those instances where the local suffering has not been so great or prolonged, the constitution feels the shock of an operation more acutely, and a patient in moderately good health will succumb quickly, either from the immediate effect of the proceeding or from some other mischief set up." (Pp. 145-6.)

In support of this view, Mr. Smith also refers to the results of cases in which perineal section had been performed for struma.

Organic visceral mischief militates against the performance of excision of the knee-joint, as of any other important operation; not only as regards the immediate effect, but also as to the ultimate result.

As to age, the operation has been performed at all ages. Mr. Kendall operated on a child aged 3½ years; and an American surgeon on a patient aged 55; but it does not follow, says Mr. Price, that because the operation was successful in these cases, it can be resorted to at all ages.

Excision of the knee has been objected to as inapplicable in children, on the ground that operative measures are not needed in them in joint-disease. This however, as Mr. Price observes, is "an assertion which meets with daily exceptions." Another objection, and a very important one, is, "that the limb, after removal of the joint, ceases to be developed at a rate corresponding to that of its fellow." On the consideration of this subject, Mr. Price enters fully; and, noticing the opinions of Syme, Butcher, Keith, Jones, Humphry, and other surgeons, he arrives at the conclusion that, while the effects of previous disease exercise considerable influence on the future progress of the member, the arrest of growth in children is rather to be explained on physiological grounds; that is to say, "if the epiphyseal cartilages be taken away by operation ere the full growth of the bone be completed, this condition will obtain." The two bones—the femur and tibia—do not bear an equal share in the defect. Equal portions of both being removed, it appears, according to Mr. Barwell (BRITISH MEDICAL JOURNAL, Dec. 24, 1859), that the deficiency is greatest in the femur. This liability to ultimate shortening of the limb may be obviated by removing as little as possible of the epiphyses.

"I think," says Mr. Price, "Mr. South and his colleagues have, at St. Thomas's Hospital, shown that there seldom exists a necessity for taking away such

an amount of bone as will materially interfere with the epiphyseal portion of the lower end of the femur and upper extremity of the tibia. Mr. South in his operations merely takes away the articular cartilages without in any material way interfering with the subjacent structure, in all cases in which the expanded portions of the femur and tibia are not seriously implicated in the disease." (P. 151.)

Mr. Smith, too, confirms the opinion that, in proportion to the amount of the epiphyseal structure removed, the limb will be arrested in growth, and *vice versa*; but observes that,

"Fortunately, in by far the majority of cases, the disease is so far limited that a perfect excision of the joint may be effected by taking away a very thin slice of the hard tissue."

Mr. Price does not admit either extensive suppuration of the soft parts, or the length of time required for recovery, as obstacles to the operation. The great object to be gained is the removal of the cause of mischief; and the time required in the after treatment depends much on various circumstances—on the skill of the operator, on the condition of the patient and the aid which he can give to the surgeon, and on various agencies over which neither surgeon nor patient have control (erysipelas, etc.). All that can be said, according to Mr. Price, is, that adequate repair cannot take place in less than six weeks; while it may require months.

In the third part of the book, the author considers the Various Ways of Performing the Operation of Excision of the Knee-joint; the after-treatment required; and the union which takes place both immediately after operation and subsequently.

The fourth part is devoted to a Comparison of Excision and Amputation in regard to their results. The author, as might be expected from the fact of his having been a leading advocate of excision, maintains that the resulting limb, in any circumstances, is better than a stump and mechanical support; and that the dangers attending excisions are, as a general rule, less than those of amputation. The cases of excision collected by Mr. Price, 291 in number, give a mortality of 78, being 1 in 3.7; while the average mortality after amputation of the thigh (of which the statistics vary much) is probably 1 in 3.5 or perhaps 1 in 4.5 or 5; but Mr. Price believes that

"The more frequently the operation (excision) is performed, with due attention to all the points I have insisted on, the more successful will be its results, and the less frequent will be the resort to amputation."

In publishing this essay, Mr. Smith has considered it his duty to publish it as the author left it—adding only a few notes of his own. He has not even thought it right to alter or omit certain passages containing severe remarks on some surgeons, and which the author, had he lived, would most probably have modified. Having been, he says, entrusted by the family and friends of Mr. Price with the publication of the work; and in which he has not felt "permitted to make any alteration in the essay whatever, so far as regards curtailing the text." In these circumstances, Mr. Smith was naturally placed in a very delicate position; but we must say that we should have preferred not meeting with some few expressions, the removal or modification of which would in no way have impaired the value of the book. We must not, however, look too closely at

small faults when great merit is obvious: and that Mr. Price's essay possesses such merit, is sufficiently shewn by our analysis of it. Mr. Smith, than whom a more competent man could scarcely have been found, deserves thanks for the faithful manner in which he has performed his task: and also for the admirable memoir of the author of the essay, which he has prefixed to the work.

Mr. Price, it will be remembered, died just a year ago of consumption, at the early age of 32, after giving the fairest promise of rising to the first rank among British surgeons. Those who knew him, and had opportunities of observing his character as a man and as a surgeon, can agree with his friend Mr. Smith that

"It is not a matter of wonder that much real sorrow should have been expressed for his premature removal from this earthly scene, and that handsome tributes should have been paid to the memory of one who died so young, but yet lived long enough to leave a permanent name amongst the benefactors and ornaments of surgery."

A PRACTICAL TREATISE ON RUPTURE: its Causes, Management, and Cure; and the Various Mechanical Contrivances employed for its Relief. By T. P. SALT, Birmingham, Anatomical, Surgical, and Orthopædic Mechanician. Pp. 112. London: 1865.

MR. SALT writes this book for the guidance of the public, in their choice of instruments for the relief of hernia; and also for the instruction of those who are not ruptured, in order that they may avoid becoming so. He divides the book into six chapters; of which the first three are devoted to general observations on rupture, its causes, management, and cure, and on the means of preventing it; while the remainder of the book is occupied with a description of various trusses, and of instruments for the relief of prolapsus uteri and prolapsus ani. The author expressly disclaims all intention of interfering with the duties of the surgeon, holding that, even if he could point out how and when professional means should be employed, "it would be highly injudicious in any person to undertake the management of his own case."

In an instructive preface, Mr. Salt insists strongly on the importance of making physiology a part of general education; and makes some very sensible remarks on the violation of the rules of health often met with, especially in schools for girls.

The book seems well calculated, in its way, for the removal of error, and the diffusion of reliable information in regard to the preservation of health, so far as the immediate subject treated of is concerned.

A MEDICAL VICAR. The newly elected vicar of Caverswall is Dr. B. N. Arnold, a Fellow of the College of Physicians. He was once curate of Binfield; and practised medicine before entering into holy orders.

THE CHARGE AGAINST DR. CHARLES BLACKBURN. There seems to have been but little foundation for the charge brought against Dr. Blackburn of having sent clothes of patients dead of yellow fever from Bermuda to New York. He has been discharged and admitted to bail on his own recognisances.

British Medical Journal.

SATURDAY, NOVEMBER 18TH, 1865.

STATISTICS AS A GUIDE OF PNEUMONIA.

DR. BARCLAY, in his *Medical Errors*, assures us that statistics, as indicative of the value of a remedy in the treatment of pneumonia, drawn from less than 3,200 cases, are not to be trusted. Professor Bennett tells us that the results of his treatment of 105 cases of pneumonia scientifically demonstrate—1. The value of the treatment adopted by him; and 2. The injury done by bleeding and certain other remedies, when employed in this disease.

We must leave Dr. Barclay to answer the objections made to his algebraical formula by Dr. Bennett, and shall only occupy ourselves here with a few critical observations on one or two of the points touched upon in the pamphlet lately issued by Dr. Bennett.*

Is the position therein assumed—viz., that the treatment of pneumonia which he adopts is the best treatment—a fair deduction from his premises; *i.e.*, from a correct reading of the tabulated results of his practice? Now, assuredly it must be admitted that a treatment which, according to Dr. Bennett, has been followed with successful results in 105 consecutive cases, bears upon it the *à priori* signs of being a good treatment; and few persons will take exception to the treatment adopted by him, for it may be said to be the treatment which is at present generally followed in this country. As a confirmation, therefore, of the present method of treating pneumonia, Dr. Bennett's tables may be regarded as a valuable addition to pathology. Great credit, indeed, is due to him for the earnest desire which he has so perseveringly exhibited of finding out a scientific basis upon which to rest the treatment of the disease, and for his enforcement of a restorative practice in its cure. But, if his statistics may be accepted as a general indication of the propriety of a restorative treatment, we cannot accept them as demonstrative of injury effected by the employment of certain special remedies. In this direction, Dr. Bennett has drawn from them, in our opinion, conclusions which by no means logically flow from them; and our present purpose is to point out his error, at least in one particular—viz., in the matter of bleeding as a remedy in pneumonia. We shall show that his statistics do not prove (as he holds that they do) that bleeding, properly employed, is a hurtful remedy in pneumonia.

* *The Restorative Treatment of Pneumonia.* By John Hughes Bennett, M.D., F.R.S.E. Edinburgh: 1865.

Dr. Bennett maintains that "the only proof of any successful medical practice must be the actual cures that are effected by it." Dr. Bennett would have stated his position more correctly, if he had said that the best proof medical practice can give us of the efficacy of any plan of treatment is, that the patient recovers after its employment. Assuredly there is no *proof* that any special remedy cures a disease, merely because a thousand cases of the disease recover *after* the administration of the remedy. If it be shown that a very large number of such cases die when the remedy in question is not administered (other conditions being the same), then, indeed, there is something approaching to a proof that the remedy effects the cure. Neither, assuredly, does it follow that, if a certain number of cases of pneumonia die *after* being bled, the bleeding killed them. Certainly, if a thousand cases of pneumonia were bled, and a thousand were not bled (the cases in other respects being treated alike, and placed under precisely similar conditions), and if a large number of those bled died, and all those not bled recovered—then we should have some grounds for saying that the bleeding was hurtful. But Dr. Bennett's cases show nothing of this kind; rather, as we shall show, something much to the contrary.

Dr. Bennett, to prove his case, give us, in a tabulated form, the results of his treatment of pneumonia in the Edinburgh Royal Infirmary during sixteen years. These results, he says, show

"That the mortality of all the acute pneumonias, complicated and uncomplicated, in the practice of the clinical wards while under my care, is, up to February 1865, 1 death in 32½ cases. Taking only the cases of uncomplicated pneumonia, however, 105 in number, not one has died, although many of them have been very severe, involving the whole of one lung in 15, and portions of both lungs in 26 cases."

The inferences which Dr. Bennett draws from his statistics are these: "That simple primary pneumonia, whether single or double, if treated by the restorative plan, is not a fatal disease;" "that prostration and weakening complications or remedies lengthen the period of the disease, and prolong convalescence;" "that the amount of lung affected by the pneumonia does not exert so much influence over the result and duration of the disease as is generally supposed;" and that pneumonia of the apex is not more fatal, under the restorative treatment, than pneumonia of the base of the lung.

Now, we do not stop to question any of these conclusions; they may be accepted as fair deductions of Dr. Bennett's experience of pneumonia, as here recorded. But what we take exception to are the conclusions drawn by him from his "comparative statistics as to the treatment of pneumonia". Dr. Bennett compares the results of the practice of numerous hospital physicians with his own, and out of the comparison condemns the use of bleeding and

certain other remedies in pneumonia. But there is one fatal objection to the correctness of any conclusions drawn from his statistics as to the hurtfulness or the utility of any special remedy. The terms of the comparison are totally different. No just conclusion, for example, as to the value of moderate and exceptional bleeding in pneumonia, can be drawn from a comparison of his cases with those of patients who were bled day after day, and at the same time kept on starvation diet. In these cases, we have as good a right to say that the patients were starved to death, as that they were bled to death. Clearly, we cannot compare the case of a person suffering from pneumonia, who is bled once and well fed, with the case of one who is bled again and again and starved. And here we must remark, that Dr. Bennett has not clearly stated the position as to bleeding assumed by those whom he combats. No one, as far as we are aware, has ever proposed at the present day to make bleeding a systematic remedy in pneumonia. He overstates the case when he says "that an effort is being made to restore the dangerous practice of bleeding in pneumonia," as well as begs the question in calling it dangerous. Dr. Markham, whom he especially criticises, had distinctly stated that venesection, in his view, was to be applied, not for the cure of the pneumonia, but for the relief of the respiratory and circulatory apparatus, labouring and overwhelmed in consequence of the pneumonia; and that it was only in the *very exceptional cases of pneumonia* that the action of those organs was so painfully impeded as to require venesection. But Dr. Bennett has made it appear as though this proposal were a proposal of employing bleeding generally in pneumonia, *for the cure of the disease as such*.

Now, we maintain that Dr. Bennett's statistics do not prove the dangers of bleeding in pneumonia—1. Because they admit of no comparison with the other statistics by which he tries them; and 2. Because the bleeding, as proposed at the present day, has no analogy with the kind of bleeding practised in past days.

But Dr. Bennett refers his readers to a modern record of cases, where moderate bleeding was practised, and without starvation; and he triumphantly points them out as proof demonstrative of the injury done by bleeding. He states the case as follows.

"Dr. Markham further remarks: 'When Professor Bennett talks of the dangers attending the loss of a few ounces of blood in pneumonia, I cannot help asking him to explain how it is that we daily see so many patients in hospital, surgical and medical, the feeble as well as the strong, losing without apparent injury, and often—and especially in lung and heart diseases—to their very great relief, large quantities of blood? What proof do these very numerous facts daily under our eyes afford of the danger of the loss of a few ounces of blood?'"

"The proof is clear—viz., that wherever we have authentic records of cases of pneumonia treated by the loss of from twelve to twenty ounces of blood

even when starvation was not practised, we find among the uncomplicated cases a certain proportion of deaths; whereas under a restorative treatment we have no deaths. Of 71 cases treated in this moderate way by Dr. Bell of Glasgow, 4 died—that is, 1 death in 18 cases,—and the average duration of their residence in the hospital was 47 days; whereas in my 105 cases there were no deaths, and the average residence was only 21½ days. Are there better statistics than those of Dr. Bell to be found? and if not, how can Dr. Markham maintain there is no danger in the practice of bleeding even as a palliative."

If you want a proof, says Dr. Bennett, of the dangerous effects of small losses of blood even when starvation is not practised, here you have it in Dr. Bell's cases.

Now, we have examined Dr. Bell's cases, and find, to our surprise, that, so far from supporting Dr. Bennett's views, so far from yielding the proof that bleeding in pneumonia is injurious—they actually show the very contrary; viz., that bleeding is of service in pneumonia.

In the first place, we find that not a drop of blood was taken away from any one of Dr. Bell's four fatal cases. More than this; it appears, that every single patient of Dr. Bell's who was bled, or cupped, or leeches, actually recovered. How then can it be said that bleeding increased the mortality of the pneumonia in Dr. Bell's cases?

With facts like these before us, we might indeed, if we chose to run statistics to death, turn the tables on Dr. Bennett, and assert that bleeding is shown by them to be a right treatment of pneumonia. We might even go further, and say that the fatality of the four cases of Dr. Bell is to be accounted for by the circumstance that they were not bled. Assuredly, such a conclusion is more justifiable than the conclusion which Dr. Bennett has drawn from them; viz., that they demonstrate the injury resulting from loss of blood in pneumonia.

A word more we must say of these four fatal cases of Dr. Bell, which are used by Dr. Bennett to prove his position. Dr. Bennett, in justice to Dr. Bell, ought, we think, in making the above comparison, to have stated the fact that Dr. Bell excludes these four cases of his from consideration, and for the same reason that Dr. Bennett excludes his own four fatal cases from calculation. Dr. Bell says:

"We have, therefore, out of seventy-one cases, a mortality of four; one dying from the absorption of purulent matter, and the other three patients were in a perfectly hopeless condition when admitted; one living only twelve hours, another three days, and the third lingering fourteen days. I think every candid person will concede that these cases should be excluded from our consideration, when forming an opinion of the value of the plan of treatment adopted. Exclusive of these four cases, we have in sixty-seven cases no mortality, etc."

Dr. Bennett makes a like claim for his own cases.

"In the four fatal cases, death was evidently caused by complications independent of the pneumonia. They ought to be regarded as pathological accidents;

for in not one of them could the pulmonary disease be properly regarded even as assisting the mortality. The table shows that in many instances where weakness was much greater than existed in any of them, pneumonia rapidly passed through its natural progress. To arrive at true statistics with regard to treatment, therefore, it becomes necessary to eliminate these four cases, as has been done by many other hospital physicians, and to fix our attention on the first 125 cases reported in the previous table."

Dr. Bell had just as good grounds for excluding his four fatal cases from consideration as Dr. Bennett has for excluding his four fatal cases, and may, therefore, in all fairness, claim for his treatment as good results as Dr. Bennett claims for his. Dr. Bennett must have forgotten that he himself has elsewhere told us, that his tables "do not include a few" (cases of pneumonia) "which were admitted *in extremis* at night and never seen by the physician; nor such as were partly treated by other physicians in the hospital, and for which treatment I am not responsible." Why, it is this very kind of cases in *extremis*, "admitted in a perfectly hopeless condition", that Dr. Bell says were his four fatal cases—the class of cases which Dr. Bennett excludes from his own tables, and yet makes use of to prove the mortality in Dr. Bell's cases.

But even if the four fatal cases be included in Dr. Bell's statistics, how is it possible, we again repeat, to draw from them a proof of the dangerous effects of bleeding, when bleeding was not employed in any one of them? It may be well, also, here to mention what was the kind of very modified bleeding practised by Dr. Bell.

"The bleeding was only employed in the more extensive, recent, and sthenic cases; the amount never exceeded twenty ounces, the average quantity being fourteen; the mode of evacuation being generally either cupping or leeching. In two cases venesection was practised. In four other this operation had been performed before admission."

Again, Dr. Bennett has fallen into another error. He tells us (and still as a proof, be it remembered, of the ill effects of bleeding), that "the average duration of Dr. Bell's cases in hospital was forty-seven days; whereas the average residence of his own cases in hospital was only twenty-one days and two-sevenths."

Now we find, on reference to Dr. Bell's paper, that the very contrary of this is the fact; viz., that the duration of residence of Dr. Bell's cases in hospital was less than eighteen days; and instead, therefore, of being more than double, was actually less than in Dr. Bennett's cases.

Dr. Bell divides his cases into classes. In the first class are twenty-seven cases, and the average residence in hospital eighteen days; in the second, twelve cases, average residence thirteen days; in the third, twenty-eight cases, average stay in hospital twenty-two days—giving an average of about seventeen days and two-thirds for each patient in hospital. Dr.

Bennett has here made a very great miscalculation; and we feel bound to point it out, because Dr. Bennett rests upon it the proof that even small bleeding is dangerous in pneumonia. Our readers will, we are sure, agree with us, that Dr. Bennett must adduce some more satisfactory answer than the one he has above given to Dr. Markham's question, before he will convince the profession that to take a few ounces of blood from a patient suffering from pneumonia is to endanger the patient's life.

Furthermore, a closer examination of Dr. Bennett's tables reveals to us another striking proof of the erroneous conclusions which may be deduced from a too partial interpretation of statistics. We find that no fewer than twenty-five of those very cases (his own) which he employs to illustrate the dangerous effects of bleeding in pneumonia were actually subjected to bleeding (by venesection, cupping, or leeching*); the bleeding being of much the same kind and degree as that practised in Dr. Bell's cases.

Now if, as Dr. Bennett asserts, bleeding were a cause of mortality in Dr. Bell's cases, how comes it that it was not equally a cause of mortality in his own cases? How can it be fairly assumed, that bleeding which did not destroy life in Dr. Bennett's cases, did destroy life in Dr. Bell's cases?† If the loss of a few ounces be dangerous to life in pneumonia, how comes it that none of those cases of Dr. Bennett's in which many ounces of blood were taken ended fatally?

The truth is, if we follow Dr. Bennett's method of reading statistics, we may actually deduce from his own tables a proof of the benefits of bleeding in pneumonia. More than one-fifth of my cases of pneumonia, Dr. Bennett might say, were subjected to loss of blood, and recovered. Here is a proof of the good effects of bleeding! At all events, how can Dr. Bennett fairly adduce as proofs of injury by bleeding the twenty-five cases of recovery which were, as we have seen, subjected to bleeding? How can he reckon as demonstrative of the success of the non-bleeding treatment, cases which were actually bled and recovered?

Dr. Bennett may perhaps tell us, that if the bleeding did not kill the patient, it protracted the recovery in his cases. But to this we may very fairly reply: 1. With the hypothesis, that the fact of the bleeding was in itself an indication of the serious character of the disease, and that, therefore, the cases of pneumonia which were bled being most severe were naturally more protracted in the recovery, and quite independently of all treatment; and 2. We may use the very argument employed by Dr. Bennett, and

* We conclude that the bleeding was performed before the patients came under Dr. Bennett's charge.

† Of course, we are here arguing on Dr. Bennett's own grounds, to show the fallacy of his conclusion. We need hardly remind the reader, that bleeding could not have been the cause of death in Dr. Bell's fatal cases, for the reason that none of them were bled.

say that, inasmuch as the average of Dr. Bell's cases showed only eighteen days' residence in hospital, whilst his own cases showed a residence of twenty-one days and two-sevenths, we have the proof that the bleeding had a beneficial influence in Dr. Bell's cases. And, lastly, it must be kept in mind that what we have been here alone combating, is the assertion of Dr. Bennett's that even a moderate bleeding in pneumonia is destructive to life.

THE REPORT OF THE CATTLE-PLAGUE COMMISSIONERS.

Two important pathological facts were a few months ago communicated through the *Times* to the public. S. G. O. assured us that a placid moonbeam gently falling on a dung-cart had, by an incomprehensible conjunction of the infinitesimals, begotten fever, and communicated the same to the sleeping *corpus* of a yokel, who was reposing on the soft but odoriferous couch. Then the *Times* again explained in its own philosophic way how that, out of cow-sheds, by another unfortunate concourse of atoms, was created Rinderpest. But the Commissioners do not support this Printing-house Square pathology. They believe in the importation of the Cattle-Plague, and that it is a specific disease identical with the Russian murmur.

"The symptoms during life, the results of *post mortem* examination, and the whole train of general characteristics, are precisely the same, or varied only by such minute shades of difference as we might expect to find in different breeds and climates. A comparison of what we see with the full descriptions contained in foreign medical works leaves on this head no doubt at all; and no doubt is entertained by competent and trustworthy witnesses who have had and used opportunities of personal observation both here and abroad."

They do not tell us precisely the name of the vessel or of the port through which the disease was imported; but truly enough remark, that whether it came by Revel or by Holland is a matter of very secondary importance.

The disease originally appeared towards the close of June, in London, among cows purchased at the Metropolitan Cattle Market. All the earlier cases, at least, seem to have been directly traceable to purchases made in that market; whence the disease spread in different directions through the country. The Commissioners hold it to be a swift and subtle contagion, and terribly destructive in its effects; and they give historical details of its former visits to this country in 1348, in 1480, in 1715, and in 1745. But the main point for them to deal with is, to tell us how to get rid of the ravaging pestilence; and hereon we find that Commissioners, men of science, and representatives (as we may call them) of the agriculturists, are not agreed.

To suppress the disease, says Science, you must for

a time prohibit the movement of cattle from one place to another in Great Britain. But this, reply the other four of the Commissioners, will never do. Such a proceeding would be fraught with results worse than the Cattle-Plague itself. It would drive the farmers and butchers mad. It would upset railway traffic. It would starve the Metropolitan Market and its thousand hangers-on. It would, in fact, be a revolutionary movement; and the genius of England is dead set against revolutions. True, this way of dealing with the Plague has been successful in foreign countries; but then foreign countries are accustomed to movements of a revolutionary character. We prefer some gentler kind of reform; we like patching up for a season better than a radical cure by the knife. It will be time enough to talk of the knife when the disease is more advanced, when suppuration is more excessive, and wasting better marked. At present, the loss of a few score of thousand cattle is a mere flea-bite. Thus seem to argue Lord Spencer, Lord Cranbourne, Mr. Read, Dr. Bence Jones, and Mr. McLean. To this the representative men of science—Dr. Lyon Playfair, Dr. Quain, Dr. Parkes, Mr. Wormald, Mr. Ceely, Mr. Lowe, and Mr. Spooner—rejoin: The disease is still widely spreading; the public have (through published statements) little idea of the real havoc hitherto made by the Plague; the public have no conception of the havoc which it will yet make, and of the virulence of its contagiousness. No temporary sacrifice can be too great to stamp it out for once and all. The temporary evil would be a flea-bite compared with what evils will come if such a measure be not followed. It may require the eye of science to see those coming evils; and the public will probably refuse to see them, and the Government not have courage to take an initiative repulsive to large private interests.

Thus seem to argue the men of science. They do their duty and quiet their conscience by advising what they believe to be the best. But then the men of science, happily, are also men of the world—i. e., of common sense—and, in anticipation of a refusal of the "abstract" best, are ready with another and the next best scheme for scotching the evil. They evidently do not believe it will answer; and regard it only as an interim measure, to be carried out until a more painful experience has demonstrated the necessity for the adoption of the more vigorous cure. To this—in the view of the men of science, a mere palliative—all the Commissioners but one give assent. The succedaneum is, the exclusion of lean and store stock from all fairs and markets; the removal of beasts to slaughter-houses only under licence granted by magistrates in petty sessions certifying to the health of the district whence they came; the strict supervision of the slaughter of the cattle and sale of their flesh; the drawing of distinguishing lines be-

tween infected and uninfected localities, in order that whenever a case occurs in the unaffected it may be officially "proclaimed", and all egress of cattle from it thenceforth made penal. Next, the Royal Commissioners recommend the withdrawal of the powers of seizing and slaughtering at present held by inspectors.

Altogether, from the Report, it will be seen that the Commission confirms with its authority the main particulars touching this Cattle-Plague which have been already given of it by men of science here and on the continent. We may add, as noteworthy, that the recommendations—the stringent regulations—of men of science have been long ago acted on in Prussia and in France, etc., and more, and above all, have been effectual in arresting and preventing the spread of the Plague in those countries. These recommendations, it may be observed, were, as far as France is concerned, received and acted upon at the very moment when the *Times* was, day after day, turning them and the French veterinarians and English doctors into ridicule, and attempting to force down the throats of the people of this country its own baseless theory of the cow-shed origin of the disease. It is amusing to see with what subtle ingenuity of mastication that journal now swallows the leek. However, science justifies her children in spite even of quackery, dealt out in columns of the *Thunderer*; and, we will venture to prophesy, will yet further, in this very case, justify her children.

We have much pleasure in giving Dr. Andrew Smart of Edinburgh (whose very valuable contributions to Rinderpest pathology have already more than once been noticed in the *JOURNAL*) the opportunity of explaining some remarks made by us in our last number on his Cattle-Plague Reports. It appears that the term "murrain" is used by him to signify the "mouth and foot rot".

"In reference to your notice of my Reports on the Cattle-Plague in to-day's impression of the *BRITISH MEDICAL JOURNAL*, will you allow me to thank you for directing my attention to a verbal inaccuracy which, you justly remark, is fitted to lead to some confusion?

"Permit me to mention that in the sentence, 'Of the hundred dissections, there were sixteen in cattle affected with murrain disease *also*, without other complication,' the word *also* is a misprint for *alone*, which, having escaped correction, has led to the apparent confusion.

"Allow me further to explain, that I employ the terms 'Rinderpest' and 'murrain' in their application to diseases which do not merely differ, but have really nothing in common.

"Of the hundred dissections of cattle which I have now completed, there were sixteen of animals affected with murrain (or mouth and foot rot). The object of instituting this series of comparative dissections was to ascertain the distinctive pathological lesions existing in each. The result of these examinations was to show that in Rinderpest and murrain—diseases usually regarded as synonymous—the morbid appearances were distinct and broadly distinguishable.

"The dissections of a number of animals which died of uncomplicated pleuropneumonia further shewed, that the morbid lesions in this latter disease were as well marked and distinctive as in the two former. The results of the entire series of dissections proved that Rinderpest and murrain, although usually confounded, were quite different diseases; and secondly, that pleuropneumonia, although a frequent, was not, as often alleged, an invariable concomitant of cattle-plague.

"I beg, in conclusion, to add that the drawings, with one exception, as may be inferred from the perusal of my Interim Report on the Pathological Appearances of Cattle-Plague, refer to the morbid lesions present in that disease. The exceptional drawing is fully explained in the 'Description of Plates' under the heading of Plate 1, Fig. 4."

THE COUNCIL AND THE COUNTRY FELLOWS OF THE COLLEGE OF SURGEONS.

It will be seen by the letter of Mr. Paget of Leicester, that a large body of Fellows of the College of Surgeons have already asked the Council to give them a power of voting by paper. Some of the Council, we are led to understand, regard the number of applicants as a matter of considerable importance. If (they seem to say) a very great physical pressure, as shown by signatures of Fellows, be put upon us, then we may yield to the demand; but, if no such pressure be exerted, we may conclude that the moral pressure needs no consideration. We do not believe that this is the sentiment of the majority of the Council; for it is manifestly a most illiberal and unjust one. If the Council take the ground that the question should be settled by the general opinion of the country Fellows, then they are certainly bound to take proper steps to learn what that opinion is. And does any man in his senses believe that, out of the whole body of country Fellows, there could be found six who would not desire a vote by paper? But surely the Council will consider and decide the question on its own abstract merits. It is either right and good that the country Fellows should have the vote, or it is not. Now, we ask the College to grant the vote, because we maintain, in the first place, that it is for the good of the College that they should have it; and, secondly, that they have a right to it. The Council, indeed, in justice cannot refuse it to them. They may have the power to negative the question for the moment; but so plain a right cannot be indefinitely postponed. The Fellows, we again repeat it, were originally created to form an elective constituency. The main—we might say the only—duty of the Fellows, as such, is to elect the Council. But, inasmuch as country Fellows are *de facto* deprived of the power of voting in person, they are stripped of their chief prerogative; and the result is, that the election of Council falls wholly into the hands of the London Fellows. But on what

principles of sense or justice are the country Fellows thus disfranchised? Are they so benighted and ignorant as to be incapable of properly exercising the franchise? or is it given to the London Fellows alone to be able to put the right man in the Council? No one will say this. What argument, then, is or can be used against the voting by paper of country Fellows, we have yet to learn. None have we ever heard. It surely cannot be said that the matter is too insignificant to warrant the important step of obtaining a new Charter. If it be, there is a ready answer to the objection—viz., that an alteration of the Charter, quite independent of this matter of the vote by paper, is absolutely required for the proper government of the College. It has been again and again proved to demonstration, that the Council has not the moral power of reforming itself. Even at the very latest election of Examiners, for example, the old and pernicious system of making examiner-ships a life-property was again illustrated and maintained. The question of a new Charter, for the purpose of giving the vote by paper, will no doubt have brought home to the minds of the Council the fact that other important alterations are required in the Charter. But this, instead of leading the Council to hesitate, should only assist in bringing them to adopt the proposition. Notwithstanding what we have heard of opposition to it, we have a strong belief that the good sense of the Council, aided and prompted by the voice of the liberal minds whose influence is beginning to be appreciated in the Council, will lead it to the doing of this simple act of justice—viz., of allowing country Fellows to vote by papers.

The following is a copy of the memorial which has been forwarded to the College of Surgeons.

"To the President, Vice-Presidents, and Members of the Council of the Royal College of Surgeons of England.

"The Memorial of certain Fellows of the Royal College of Surgeons of England resident in the provinces,

SHEVETH—

"That your memorialists are desirous of bringing before you the general dissatisfaction of the Fellows of your College resident in the provinces at the mode of electing your Council.

"That the privilege of electing members of the Council is vested by the Charter in the Fellows generally, without any personal distinction whatever, and that this is the chief or sole function of the Fellows in relation to the College; but the personal attendance required virtually deprives a large portion of those Fellows resident at a distance from London of their privilege, and makes the Council the representative body, not of the Fellows generally, but of a limited number only.

"That your memorialists therefore earnestly request that you will be pleased to obtain a new or supplementary Charter, in order to render it lawful for the election of Councillors to be conducted by means of voting-papers, which may be filled up by non-resident electors, after some such plan as that prescribed for the Universities of Oxford and Cam-

bridge in their election of Members of Parliament."

Although the number of declarations of opinion made all in a few days (viz., 135) is, in fact, a strong indication of the feeling of the body of Fellows at large, still, in the further discussion of the subject, it is likely—or we may rather say is certain—that it will be taken, by those who oppose the change, as the expression only of so many individual Fellows, the rest being adverse to the proposed alteration, or, at all events, indifferent. We hope, therefore, that the views of the memorialists will be evidenced by many more memorials; and that as many names as possible should be enrolled on the same memorial. This form seems likely to carry more weight, where it is practicable, than the notes with single names, numbers scarcely making up for the weight of more combined action.

CHOLERA.

The *Union Médicale* announces that, "in consequence of the continued decrease of the malady in Paris, it will publish no more special bulletins." The *Gazette des Hôpitaux* corroborates what its contemporary states.

The papers tell us that the wife of the Rev. Mr. Forbes, the chaplain of the English Church, Rue d'Aguesseau, has gratuitously administered chlorodyne in between fifty and sixty cases of incipient cholera, in some where the disease had made considerable progress, and succeeded in arresting it in every instance. On the fact becoming known, the patentee of the medicine gave a further liberal supply, which the French Customs passed gratuitously, while the South-Eastern Railway Company declined payment of the carriage.

Some fourteen deaths from cholera among the English population occurred during the height of the malady. The victims have been generally of the class of grooms, stable-helpers, etc.

A private letter from Seville states that the deaths from cholera in that city have been 9,000, out of a population of 100,000. The mortality appears to have been considerable in the suburb known as the Triana, the favourite abode of smugglers and gipsies. The disease has, however, now almost entirely disappeared from Seville, as well as Madrid.

At Toulon, the doctor of the 28th Regiment died last week within twenty-four hours, after having attended a patient who has since recovered. The funeral was attended by a great number of officers of every arm, and of the inhabitants, who desired to express their regret for the loss of a man who had rendered great service to the town since the outbreak of the disease. There have been no deaths from

cholera at Marseilles, Arles, or Nîmes, for several days past.

The *Moniteur* says:—

"The majority of the Powers, to whom the proposal of the Emperor's Government for the meeting of a sanitary conference was addressed, have given their assent. Public opinion has understood the opportuneness of this measure; and the eagerness with which the idea has been taken up, augurs favourably for the result of the studies and deliberations which will take place at Constantinople."

On account of the appearance of the cholera at Naples, the King of Italy at once went there. His Majesty has visited the cholera hospitals, and contributed liberally to the relief of the patients.

The cholera has appeared in Russia.

DR. TRENCH, the energetic and philanthropic medical officer of health for Liverpool, has written to Mr. Robert Hutchinson, pointing out the advantages which would accrue from the erection of a mortuary chapel as a temporary receptacle of the dead, in order to remove them from among the living in crowded dwellings. To this appeal Mr. Hutchinson has generously responded, and a mortuary chapel will forthwith be erected at his personal expense. The objects of the mortuary are well described in Dr. Trench's letter.

"In the overcrowded districts of the town, the dead are retained for days and nights in the apartments of the living, too frequently in the single room occupied by the whole family. The usual period selected for the burial of their dead is on the Sunday after decease; but, if this occurred late in the week, then the interment is sometimes postponed till the subsequent Sunday. With the Irish population, it does not signify of what disease the person may have died, nor to what state of decay the corpse may be hastening. During the continuance of the wake, the room is open to all comers, as long as there is anything to drink or smoke. As this occurs always in a small room, badly ventilated and heated by fire and lights, the noxious vapours evolved in the process of decomposition are presented to the persons exposed to them in a highly concentrated form. And when it is remembered that these persons sleep huddled together on the floor, and have all their meals in the room, and are, by the depressing influences of grief, fatigue, wretchedness, and intoxication, peculiarly predisposed to suffer from disease, it is easy to understand the rapid and fatal spread of fever and other contagious maladies so frequently observed by physicians among such families and in such neighbourhoods. This spread of contagion will be most certainly seen in the epidemic of scarlatina which is now threatening the community. The only remedy against wakes, and against the sanitary evils of retaining the dead among the living, appears to me to be providing mortuary chapels, wherein the corpse can be at once received with decent, respectful solemnity. I confidently hope that a time will yet come when (as at Frankfort and other places in Germany) the law will prevent the keeping of the dead among the living for even the shortest period. Should the experiment of one mortuary chapel succeed in relieving the misery and in lessening the spread of

contagious diseases among the poor, I shall be emboldened at some future period to make an appeal to the public at large."

THE following is the reputation of the War Office and the Horse Guards in the opinion of the *Times*.

"The War Office is the weakest point in our whole administrative system. This overgrown establishment has long maintained a bad eminence for the costly inefficiency of its organisation. The prime requisite for that most responsible and arduous of posts is an inflexible preference of public interests to private influences. How seldom the Duke of Wellington's ideal of a Commander has been realised at the Horse Guards is, unhappily, but too notorious; and it was partly to check the inveterate favouritism at head-quarters that a new Secretary of State was appointed, with a power of control over the Commander-in-Chief. Let the Secretary of State for War once become subservient to the Commander-in-Chief, and we may at any time relapse into the abuses of that period when the British Army was commanded by the Duke of York."

This of course means, in plain language, that Earl de Grey has succumbed to H.R.H. the Duke, and is, therefore, unfit for his post. He is accused of yielding to the efforts made to weaken the Council of Military Education.

"This institution, so distasteful to the dispensers of military patronage, is the great security for impartiality in the entrance examinations for the army. Last year a blow was aimed at it; and we have reason to fear that another attempt of the same kind is contemplated, and that at the Horse Guards the hostility to all safeguards against jobbery is as strong as ever."

THE Medical College of Cincinnati has issued the following circular:

"In view of the fact that several medical schools have announced a rate of fees for the course of instruction at a point almost nominal, the trustees of the College have determined to make no charge for lectures, and to place the fees of this school at a rate calculated merely to pay expenses."

Hereupon the *Philadelphia Medical Reporter* remarks:

"We must protest against a growing spirit of pecuniary rivalry between the schools; and a sort of 'underbidding' in the fees, with no other apparent object than that of rivals in any kind of business—to catch customers. Again: it is establishing a very bad principle in medicine, as every where else—to work without pay. If this principle is established, it will force some of the ablest and most successful teachers to abandon their calling, because they cannot afford to spend their time gratuitously, and must make room for some much inferior men, who happen to be possessed of sufficient wealth to make work for pay no object to them."

A SUBSTITUTE FOR LINT. A surgeon in the Vosges recommends the use of an aquatic plant, *Conferva bulbosa* in place of lint, to which he declares it to be much superior. Dr. Jobert de Lamballe recently tried it in the hospitals by order of the Emperor, and reports very favourably of it. He says that it may be advantageously employed instead of common lint, and it would be better still if it could be deprived of the putrescent substances it contains.

DEATH OF EDWARD TEGART, ESQ.

[Communicated.]

WE regret to have to record the death of this very estimable member of our profession, which took place under most melancholy circumstances. On the 10th instant, Mr. Tegart had been attending to his official duties at Apothecaries' Hall; and on returning home in the afternoon, when crossing Piccadilly at Hyde Park Corner, he was knocked down by a cab, and rendered at once insensible, with partial loss of the use of one side. He was immediately removed to St. George's Hospital, where he died on the following Tuesday. Few men were better known or more justly appreciated for his strictly honourable conduct through a long professional life, than Mr. Tegart. He received his qualification to practise his profession from the Society of Apothecaries in 1818, and at once commenced practice in Pall Mall in conjunction with his father, who had long previously enjoyed a most extensive practice, more especially among the highest classes of the Irish, who resorted to London at the time of the Union. Like his friend and colleague at St. George's Hospital, Mr. Nussey, and other practitioners of his standing, he never sought a qualification from the College of Surgeons. In constant consultation with all the leading physicians and surgeons of his day, and possessing a very practical and observant turn of mind, he soon became a most successful practitioner. He was for many years one of the Visiting Apothecaries of St. George's Hospital. He was also a member, and eventually chairman (as his father had also been) of the Board of Examiners of the Society of Apothecaries. But although he had been a member of that body since 1818, and had nearly completed seventy years of life, it was not until very recently that he was admitted into the Court of Assistants, as the council or managing body is called. About four years ago, he experienced a slight attack of paralysis, at which time he retired from practice, being succeeded by his cousin, Mr. Edward Tegart, of Jermyn Street. He will be long remembered with affection by a large number of his medical brethren, and a wide circle of patients and friends, for his uniform kindness of disposition and warm heartedness. R. I. P.

ANATOMICAL HANDS. At the Windmill Street school I worked hard in the dissecting-room, and learned a good deal of anatomy. If I did so, however, it must be owned that it was rather as a duty, than because I had any particular taste for the details of anatomical study. I remember some years afterwards dining with a friend (the late Henry Drummond, member of Parliament for West Surrey), who was a cranio-logist, at the Athenaeum, when he told me that he saw that I had the organ of constructiveness much developed, and that this explained how it was that I excelled in the use of my hands, and was an excellent dissector. There was never a greater mistake. I was naturally very clumsy in the use of my hands, and it was only by taking great pains with myself that I became at all otherwise. (Sir B. Brodie's *Autobiography*.)

Scientific Notes.

ACETIC FERMENTATION.

Acetic fermentation, says M. Pasteur, is always produced by the exclusive influence of an organism—the *mycoderma aceti*—one of the most simple vegetables. However much charged with albuminoid matter, no alcoholic liquid has ever been known to give the appearance of acetification without the presence of this mycoderma. On the contrary, if a trace of the mycoderma is spread on the surface of an albuminoid liquid, alcoholic or slightly acid, it is immediately seen to develop, extend like a veil over the surface, and by a correlative action the atmospheric oxygen in contact with the liquid disappears and the alcohol acetifies. It is not essential for the liquid to contain albuminoid matters; provided the mycoderma finds there besides the alcohol a small quantity of alkaline and earthy phosphates, it will live and its action be the same as before; and this identity proves that the albuminoids which have been employed were merely nourishment for the ferment, and not the ferment itself. It is this mycoderma which forms the gelatinous mass which was formerly called mother of vinegar; and which by spreading over the beechwood chips used in the German process produces acetification. While alcohol is present the small vegetable produces acetic acid; but what happens if the alcohol is wanting? M. Pasteur shows that the vegetable can in this case bring its burning action to bear on the acetic acid itself, and reduce it to the state of water and carbonic acid. For the production of acetification it is necessary that the mycoderma should be at the surface of the liquid; the process is arrested by submersion, and only recommences on the formation of a fresh film on the surface. (*Chemical News.*)

A NEW INK.

Ink is a precipitate of gallate of iron mixed up in gum and water. As the water evaporates the ink thickens, and, moreover, becomes mouldy owing to a small proportion of organic matter proceeding from the gallnut. M. Mathieu Plessy has got rid of these inconveniences by making a new kind of ink with pyrogallol acid and the colouring matter derived from Brazil wood and other sorts of wood used in dyeing. This ink flows well, and never turns yellow on paper.

PHENIC VINEGAR.

Dr. Quesneville gives the following recipe for an antipestilential. Take acetic acid, 900 grammes; camphor in powder, 5 grammes; a crystallised phenic acid, 100 grammes. This combination of three antipestiferous is said to be extremely useful, and for hygienic purposes far superior to vinegar of the four thieves, as toilet vinegar was once called. It has been used a good deal on board ship to keep the cabins of sick persons sweet. (*Moniteur Scientifique*, 1865; and *Chemical News.*)

DIET OF ROYAL ENGINEERS.

The Royal Engineers, while in the dépôt at Chatham, are actively occupied either in constructing field works, or in pursuing their avocations as artisans, from which class they are all selected. Desirous to obtain the dietaries of these men, Dr. Lyon Playfair applied to Colonel Collinson, R.E., the second in command at Chatham, and he, with the consent of Colonel Harness, instituted a careful inquiry into the actual amount of food consumed by 495 men for twelve consecutive days (January 1st to 12th, 1865.)

The returns were reduced to their dietetic value by Dr. Playfair, so that they may be considered as affording the most complete evidence which we possess of the requirements of food for labouring men during a fair but not an excessive amount of work in twenty-four hours. The following are the results. Number of men giving returns, 495; weight of solid food, 66·97 oz.; flesh-formers, 5·08 oz.; fat, 2·91 oz.; starch, sugar, etc., 22·22 oz.; starch equivalent, 29·38; mineral matter, 0·93 oz.; total carbon, 14·844 oz.; ratio of flesh-formers to starch equivalent, 5·82 oz. There are several points of interest shown. The working soldier finds it necessary to take about five ounces of flesh-formers daily. The dietaries of soldiers, European and American, during recent wars, shows that about 5·5 ounces of flesh-formers, and 23½ ounces of the starch equivalent of heat-givers are required by the soldier to enable him to withstand the fatigues of war. Army surgeons state that the diet of our own soldiers, which does not differ widely from the mean, is not sufficient for recruits during their drills, though the sergeants fatten upon it. As the average value is also nearly the same as that of middle-class diets, we may safely assume it to be a correct expression of the diet of men who live well and take moderate exercise, of from five to seven miles daily. (*Dr. Playfair.*)

A NEW EXPLOSIVE.

Glycerine has received an application of rather an unexpected nature. In 1847 a pupil of M. Pelouze's, M. Sobrero, discovered that glycerine, when treated with nitric acid, was converted into a highly explosive substance, which he called nitroglycerine. It is oily, heavier than water, soluble in alcohol and ether, and acts so powerfully on the nervous system that a single drop placed on the top of the tongue will cause a violent headache which will last for several hours. This liquid seems to have been almost forgotten by chemists, and it is only now that M. Nobel, a Swedish engineer, has succeeded in applying it to a very important branch of his art—namely, blasting.

PHENOMENA OF THE VOLTAIC BATTERY.

At the recent meeting of the British Association, Mr. Gassiot read a paper on the Changes of Form and Colour which the stratified discharge assumes when a varied resistance is introduced in the circuit of an extended Series of the Voltaic Battery. He said that the battery with which he attained his results, consisted, when completed, of 4,000 insulated glass cells, and in lieu of sulphate of copper, as used by the late Professor Daniell, a table-spoonful of sulphate of mercury was introduced into each cell. Zinc plates were then introduced into the cells, which were subsequently filled with rain water. When one wire was inserted in the water, and the other touched the moistened surface of the glass, but was not in actual contact with the water, a luminous discharge was observable, filling the entire tube without any sign or appearance of stratification. On depressing the wire, discs of red light were rapidly produced from the positive pole; and on further depression, the discs receded, and disappeared one by one until nineteen remained, which were much intensified in brilliancy and distinctness. On further depressing, there were other singular effects produced.

THE MILK OF THE DROMEDARY.

This milk is described by M. Chatin as perfectly white, of an agreeable taste, and without odour. The fat globules are much smaller than those of cow's milk; the density of the milk rises to 1042 from its richness in sugar; casein and albumen also are more abundant than in the milk of the cow, amounting to 4-100ths.

PRESERVATION OF WINES.

M. Pasteur believes that he has established: 1, that wine ripens, or in other words, is improved by age, simply by the action of atmospheric oxygen; 2, that when wine becomes what is called sick, it is in consequence of the presence of parasitic vegetation; 3, that deposits form in wine either in consequence of oxidation, or from the presence of parasites, or most frequently from the two causes together; 4, that the deposits resulting from oxidation adhere, but parasites render the wine turbid. Consequently the most important thing for the preservation of wines is to destroy the vitality of the parasitic germs. He says that new wine placed in bottles with the air completely excluded gives no deposit, never changes colour, and never acquires a bouquet. On the contrary, the same wine under the influence of atmospheric oxygen becomes muddy, loses the taste of new wine, does change in colour, and acquires a bouquet, and he adds that all these effects of ageing may be produced in the interval of a few weeks. M. Pasteur destroys the parasitic germs by exposing the wine for a time to a high temperature. He states that it is sufficient to raise the wine for a few minutes to 60° or 70° (C.) to give an extraordinary power of resisting sickness. His last experiments seem to show that 45° C. may be sufficient. After exposure, it is said that the wine may be exposed to the air without fear of its becoming acid. As regards the flavour of wine treated by this process, he relates that a professional taster who made comparative experiments without knowing which had been submitted to treatment and which had not, gave a preference to the treated wines seven times out of nine. (*Chemical News.*)

ESTIMATION OF NITRITES IN THE PRESENCE OF NITRATES.

Mr. C. R. C. Tichbourn, at the Pharmaceutical Conference held recently in Birmingham, detailed the results he had obtained on attempting the direct quantitative analysis of nitrites. They were all, he said, most unsatisfactory, because, knowing no easily available precipitant of nitrous acid, we were obliged to fall back on processes of oxidation, and to do this in the presence of such a strong oxidiser as nitric acid was exceedingly difficult. The most successful method was based upon the reduction of chromic acid to chromic oxide, by nitrous acid. Bichromate of potash, sulphuric acid, and the nitrite, were placed together in a flask, at a low temperature, and, after standing for some time, the sulphate of chromic oxide produced was decomposed, with certain precautions, by an alkali, and the precipitate collected and weighed; its amount, by a simple calculation, indicating the percentage of nitrite originally present.

AGEING OF WINES.

In his lectures on vinous fermentation, M. Béchamp has said that all the acids, alcohols, ethers, and even extractive matters in wine, may react on each other in the course of time, and produce the alterations of colour, flavour, and bouquet which, when achieved, constitute the peculiarities of old wines. Recent writers, and M. Pasteur in particular, contest the truth of this statement. In reply, M. Béchamp asserts that the cause of the improvement of wine by age is a fermentation provoked by organisms developed after the alcoholic ferment properly so-called; and he states that wine is improved by an influence analogous to that which spoils it. The whole secret of improving wine, he says, is to favour the production of the "benevolent" organisms. Wine, he tells us, is improved by a heat which does not destroy these animals, but exaggerates their functions. (*Chemical News.*)

CHEMICAL RESEARCHES ON THE GREEN MATTER IN LEAVES.

Five years since M. Frémy announced his discovery that the green matter of leaves was composed of a blue and yellow matter, to which he gave the names *phyllocyanine* and *phylloxanthine*. He then separated these two bodies by shaking chlorophyll, extracted from leaves by alcohol, with a mixture of dilute hydrochloric acid and ether. Under the influence of the acid, the chlorophyll split up, the yellow matter dissolved in the ether, and the acid became blue. He has since found that the earthy bases, especially alumina, added to an alcoholic solution of chlorophyll, combine with the green matter, which is precipitated as a lake, leaving the yellow matter in solution. With the alkaline earths, and particularly baryta, the reaction is more distinct. When an alcoholic solution of chlorophyll is boiled with hydrate of baryta, it is split up, and the phylloxanthine, which is a neutral body insoluble in water, is precipitated along with a baryta salt of *phyllocyanic acid*. Thus chlorophyll is seen to be a sort of coloured fat, which undergoes saponification by the action of powerful bases, and in which the phylloxanthine appears to be the glycerine and the bluish-green phyllocyanic acid the fatty acid. Alcohol dissolves the former body from the mixed precipitate, and the solution on evaporation yields crystals, sometimes yellow plates, and sometimes reddish prisms. These crystals are insoluble in water, but soluble in alcohol and ether; they possess considerable tinctorial power. The baryta salt of phyllocyanic acid may be decomposed by sulphuric acid, and a solution is obtained which, according to the strength, may be green, reddish, violet, or a beautiful blue. M. Frémy does not think that the two bodies exist together in chlorophyll; he believes this body to be an immediate green principle of excessive changeability, which, under the influence of reagents, and probably by the action of vegetation, undergoes various modifications, and produces the bodies described above. (*Chemical News.*)

SOLUTION OF PERCHLORIDE OF IRON.

Dr. J. Atfield said that of all the methods of making solution of perchloride of iron, there was only one that yielded it in the pure state, namely, by dissolving the solid crystalline anhydrous salt in water. The use of spirit in making a solution of perchloride of iron was unnecessary, useless, and always productive of instability; moreover, it was not so good a solvent of the salt as water. The author was borne out in his statements by the officers of several of the metropolitan hospitals. At some of those institutions water had been for some time substituted for spirit in making the preparation, and at others the change was contemplated. Dr. Atfield exhibited to the Pharmaceutical Conference specimens of tincture of perchloride of iron which had become almost colourless from the reaction of the spirit of wine in them on the dissolved salt.

THE DEPOSITS WHICH FORM IN WINE.

M. Pasteur recognises three kinds. The first is a deposit of crystalline bitartrate of potash or tartrate of lime, or a mixture of the two. The second, which adheres to the sides of the bottles, is oxidised colouring matters. These two are deposited in sound wines, but the third, which falls in sick wines, consists of cryptogamic vegetation. The author believes that wines are greatly improved by the influence of oxygen, and recommends that they should be left in casks, and bottled as they are wanted. He is speaking, it must be remembered, of French wines. (*Chem. News.*)

Special Correspondence.

EDINBURGH.

FROM OUR OWN CORRESPONDENT.

AFTER a period of long, comfortable, but necessarily dull and somewhat stupid, vacation-time, we are at work again. The lecture-rooms, the library, and the museums, of our University, have been roused from their lazy stillness, and the passers-by may see the groups of students loitering about the gates—that characteristic piece of evidence to the fact that the session has fairly commenced. But although *de jure* the session has commenced, there can be little doubt that a large section of our students have as yet scarcely realised the fact, that there is plenty of hard and anxious work before them; that the *dolce far niente* of vacation-time must give way to the stern and severe labours of a winter session; for we have been plunged in the excitement of a contested election, engaged in the very onerous duty of choosing a worthy successor to our late distinguished Lord Rector, Mr. Gladstone.

To choose one at all worthy of following him would, under any circumstances and at any time, have been considered in the highest degree difficult; but, after the magnificent oration with which he delighted us in the Music Hall but a week ago, all have become convinced that we must renounce the privilege of conferring one of the highest honours our University can bestow upon one who, to the same extent as Mr. Gladstone, unites, to administrative talents of the highest order, the subtlest scholarship, joined to the charms of an enchanting eloquence. For, *en passant*, and before speaking more particularly of the present election, I cannot omit to mention that Mr. Gladstone's valedictory address, in giving up the Rector's chair, produced the greatest enthusiasm amongst his auditory, who felt that, besides adding another to the many claims which Mr. Gladstone possessed to be considered one of our most brilliant scholars, he had, in his address, roused an enthusiasm and love for refined and philosophical classical pursuits, which cannot fail to stimulate our students to emulate more and more those of other seats of learning, where these studies have been specially and remarkably cultivated.

But, having to lose Mr. Gladstone, the question as to the best successor became important. We must, said one party, have a man of high literary distinction, who possesses, in addition, the high practical tact and the shrewdness which are testified by a brilliant political career; we must, said this party, have one as our Rector whose position as a member of Parliament will enable him to speak with authority in our favour, and fight, if need be, for an extension of the rights of our University; and the party whose members expressed these opinions chose as their favourite candidate, Mr. Disraeli. We do not, said an opposite party, want our Rectors to be politicians; the Rector's chair cannot be better filled

than by the ablest scholar, the most honest thinker; and none, we say, better fitted for the Rector's office than Thomas Carlyle, who, to other qualifications, adds those of being an old pupil of Alma Mater and a Scotchman.

The other, but minor, parties would, had they been able, have urged the claims of others, and very distinguished men; of Sir Roderick Murchison, for example, whose scientific career would have rendered him the worthy Rector of an University, which, as our own, has won its laurels as a school of science; but these minor parties were obliged to give in, and the contest which terminated on Nov. 11th, raged between the supporters of Mr. Disraeli and those of Mr. Carlyle.

It would be useless to follow in all their details the electioneering tactics which each party pursued. In their choice of a conservative candidate (and it cannot be doubted that political reasons influenced not a little the choice of Mr. Disraeli), his supporters shewed that they were unacquainted with the constituency with which the election rested, whose political sympathies (and young men will be politicians) certainly did not prepossess them in favour of the conservative leader, whilst their literary tastes refused to allow a comparison between Mr. Disraeli and Thomas Carlyle as writers; a comparison which, to use the words of one of our contemporaries, "would be cruelty to the one and impertinence to the other." Suffice it to say, that the canvassing and the polling were conducted with the greatest decorum and good feeling, and that the contest terminated in favour of Mr. Carlyle, who was elected by a majority of 657 votes against 310.

Amongst the University changes which have occurred since I last wrote, there are few, if any, of special interest to medical readers. The filling up of the chair rendered vacant by the death of Professor Aytoun by the appointment of Mr. Masson; the death of Mr. Donaldson, Professor of the Theory of Music, who has been succeeded by a gentleman whose claims to the office no one seems to know anything about; these are the only topics which I think it worth while noticing.

I had almost forgotten to mention that the Natural History Museum has been removed to the New Industrial Museum, which is situated at the back of the University, and which we believe is to be opened to the public sometime this spring.

The Rinderpest has committed the most serious havoc in our dairies; and, in spite of the improved sanitary condition of our byres and the vigilance of inspectors, it continues its work of destruction. The sanatoria which were opened for the treatment of diseased cattle have been closed; some doubts as to their utility appearing to have been entertained. The very admirable reports of Dr. Smart and of the Medical Committee appointed to investigate the disease, testify, however, that, if failing in some of their primary objects, these establishments have not been altogether useless.

The elections of our Town Councils have just taken

place; and Mr. William Chambers, the eminent publisher, has been chosen Lord Provost. It appears that the Council intend taking into most serious consideration, or, rather, intend setting about carrying into execution, many of the very admirable suggestions for the sanitary amelioration of Edinburgh, which have lately been made by our Medical Officer of Health, Dr. Littlejohn, in his model Report on the Sanitary Condition of Edinburgh; a report which, as it ought to do, is attracting great attention here at present.

The Medico-Chirurgical held its first sitting on Wednesday, when Dr. Matthews Duncan read a paper entitled "Notes on the Retentive Power of the Abdomen." The first meeting of the Botanical Society took place on Thursday; and the Royal Medical held its first meeting on Friday. These proceedings offered, however, no special points of interest. The Royal Society does not commence its sittings until December.

Association Intelligence.

SOUTH-EASTERN BRANCH: EAST KENT DISTRICT MEDICAL MEETINGS.

THE next meeting of this Branch will be held at the Fountain Hotel, Canterbury, on Thursday, November 23rd, at 3 P.M.

Dinner at 5 P.M.. Charge 5s., exclusive of wine.

Papers have been promised by Mr. C. Holtum, Mr. Rigden, Mr. F. H. Sankey, Mr. W. Thurston, Mr. A. Andrews, and Dr. Tassell.

R. L. BOWLES, L.R.C.P., *Honorary Secretary*.
Folkestone, November 16th, 1865.

SHROPSHIRE SCIENTIFIC BRANCH: ANNUAL MEETING.

THE annual meeting of this Branch was held in the Natural History Museum, Shrewsbury, on November 3rd, 1865; J. W. MOORHOUSE, Esq., President, in the Chair.

Honorary Members. The Rev. W. A. Leighton, B.A., F.B.S.E., and T. P. Blunt, Esq., B.A., were elected Honorary Members of this Branch.

Officers. The Treasurer and Honorary Secretary were re-elected. W. Newman, M.D., of Stamford, was unanimously elected Vice-President for the ensuing year.

Communications. The following papers were read:

1. On the Sense of Smell as applied to Medicine. By Henry Johnson, M.D.
2. On a Painful Surgical Affection of the Heel. By William Newman, M.D. (Stamford).
3. On Villous Growth in the Bladder: with Case and Preparation. By Samuel Wood, Esq.
4. Case of Leucocythæmia: with Microscopical Demonstration. By William Eddowes, Esq.
5. On Disinfectants. By T. P. Blunt, B.A.
6. Some beautiful Wax Models of Disease were exhibited by T. B. Barrett, Esq.

A full and free discussion of the several communications ensued; and votes of thanks were passed to the contributors.

The Dinner took place at the Lion Hotel; twenty-six sat down and spent a very agreeable and harmo-

nious evening together. The Chair was occupied by the President, J. W. Moorhouse, Esq., and the Vice-Chair by Dr. Burd.

Three new members were announced to be balloted for at the quarterly evening meeting in January next.

BIRMINGHAM AND MIDLAND COUNTIES BRANCH: MONTHLY MEETING.

A MONTHLY meeting of this Branch was held on Thursday, November 9th, 1865; J. RUSSELL, M.D., President, in the Chair. Nine members and one visitor were also present.

The Secretary. Dr. WADE resigned the office of Secretary, not having sufficient time to devote to his duties; and requested that his successor might be appointed as soon as convenient. Dr. Wade's resignation was received with regret, and the next meeting was made special for the election of a Secretary.

Hour of Meeting. Mr. MANLEY gave notice that he should move that the hour of meeting be altered from 6 to 7 P.M.

Papers. The following papers were read.

1. Case of Extroversion of the Bladder: with Physiological Observations made on the Urine in that Case. By T. A. Carter, M.D., Leamington.

2. Case of Excision of the Ankle-joint. By J. F. West, Esq., Birmingham.

Reports of Societies.

OBSTETRICAL SOCIETY OF LONDON.

WEDNESDAY, OCTOBER 4TH, 1865.

ROBERT BARNES, M.D., President, in the Chair.

Specimens, etc. Dr. PRIESTLEY exhibited a variety of Medicated Pessaries and Suppositories, manufactured by Messrs. Duncan and Floekhart, of Edinburgh. They had been made at the suggestion of Professor Simpson, with the view of administering a diversity of drugs by the vagina and rectum. The vaginal pessaries were so far new that they were of a convenient Minie-bullet form instead of round; and were made of cocoa-nut butter, which readily melted at the temperature of the body, although perfectly hard before introduction.

Dr. GREENHALGH recited a fatal case in which Cesarean Section had followed the use of the Cephalotribe. A committee was appointed to examine the effect of this instrument upon the fetal head. The report of the case and of the committee will appear in a subsequent number.

THE PRESIDENT laid before the Society the original Cephalotribe of Baudeloque, which had been presented to the Society by Madame Petitjean, of Paris, through the thoughtful mediation of their Honorary President, Sir Charles Locock.

Dr. BARNES also exhibited a specimen of Fallopian Dropsy.

Mr. BAKER BROWN, jun., exhibited a preparation of two parts of Chloroform with one of Alcohol, to which the distilled essence of *eau-de-Cologne* had been added, which he had found to allay the pain of labour without complete anæsthesia, and recited cases in which it had been used.

Dr. BARNES exhibited an instrument made for him by Weiss, for introducing the perforated laminaria-tents into the cervix uteri.

Dr. WAY read a case of Twin Pregnancy, in which one of the fetuses had died at about the fourth month of intrauterine life, but was expelled at the same time with the other, nearly at full term.

Extrauterine Pregnancy. Dr. J. BRAXTON HICKS, at a former meeting, read a case of extrauterine foetation, in which he had detected a foetus alive in the recto-vaginal pouch of the peritoneum. Considering its advance to maturity in that position highly dangerous throughout its development and after, he endeavoured to arrest its growth by powerful galvanic currents. This was repeated without effect. It was then determined to pass a trocar into the foetus, which was done *per vaginam* readily without any bleeding. The foetal movements ceased next day; but vomiting, partly from the chloroform given, continued very violent till about the fifth day, when, sudden collapse supervening, the patient died on the sixth day after the operation. The *post mortem* examination showed that hæmorrhage was the immediate cause of death, owing to slight separation of the upper part of placental attachment to the exterior of the uterus, but none whatever occurred at the seat of puncture. The examination also showed a curious fact; namely, that the cyst in which the foetus originally was formed had ruptured, and that the ovum entire had escaped into the recto-vaginal pouch, and continued to live and grow, the ovarian membranes filling entirely the pouch, the placenta being attached to the back of the uterus. On opening the original cyst from above, the ovarian membranes were seen through the rupture in the cyst. Dr. Hicks having requested the assistance of the President in elucidating these points, and in giving a report, the report was read, confirming the above facts, and endeavouring to explain the mode of occurrence.

A discussion arose between Dr. Routh, Dr. Graily Hewitt, Dr. Greenhalgh, and Dr. Hicks, as to the advisability of attempting the abdominal section in such cases.

CHRONIC INVERSION OF THE UTERUS.

BY J. MARION SIMS, M.D.

Dr. MARION SIMS recited two cases of his own. In one of these, he attempted manual reduction without success, and, as the hæmorrhage from which the patient suffered was so excessive as to threaten a fatal result, he determined to remove the organ. It was attempted first by ligature; but as this gave rise to severe symptoms, pain, and depression, it was decided to remove it with the *écraseur*. Severe bleeding ensued from the broad ligament, which was controlled by ligature, and the line of section united by silver sutures. The patient recovered rapidly. In the other case, reduction was effected under ether by the hand. The uterus was grasped and partially restored. By pressing firmly the right cornu with the thumb of the left hand, and pushing upwards, while the fingers compressing the opposite side tended rather to draw the left cornu down, the uterus jumped, as it were, out of the hand, and was restored to its natural condition. The author then alluded to the successful plan of Dr. Tyler Smith by continuous pressure by air-ball, and to Dr. White of Buffalo, for the plan of lateral pressure on one cornu; and considered that, with the success which had latterly attended attempts at reduction, one should hesitate a long time before removing the uterus for inversion.

Dr. SIDNEY TURNER remarked that the reduction of inversion just mentioned reminded him of the mode of reduction of hernia by the taxis; and suggested continuous grasping of the organ to empty it of its blood as much as possible, so as to lessen its bulk before attempting its reduction.

Dr. HALL of Brighton concurred in the view of the last speaker; and further suggested that bags of ice might be passed into the vagina to diminish the bulk, instancing the advantage of cold in treatment of paraphimosis.

Dr. BARNES mentioned that Dr. McClintock had fully explained the analogy of reduction of inversion of the uterus and hernia. He thought that the mode of action by the elastic ball of Dr. T. Smith was by wearing out the muscular resistance of the uterus.

Dr. M. SIMS then replied to the various speakers.

Mr. F. LAWTON related a case of Vascular Tumour of the Funis in a new-born infant, with its microscopical appearances by Dr. Hicks.

LIVERPOOL MEDICAL SOCIETY.

THURSDAY, OCTOBER 19TH, 1865.

W. H. MANIFOLD, Esq., Vice-President, in the Chair.

Uterine Hæmorrhage. Mr. STEELE narrated the particulars of a case of accidental hæmorrhage, attended with a fatal result, that had come under his observation. Dr. Parsons mentioned in his remarks that in one very severe case of hæmorrhage, where everything had failed in procuring uterine contraction, he had used electro-magnetism with the best possible result, the uterus contracting firmly under its influence, the patient making a good recovery.

Excision of Elbow. The PRESIDENT introduced a patient whose elbow he had excised for compound fracture into the joint. The movements of the limb are very free; and, when the extent of the mischief done to the joint is considered, a more perfect artificial joint could not be desired.

Poisoning by Extract of Belladonna. Dr. SKINNER read a case, of which the following is an abstract.

On September 29th last, he was called to a young woman, about 22 years of age, a housekeeper in a large millinery establishment. She was said to be suffering from a fit. On Dr. Skinner's arrival, she was sitting up in bed, evidently insensible to all that was going on around her; her countenance, face, and neck were much suffused; the upper extremities and the trunk were swollen, and of a florid red colour; the conjunctivæ were deeply injected; and the pupils were dilated to the full, the irides being scarcely traceable. She was very restless, and was constantly picking at and pulling the bedclothes. Her look was at times wild and maniacal, always vacant; some times she would chuckle and laugh. The breathing was generally calm and equal, but frequently she lapsed into profound coma, with loud snoring and stertor. The pulse at the carotid and temporal arteries was 140 when she was first seen, and while the more urgent symptoms lasted. The flexor muscles of the forearm were in a state of constant clonic spasm; and the cervical and upper dorsal muscles were similarly though less violently affected. The temporal and masseter muscles were sometimes violently contracted; and deglutition was very greatly impaired. Vomiting was not a marked symptom; but she could vomit when sufficient stimulus was used. Violent delirium and purgation were never observed. After swallowing the poison, she had wandered about the house, and hid the keys in a room she was unaccustomed to enter, and had even talked with her co-inmates; but she had no remembrance of having done so, nor of two doctors and anxious friends having been about her, nor of the fact of the stomach-pump having been used in spite of her efforts at resistance. The poisonous symptoms lasted from 6 p.m. to 12 p.m. During all this time, the only sensation she could call to remembrance was the

word "telegram", or "sending a telegram". (Dr. Skinner had recommended that a telegram should be sent to her only brother in Sheffield, apprising him of the danger of her position.) On inquiry being made if she had been taking any medicine, Dr. Skinner was told that she had taken a dose of confection of senna. On the pot being asked for and presented, it was labelled "Extract of Belladonna". This had been dispensed by a chemist in July 1864, as an antilactescent for another person. The patient had taken about two drachms and a half; and, allowing for the vomiting, etc., it is pretty certain that about one drachm was retained. Mr. Hakes was sent for, and the stomach-pump was used about three hours after the ingestion of the poison; but none of the fluids returned smelt of, or had the appearance of containing, belladonna. Ultimately, nothing but pure water came up. She was put to bed; cold wet cloths were tied round her forehead; and the head was constantly fanned, the feet being pronounced warm. Under this treatment, the surface of the head and face became very cold, and deglutition improved. Brandy was administered in strong bitter coffee; and before Mr. Hakes and Dr. Skinner left the patient, she was beginning to recognise those around her, and to speak a little. Dr. Skinner said he had long been of opinion that belladonna was not nearly so poisonous as was generally believed; and this he attributed to its possessing less power over the more important nervous centres, such as the medulla oblongata, than other more deadly narcotics, as aconite and opium. Its action was more stimulating than sedative. Mr. Hakes and he weighed the question of giving opium as an antidote; but they felt that they could not do so, in a case of life and death, in private practice. It was just possible that in many cases where opium had been given as an antidote to belladonna, undue credit may have been given to the antidote, and too little to the *vis medicatrix nature*, which acted well in the above case. Animal charcoal and gallic acid were not given, because the case seemed capable of being managed without.

Dr. Nottingham, Dr. Prytherch, Dr. Parsons, Dr. Desmond, Dr. Shearer, Dr. Imlach, Mr. Steele, and Mr. Hakes, took part in the discussion.

EXCISION OF THE TONGUE. Dr. George Buchanan, Surgeon to the Glasgow Royal Infirmary, has successfully excised one lateral half of the tongue, following "the bold and ingenious proposal of Mr. Syme to divide the lower jaw at the symphysis." (See *Edinburgh Medical Journal*, November 1865.)

DEATH OF DR. JOHN MACADAM OF MELBOURNE. Dr. Macadam was, twenty years ago, assistant to the late Professor George Wilson of Edinburgh. Twelve years ago he received his appointment in the Scottish College, Melbourne. He is brother of Dr. Stevenson Macadam, of Edinburgh. He died on his passage to New Zealand, whither he had been subpoenaed to give professional evidence in a criminal case. Dr. Macadam filled the offices of government analytical chemist, professor of practical chemistry at the University, and public health officer to the city of Melbourne. He was for several years lecturer on chemistry to the Scottish College, and honorary secretary to the Royal Society of Victoria. In the latter capacity he was intimately concerned with the arrangements of the Bourke and Wills and other exploring expeditions. Dr. Macadam represented the district of Castlemaine in the Legislative Assembly from 1859 to 1864, and was Postmaster-General during the latter part of the existence of the Heales Administration. Dr. Macadam had only attained his thirty-eighth year.

Correspondence.

THE ROYAL COLLEGE OF SURGEONS: VOTING BY WRITTEN PAPERS.

LETTER FROM THOS. PAGET, ESQ.

SIR,—The fifty-five memorials and notes from one hundred and thirty-five Fellows of the College, which met me at the Council yesterday, seem to demand an acknowledgment of their receipt, and an assurance that they were duly presented.

I am, etc., THOMAS PAGET.

November 10th, 1865.

ON THE USE AND ABUSE OF PURGATIVES.

LETTER FROM THOMAS MARTIN, ESQ.

SIR,—In reference to Dr. Radcliffe's communication in the *JOURNAL* of the 23rd September (p. 303), on the above-mentioned subject, permit me to offer a few observations as the result of the experience of half a century.

It is conceded that man is an omnivorous animal; not as an error or an abuse, but by nature, as demonstrated by his teeth, his stomach, and the length of his intestines. He inhabits the whole earth from the arctic to the antarctic regions, and is necessitated, therefore, to live exclusively on animal food, or on vegetable food, or on a mixture of both.

In temperate climates like our own, he is best nourished, and mentally and corporeally is most fully developed and sustained by a mixed diet, consisting of due proportions of animal and vegetable (comprising farinaceous and succulent) food, the textures of which require to be disintegrated, decomposed, and perhaps coagulated, in the stomach.

Unquestionably, therefore, in our climate and with our habits, a mixed diet of animal food, farinaceous food, and succulent food from the garden, properly cooked in due proportions, constitutes the best and most nutritious food for man. Man is a cooking animal; and the green meat which Dr. Radcliffe repeatedly mentions and recommends should all undergo processes of cookery. No green meat is easy of digestion in a raw or crude state. Salads, celery, and cucumbers, as usually eaten, are all difficult of digestion.

From errors of diet of various kinds constipation takes place, sooner or later, at or after the adult age; and people will send continually for a blue pill or a calomel pill and a black draught, thereby increasing the habitual constipation.

Purgatives or aperients are of three kinds.

First. Those which operate by increasing the secretions from the glands of the intestines only; as the saline purgatives, which weaken and exhaust, and increase the mischief.

Second. Those which operate by increasing the peristaltic motion of the intestines only, as colocyth, the aloetics, and the like; which at the same time improve the tone and functions of the intestines.

Third. Those which operate in both modes, by due combinations.

In the correction of the constipated habit, as Dr. Radcliffe observes, much may be done by a regulation of the diet, even by the adoption of brown bread in lieu of white; but not by the adoption of much green meat, that is to say, raw vegetables. Mothers are, or have been, in the habit of committing great errors in the diet of their children. Some observe, with a

smile of self-complacency, "I never give my children any sugar, or very little." Another will say, "I never give my children any butter, or a mere apology."

Most adults who can afford it eat too much, both of animal and vegetable food, and thereby induce a costive habit. Such persons are benefited by, and indeed require, the habitual use of a gentle *peristaltic persuader*—a dinner pill or a pill at bedtime, with which they are well and comfortable, and attain length of days—I may say, a high degree of longevity—and without which, obstructions and congestions of various internal organs, more or less serious, ensue.

Dr. Radcliffe and our other brother-members may, therefore, be assured that, with a regulated diet, the habitual daily use of *peristaltic persuaders* in the form of pills which never gripe or sicken, but move the bowels gently, as if naturally, produces health, comfort, and lengthened life. Of these pills, formulæ innumerable—some better than others, and adapted to special cases—are everywhere to be had.

In the treatment of disordered conditions, whether acute or chronic, I am ever an enemy to *sweeping* rules or conclusions. Every individual case has its peculiarities, requiring modification of treatment.

Permit me to add, in reference to Dr. Edward Smith's communication, that Dr. Beaumont caused Alexis St. Martin, after a dinner of wholesome food which was digesting happily, to take a glass of gin. The digestive process was immediately arrested and suspended, until the spirit had been absorbed and taken up into the general system, when the digestion of the food was slowly resumed and tardily completed; showing, moreover, that "brandy is not always Latin for goose." In all probability, the pale ale alluded to by Dr. Smith is a *weak* alcoholic beverage; and a glass of it with a meal of food cannot be very prejudicial in *retarding* or impairing the digestive process, as is the case with the introduction or imbibition of ardent spirit.

I AM, ETC., THOMAS MARTIN.

A CURIOUS TALE. In a paper lately read by Dr. Kelburne King, president of the Hull Literary and Philosophical Society, on "The Recent Visit of the British Association to Birmingham," Dr. King, in speaking of a visit which he and Dr. Richardson, of London, had made to Shakespeare's birthplace, at Stratford-on-Avon, narrated the following curious incident. He said that a blind gentleman, who thought that no one but the guide was present, mentioned that a friend of his had a relic which would be a valuable addition to the Shakespearean Museum at that place,—the skull of Ben Jonson. This friend had attended the funeral of Dr. —, (? John Hunter) at Westminster Abbey, when he perceived that the next grave, that of Ben Jonson, had been opened, and he could see the skeleton of the body in the coffin. He could not resist the opportunity of putting in his hand and extracting the skull, which he placed under his cloak and thus carried it off. From a remark which the blind gentleman dropped Dr. Richardson thought he could identify the offender, and he asked if the person's initials did not consist of certain letters. The blind gentleman, who was not a little startled at finding that the secret was out, admitted the fact, but prayed that no advantage might be taken of the discovery. This was promised; but as Dr. Richardson is an ardent admirer of the Avonian bard, he is determined that, without going to extremities, he will bring the necessary pressure to bear on the possessor of the skull, so that it shall be placed in a more worthy repository than the cabinet of an *Assure* individual. (*Manchester Guardian*.)

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND. The following gentlemen, having undergone the necessary examinations for the diploma, were admitted members of the College at a meeting of the Court of Examiners, on November 14th.

Adams, James Edward, Hingham, Crons
Barry, Edward Joseph, M.D. Dublin, Basingstoke
Bates, Henry Martin, Chertsey, North Devon
Bosman, Edward Forster, L.R.C.P., Brunswick Gardens, Kensington

Diggs, Charles John Stokes, Dublin
Grace, Edward Mills, Downend, Bristol
Jackson, Andrew Christopher, Cape Town
Kerswill, John, Bedford, St. Germaines, Cornwall
Laid, William John, Exeter
Lewis, Charles Gray Montgomery, Sedgley
Lowell, Francis Henry, Aspley, Walsley
Perkins, Hugh Stanley Steele, Exeter
Preece, Frederick Tobell, Sawston, Cambridge-shire
Smith, R. Reginald Polkove, Norwich
Smith, Charles, M.B. and L.R.C.P. Lond., Basingstoke
Tatham, Hamilton de, Dorset Square
Taylor, Theodore Thomas, Cricklade, North Wilts
Thomas, William, L.S.A., Birmingham
Walker Alfred, Albion Road, Stoke Newington
Ward, Frederic Henry, L.S.A., Scarborough
Whitcomb, Leonard Augustus, Bristol
Wood, Robert, L.S.A., Uttoxeter, Staffordshire

New Fellows. At a meeting of the Council of the College, on November 9th, the following members of the College, having been elected Fellows at previous meetings of the Council, were admitted as such.

Stallone, R. and Rickman, Hitchin, Herts. Deputy coroners for North Herts. Diploma of membership dated August 4th, 1864.
Young, Francis Ayerst, Hawkhurst, Cranbrook, Kent; October 31st, 1864

UNIVERSITY OF CAMBRIDGE. At a Congregation held on November 9th, the degree of Bachelor of Medicine was conferred on

Lee, Robert James, Caius College

APOTHECARIES' HALL. On November 9th, 1865, the following Licentiates were admitted:—

Bell, William, 7, Torrington Square
King, William, Moreton Terrace, Pimlico
Thomas, David, Carmarthen
Woodward, Edward Russell, Ventnor, Isle of Wight

APPOINTMENTS.

*PROFESSOR, W. H. M.D., appointed Assistant to the Professor of Chemistry in the University of Cambridge.

*HERRING, George W., M.D., F.R.S., appointed a Member of the Botanic Garden Syndicate, and Assistant to the Professor of Anatomy in the University of Cambridge.

*LATHAM, P. W., M.D., appointed Assistant to the Regius Professor of Medicine, and to the Professor of Anatomy, in the University of Cambridge.

*LESLIE, GEORGE, C. Esq., appointed Assistant to the Regius Professor of Medicine in the University of Cambridge.

MEDICAL MAYORS. The following members of the medical profession have been elected Mayors for the ensuing year.

*ALDRIDGE, Charles C. Esq., elected Mayor of Great Yarmouth.

ALDRIDGE, John P., M.D., elected Mayor of Dorchester.

*MARTIN, Anthony, Esq., elected Mayor of Evesham.

MAY, George, Esq., elected Mayor of Maldon.

WATSON, George, Esq., elected Mayor of Devizes.

*YALE, Frederick, Esq., elected Mayor of Exmouth.

ARMY.

ANTHONY, Staff-Surgeon-Major R. C. M.D., retiring upon half-pay, to have the honorary rank of Deputy Inspector-General of Hospitals.

BALLET, Surgeon A. P., 12th Foot, to be Staff-Surgeon, vice W. G. N. Major.

CANNON, Staff-Assistant-Surgeon D. J., to be Assistant-Surgeon 11th Foot, vice R. T. Scott.

CHRYK, Staff-Assistant-Surgeon W., M.B., to be Assistant-Surgeon 4th Foot, vice E. Miller, M.D.

DONALDSON, Assistant-Surgeon J. Y., M.D., 10th Foot, to be Staff-Assistant-Surgeon, vice J. Thompson.

HUDSON, Assistant-Surgeon A. R. M.B., 6th Foot, to be Staff-Surgeon, *vice* Staff-Surgeon-Major R. C. Anderson, M.D.
 JONES, Staff-Assistant-Surgeon M. J., to be Assistant-Surgeon Royal Artillery, *vice* W. G. N. Manley.
 MANLEY, Staff-Surgeon W. G. N., to be Surgeon 12th Foot, *vice* A. F. Bartley.
 POWELL, Staff-Surgeon G. W., to be Staff-Surgeon-Major, having completed twenty years' full-pay service.
 RATTRAY, Staff-Assistant-Surgeon Charles, M.D., to be Assistant-Surgeon 6th Foot, *vice* A. R. Hudson, M.B.
 SCOTT, Assistant-Surgeon R. T., 11th Foot, to be Staff-Assistant-Surgeon, *vice* D. J. Canny.
 THOMPSON, Staff-Assistant-Surgeon J., to be Assistant-Surgeon 100th Foot, *vice* J. Y. Donaldson, M.D.
 WEBB, Staff-Surgeon H. M., M.B., to be Staff-Surgeon-Major, having completed twenty years' full-pay service.
 WHITE, Surgeon T. E., M.D., 65th Foot, to be Surgeon-Major, having completed twenty years' full-pay service.

INDIAN ARMY.

HARRIS, Surgeon F. W., to be Surgeon-Major Bombay Army.
 ROSS, Assistant-Surgeon C. G. H., to be Surgeon Bombay Army.
 STEINHAUSER, Surgeon J. F., to be Surgeon-Major Bombay Army.

MILITIA.

MICHAEL, D., Esq., to be Surgeon 2nd Somersetshire Militia.

VOLUNTEERS. (A.V. = Artillery Volunteers; R.V. = Rifle Volunteers):—

STONE, W. J., Esq., to be Honorary Assistant-Surgeon 1st Buckinghamshire R.V.

DEATHS.

ALLANBY. On November 13, at Hampstead, aged 22, Ernest William, eldest surviving son of J. S. Allanby, M.D.
 BECK. On November 5th, at Ipswich, Elizabeth Margaret, widow of Edward Beck, M.D.
 BLOXAM, William, M.D., at 28, Duke Street, Grosvenor Square, aged 69, on November 5.
 BYNOE, Benjamin, M.D., Staff-Surgeon R.N., at Old Kent Road, aged 61, on November 13.
 CRICKSON, W. F. D., Esq., Surgeon, at Ulverston, aged 55, on November 11.
 DUBRY, James S., M.D., at Radnor Place, aged 49, on November 11.
 EASTON, John A., M.D., Professor of Materia Medica in the University of Glasgow, suddenly, on November 11.
 HAYWARD. On October 30th, at Chelsea, aged 70, Frances F., widow of R. B. Hayward, Esq., Surgeon, formerly of Epping.
 MACADAM, John, M.D., Professor of Chemistry in the University of Melbourne, *æsa*, aged 37, on September 2.
 MATHER, John B., Esq., Surgeon, at Dalston, aged 58, on November 12.
 MAYOR, Emilius Scipio, Esq., at Bristol, aged 65, on November 13.
 MICHAEL, John, Esq., Assistant-Surgeon Royal Artillery, at Woolwich, aged 32, on November 14.
 RANDOLPH. On November 11th, at Marsham Street, Westminster, aged 68, Mary, wife of John Randolph, Esq., Surgeon.
 STODART, Edward, M.D., at Hendon, aged 61, on November 5.
 TEGGART, Edward, Esq., late of Dover Street, Piccadilly, at Onslow Crescent, Brompton, aged 69, on November 14.
 TENISON. On November 7th, at Keith Terrace, Shepherd's Bush, aged 32, Fanny Hatton, wife of E. T. R. Tenison, M.D.
 TISON, Edward W., Esq., F.R.S., at Devonshire Street, Portland Place, aged 63, on November 10.
 WALLER. On November 12th, at Flegg Burgh, Norfolk, Mary Harriet, wife of John T. Waller, Esq., Surgeon.
 WILLIAMSON, George, M.D., Surgeon-Major 64th Regiment, at Brighton, aged 44, on October 31.

THE CATTLE-PLAGUE. A Committee of the Lords of the Privy Council assembled on the 13th instant to take into consideration questions relating to the cattle-plague.

CHOLERA IN AN AMERICAN STEAMER. The steamer *Atalanta*, arrived at New York, has been detained in quarantine. She had sixty cases of cholera on board, among which were fifteen deaths.

SIR BENJAMIN BRODIE, Bart., M.A., has been appointed Waynflete Professor of Chemistry at Oxford. This appointment will render vacant the Aldrichian Professorship of Chemistry, in the gift of the University, but will not be filled up now.

CHILDREN'S MORTALITY IN VIENNA. At a late meeting of the Vienna Society of Physicians, Professor Spath stated in a report of the Clinical Lying-in Hospital for 1864, that out of 8,761 deliveries there were 86 deaths.

THE BRITISH HOME FOR INCURABLES held an election on the 14th instant at the London Tavern. There was a large number of candidates, of whom eight in- and eight out-patients were elected.

DR. HUMPHRY, of Downing College, has announced his intention of offering himself a candidate for the Professorship of Anatomy, if it should be vacant by the resignation of Dr. Clark, as mentioned in the Times.

UNIVERSITY OF ST. ANDREW'S. The following gentlemen have been nominated as candidates for the Rectorship of St. Andrew's University: Mr. J. Stuart Mill, Lord Lyttelton, Lord Kinnaird, and the Hon. Duncan McNeill.

THE EDINBURGH SANATORIUM. The cattle which had been three weeks in contact with the sheep from the Sanatorium—which are themselves still in excellent condition—were on Sunday eating their hay and turnips with their usual appetite, and apparently all in perfect health. (*Scotsman*.)

DEATH OF DR. EASTON. We are deeply concerned to notice the death of Dr. Easton, Professor of Materia Medica in Glasgow University. The doctor's health had not been, for the last two years, so robust as formerly; but on the 11th inst. he attended to his professional duties as usual. The next morning, however, he was suddenly seized, and death ensued after about three hours' illness. Dr. Easton was extensively known and respected as an eminent practising physician, and an able and successful medical teacher. (*Glasgow Herald*.)

ACUPRESSURE. We know not what credence is to be given to the following, taken from an Edinburgh paper; but if it be correct, it would seem to indicate that acupressure was just superseding the ligature with the majority of surgeons in Scotland. "*The Medical School of Edinburgh*. At the first meeting of the Edinburgh Medico-Chirurgical Society, Dr. McKinlay of Paisley described ten cases of amputation, in all of which he had secured the bleeding vessels readily and perfectly by acupressure. He stated that he had employed the same method of arresting the attending bleeding in various other operations besides amputation, and always with such facility and certainty as to make him now decidedly prefer the use of the needle to the employment of the ligature in surgical hæmorrhage. In no case where he used the needle did secondary hæmorrhage follow, and the resulting wounds all healed rapidly and kindly. In the discussion which followed, none of the surgeons stood up in defence of the ligature, though several hospital surgeons were present."

AN INVALID TRANSPORT SHIP. The *Florence Nightingale*, a small vessel, built for the transport of troops' invalids between transports arriving at Spithead from India and other foreign stations and the Royal Military Hospital at Netley, will very shortly be made ready to enter upon her duties. The *Florence Nightingale* is a small flat bottomed vessel, built of iron, having one large cabin below for the use of the invalids, sheltered from the weather, and with no attempt therefore at deck accommodation. Her draught of water is very light, and this will enable her to float over the greater portion of the mud shoals intervening between high-water mark at Netley and the deep channel at Southampton Water. This will be a great boon to invalids, who under previous regulations had very often in rough weather to land at the end of the long pier at Netley and walk the distance up to the hospital, with the water breaking over the pier, and drenching men, women, and children over their knees.

Notes

ON

THE PATHOLOGY AND TREATMENT
OF CHOLERA.

BY

GEORGE JOHNSON, M.D., F.R.C.P.,

PROFESSOR OF MEDICINE IN KING'S COLLEGE; PHYSICIAN
TO KING'S COLLEGE HOSPITAL; ETC.

[Continued from p. 521.]

THE GENERAL PRINCIPLES OF TREATMENT.

The account which I have now given of the pathology of cholera, although brief, will, I trust, have been sufficient to convey to those who have carefully read these papers a definite idea of the doctrine which I advocate. If there are any who desire to have further details and proofs and illustrations, these may be found in a book which was published ten years ago, but which has hitherto attracted singularly little notice.

I proceed now to the inquiry, What has this pathology to do with treatment? And I maintain that it is a compass which will guide the intelligent practitioner over a "sea of troubles" and perplexities in the treatment of cholera. We now have a definite view of the nature of cholera, of the relation which the symptoms bear to each other, and of the manner in which the disease tends to a spontaneous recovery. We can see that, amongst a vast number of plans of treatment, some have been unquestionably beneficial by assisting the curative efforts of Nature, while others have been as unquestionably detrimental by opposing those efforts. Others, again, have been of a mixed character; as, for instance, the combination of calomel—a purgative—with opium. And, lastly, some methods have been simply neutral in their effects, except in so far as the knowledge that something was being done for him may have inspired the patient with hope and confidence. As an illustration of this, I may mention one of the many infallible cures which have found their way into the *Times*. I mean the inoculation with quassia. If that which has been satirically said contained the whole truth—namely, that "the chief art of the physician is to amuse the patient while Nature performs the cure"—the inoculation with quassia would be as effectual as any other method of treatment, and it would have the great negative merit of doing no harm.

There is no remedy which has the slightest pretension to be considered a cure for cholera; no drug or agent which, so far as we know, will neutralise the poison or lessen its virulence. I have not the faintest hope or expectation that a specific remedy for such a disease as cholera will ever be discovered. The number of really specific remedies which we possess for any diseases is unfortunately very small. Those who believe in specifics are, in general, ignorant of the nature of disease and of the true methods of cure; and this ignorance renders them quite incompetent to estimate the influence of treatment.

If I have correctly interpreted the phenomena of cholera, the natural method of cure is eliminative. The process of elimination takes place by two successive stages. 1. There is excretion from the blood into the stomach and bowels; and 2. The morbid contents of these viscera are ejected by vomiting and

purging.* Can we do anything to assist this natural curative process? Unquestionably we can; by emetics and purgatives. But is it necessary or beneficial to interfere in any way? Ought we not rather to leave the cure entirely to Nature? I have no doubt that much may be done with advantage. And my conviction of this is based partly upon theoretical grounds, and partly upon the actual results of treatment. If we carefully observe the condition of a patient in collapse, we shall often find that the intestines are more or less distended with fluid; and this, too, while perhaps there is general torpor and very little effort at expulsion. Again, it is often found that, although there has been copious watery purging during life, the small intestines contain after death a large amount of a peculiar viscid dirty white material, having a very offensive odour. A purgative may be useful in removing both these conditions; namely, over-distension of the bowel by liquid, and accumulation of offensive viscid semi-solid secretions. The object of a purgative in cholera is not to increase excretion from the blood into the stomach and bowels; but simply to assist in the expulsion of the morbid secretions from the digestive canal. To fulfil this indication, that purgative is best adapted which acts most speedily, yet with the least amount of irritation. I believe that castor-oil best accomplishes this object; but a great variety of purgatives have been given with more or less success.

When, in September 1854, I first publicly stated that I was giving castor-oil as a purgative in cholera, the announcement was received with a howl of execration. Give a purgative to a patient whose blood has already been drained of all its liquid and thus rendered too thick to circulate! Unheard of atrocity! Statistics must immediately be published to show that this plan is most deadly in its effects.† But at the same time statistics were showing that calomel in frequent and sometimes in large doses is a very successful remedy. How does the calomel act? Is it not an irritant and a violent purgative? Or what is there to deprive it of its purgative properties when given for the cure of cholera?

Calomel a purgative! exclaims indignant orthodoxy. No! calomel is an alterative. It acts upon the liver, and restores the secretion of bile. Those who give this explanation of the action of mercury in cholera, are of course quite unaware what is the real cause of the suspended secretion of bile during collapse, and are therefore equally ignorant of the conditions essential for the restoration of that secretion. To call calomel an alterative and a restorer of the biliary secretion does not, like its combination with opium, deprive it of its purgative properties. I therefore claim the reported success of the calomel treatment as evidence in favour of elimination.

Saline Treatment. Another plan of treatment which has unquestionably been attended with a large

* If there are any who doubt the elimination of a morbid poison by the stomach and bowels, no one can doubt the existence of offensive morbid secretions which require to be cast out.

† It was even the opinion of some who chanced to be in prominent positions at that time, that my alarming outbreak of heterodoxy must be treated, like cholera, by very active repressive measures. So fierce an onslaught was made upon me, that I began to fear lest what Sydenham said of small-pox two hundred years ago, would be found equally applicable to cholera in the present century. "I venture to assert," said Sydenham, "that the physician who has much to do with small-pox runs many risks with his reputation. The vulgar are ever in the habit of ascribing deaths to the officiousness of the attendant; whilst physicians themselves catch greedily at opportunities for slander. They make out their case before incompetent judges, and procure most uncharitable verdicts. They act thus in order that they may build up a name for themselves, upon the ruined reputation of others; a proceeding disgraceful to even honest asurers—doubly disgraceful to scholars." (*The Works of Sydenham*, translated by Dr. R. G. Latham for the Sydenham Society, vol. i, p. 137.)

amount of success is that which is known as the saline treatment of Dr. Stevens. The theory upon which this treatment is based—namely, that the essential cause of cholera is a deficiency of the saline constituents of the blood—has been shown by accurate chemical analysis to be fanciful and erroneous; but this happens to be one of those rare cases in which a theory may be wrong and the practice based on it not far from right. I have condensed from Dr. Stevens's work (*Observations on the Nature and the Treatment of Asiatic Cholera*) the following account of his theory and his practice.

"The first efforts towards a cure should be directed to assist nature in throwing off the poison from the blood, *per vias naturales*, and, at the same time, supplying the necessary saline stimuli, on which the action of the heart and its vessels depends. In accordance with this view, patients presenting merely the first stage of premonitory symptoms, diarrhoea and vomiting, took, on their admission, a Seidlitz powder; and, if sinking was felt but without bowel complaint, more active purgatives were then employed; or three or four teaspoonfuls of Epsom salts were added to the Seidlitz powder. On the bowels being moved, plenty of thin beef-tea, well seasoned with salt, was given. This simple treatment was so successful, that a great many patients had no further complaint, and were generally dismissed cured in a few days."

"If cramps, coldness, or sinking of the pulse, were present, the patients were considered as cholera-patients in the second stage. The 'non-purgative' salts were administered every half-hour, or more or less frequently, according to the symptoms, and in the following dose: Muriate of soda \mathfrak{ij} ; carbonate of soda \mathfrak{ss} ; chlorate of potash gr. vii. When life seemed rapidly ebbing, the collapse stage having been reached, a strong solution of the same salts, at a temperature of 100° , was thrown into the bowel. The saline mixture was administered half-hourly; and, in severe cases, the muriate of soda was increased to a drachm, or even more, as circumstances seemed to require. In some cases, an enema, composed of a large tablespoonful of common salt in water, at as high a temperature as the patient could bear, was administered every two or three hours."

This plan of treatment has been attended with a large amount of success in the hands of many different practitioners; but, for a very obvious reason, it has not been generally adopted. Its mode of action is essentially eliminative; and, therefore, it is incompatible with that theory of collapse through loss of water which has taken such firm hold of the European medical mind.

This theory of collapse, which now, we trust, has received its death-blow, started into life when cholera first visited Europe in 1832. Before that time, our countrymen in India could not only give purgatives as a part of the regular treatment of cholera, but they might also call them purgatives without subjecting themselves to the imputation of culpable rashness and folly. Abundant illustrations of the use of purgatives in the treatment of cholera may be found in the writings of the following Indian practitioners: Bell, Orton, Scot, Curtis, Twining, Christie, Rogers, Kennedy, Searle, and Corbyn. None of these writers had any very definite pathological theory. They looked upon cholera as a disease chiefly of the nervous system. They called it spasmodic cholera; and they often gave opium to relieve cramps at the same time that they gave very active purgatives to remove the morbid secretions from the bowels. The fact that, in many instances, their treatment was a mixed treatment—a combination of opiates with purgatives—renders their writings the more instructive, since it clearly appears, on a careful study of their

cases, that, in proportion as either the opiate or the purgative plan prevailed, was the mortality increased or diminished.

Several of these authors speak highly of the use of castor-oil, on account of its unirritating properties, and the completeness with which it brings away the viscid and putrid secretions from the bowels.

The very interesting paper by Mr. Watkins (BRITISH MEDICAL JOURNAL, Oct. 28th, p. 445), to which I have before referred, contains a most instructive illustration of the effect of various modes of treatment. It will be seen that four distinct sets of cases are there described. In one set opium was given alone; these were all fatal. In a second set, the opium was combined with calomel or with gray powder; of these more than half died. The purgative action of the mercury somewhat lessened the mortal effects of the opium. In a third set of five, calomel alone was given; and of these one died, while four recovered. In a fourth set of twenty-one, castor-oil was given; and nineteen of these patients recovered. Besides these, one case which had been treated by gray powder and opium passed into collapse, and then, castor-oil being substituted for the other remedies, she ultimately recovered. Lastly, one most interesting case in full collapse was treated by castor-oil until he rallied; then, through some mistake, two pills, probably of calomel and opium, were given, he fell again into collapse; he was a second time treated by castor-oil, and ultimately recovered.

It is sometimes argued, that no remedies can possibly be of use during collapse because absorption is suspended. Now, in the first place, Magendie has shown that absorption is not absolutely suspended during collapse, though it is rendered much less active. He injected camphor into the rectum, and detected its odour in the breath in five minutes, whereas in health, he says, it may be detected in one minute. He performed the same experiment with ether, and with a similar result. He reasonably infers that absorption is slowly carried on during collapse. (*Leçons sur le Cholera Morbus*, p. 97.) There is undoubted evidence that opium and alcohol become absorbed, and produce narcotic effects during collapse. But the remedies which are of real use during collapse have no need to be absorbed. Surely a mustard or salt and water emetic need not be absorbed in order to excite the stomach to expel its contents. And it can scarcely be doubted that calomel and castor-oil, by their stimulant action on the inner surface of the bowel, may excite muscular contraction, and so act as purgatives without being taken up by the blood-vessels.

A writer on cholera during the last epidemic stated that "brandy, ether, and ammonia, turpentine, and even champagne, were given to rouse the flagging energies of life, but to little purpose; they were generally thrown from the stomach as soon as swallowed, and draughts containing creasote, chloroform, and camphor, shared the same fate. The stomach had, as it were, lost the power of ministering to the wants of the system."

Now, it may be asked, whether the stomach was not much wiser and more useful than the doctor, and whether it could better "minister to the wants of the system," than by the expulsion of its morbid secretions, together with such a horrible mixture of drugs as could not be retained and absorbed without adding to the perilous oppression of the vital powers.

During the last epidemic, I observed very carefully the effect of brandy in the few cases in which I ventured, in a tentative manner, to give it to patients who were in collapse. I found that it speedily increased the restlessness and feeling of oppression; at the same time the pulse lost power and volume, and

the temperature fell. I infer, therefore, that brandy and all alcoholic stimulants during the collapse stage of cholera add to the obstruction of the pulmonary circulation, instead of passing freely through the lungs and then stimulating the left ventricle, as they do in other states of system. I resolved, therefore, never again to give alcoholic stimulants in collapse, no matter how great the apparent exhaustion may be.

In a few cases, the *sesquicarbonate of ammonia* was given with apparent benefit; and this remedy appears to deserve a further trial as a stimulant during the stage of collapse.

It is worse than useless to attempt to feed a patient during collapse. The secretions of the stomach are utterly deranged, and the power of digestion is suspended. The mildest nourishment administered at this time only adds to the feeling of oppression and general distress, from which the act of vomiting often gives immediate relief. Upon this point, I have satisfied myself by repeated and very careful observation.

The wife of the English chaplain in Paris has recently obtained notoriety by administering *chlorodyne* in fifty or sixty cases of incipient cholera, and, as it is stated, "has succeeded in arresting the disease in every instance." What would be the effect of *chlorodyne* in cases of choleraic diarrhoea? It would relieve the cramps, and, by its narcotic operation, it would in some degree retard the spontaneous recovery of the patient. Nevertheless, if a lady have a determination to step beyond her own proper sphere, and to play at doctoring, *chlorodyne* would be a much less dangerous drug in her hands than opium and strong astringents.

Dr. Bullar and Dr. Risdon Bennett have recently spoken in high terms of the good effects of *external warmth* to the skin of patients in collapse. Dr. Bullar recommends the hot mustard bath; and Dr. Bennett packing in hot wet blankets. There can be no question that to thoroughly warm a patient in collapse is often a real benefit; the pulse, the temperature and the colour of the skin, and the expression of the features, all improve simultaneously. And we can readily understand this effect of warmth if we have thoroughly comprehended the *modus operandi* of the hot saline injection into the veins. But too much must not be expected from the application of external warmth. The warm bath has often been found to have a very depressing effect. Annesley declares that, in his opinion, it did more harm than good. "The fatigue arising from going in and coming out of it, and from rubbing and dressing the patient, exhausted him." (*Diseases of India*, p. 156.) Christie found the bath injurious; and Dr. Parkes says: "I have seen a man walk firmly to the bath, with a pulse of tolerable volume, and a cool but not cold surface, and in five or ten minutes have seen the same man carried from the bath, with a pulse almost imperceptible, and a cold clammy skin. I cannot find in my notes a single case in which the warm bath appeared beneficial." (*Parkes On Cholera*, p. 210.)

During the epidemic of 1849, I saw several patients in King's College Hospital placed in the hot-air bath; and the result of my observation was that, while the warmth appeared to be beneficial, by relieving the cramps, and sometimes even improving the pulse, yet, on the whole, the patients appeared to be rather distressed than comforted by the bath. The employment of hot baths in the treatment of cholera obviously requires caution. Faintness is a not uncommon result of remaining too long in a hot bath, even when the bather is in health; and, in the collapse of cholera, a sudden and deadly exhaustion may be thus induced. Then be it remembered, that cho-

leric collapse is a form of asphyxia. There is an instinctive craving for air. Again and again will the patient toss all covering from his body; and it is likely that surrounding the body with hot water, or hot air, or wet blankets, may cause distress by interfering with cutaneous respiration—i.e., the aeration of the blood through the skin. A very convenient way of keeping up the warmth of the body is by the application of hot bottles, hot dry flannels, or hot sand-bags, to various parts of the surface.

Dr. Murray, an Indian practitioner, obtained very striking results in the improvement of the pulse by *injecting into the rectum* every half-hour, or hour, or two hours, according to the urgency of the case, a pint of a weak solution of common salt and carbonate of soda, at a temperature of 120°. (*Roger's Reports on Asiatic Cholera*, p. 241.) The injections were retained generally from two to four minutes—sufficiently long to impart considerable warmth to the blood in the vessels of the large intestine; and to this, without doubt, the good effects were due. It appears to me that hot injections into the rectum may be used with advantage in cases of extreme collapse.

The good effects of heat are unquestionable. But what is to be said of *ice* or *iced water*, either taken into the stomach, or applied externally? During collapse there is usually a sensation of burning in the region of the stomach, and a strong craving for cold liquids. Iced water relieves that sensation of heat, and it has a powerful influence in checking vomiting. Are these sufficient reasons for giving iced water to a patient in collapse? In my opinion, decidedly not. I am sure that vomiting, when not excessive, is beneficial; and I believe that iced water lessens the burning sensation in the stomach by diminishing the vascularity of the mucous membrane, and thus interfering with the excretion of the morbid poison, upon the ejection of which by vomiting depends the patient's recovery. For these reasons, I believe that the administration of iced water to a patient in collapse is injurious. In most cases, I would allow an unlimited quantity of water of the temperature of the room; but, in extreme collapse, I would persuade the patient to drink *hot liquids*, with a view to add some warmth to the blood.

The application of *ice to the spine* has been recommended by Dr. Chapman. The theory which suggested this practice is a speculative web spun from the projector's brain. There is no evidence to show that this practice has been useful in any case. That some patients subjected to this distressing mode of treatment would recover, is certain; it is equally certain that their chances of recovery would be lessened by the depressing influence of the ice on the nervous system, and its chilling effect on the blood. We know that, if we can thoroughly warm a patient in collapse, we improve his general condition; and this, whether the warming be effected by the external application of heat, or by hot injections into the veins or into the rectum. We therefore can have no difficulty in perceiving that to thoroughly *chill* a patient in collapse must be a painful and a dangerous proceeding.

Venesection, as we have seen (*ante*, p. 607), has often afforded great relief during the stage of collapse; and I have before pointed out that the only rational interpretation of its *modus operandi* is that, by lessening the over-distension of the right cavities of the heart, it increases the contractile power of their muscular walls. The symptom which appears especially to call for venesection, and which has most commonly been relieved by it, is rapid breathing, with an oppressive sense of suffocation. When, with these symptoms, there is a cessation of vomit-

ing and purging, which is probably a result of the almost entire arrest of the blood in the lungs, I believe that venesection affords the only hope of benefit. If during the last epidemic I had known as much of the essential cause of collapse, and of the influence of venesection, as I now do, I believe that I might have saved more than one patient who, for the want of that knowledge, was lost.

In this communication, I have done little more than sketch the general principles of treatment. The only safe guide in conducting the details of treatment is to have a very clear and definite view of the pathological interpretation of symptoms, and of the mode in which remedies may assist the natural process of cure. Without this pathological knowledge, it is scarcely possible to avoid falling into some of the many errors which have affected the treatment of cholera, and which have often led to the neutralisation of the good effects of one remedy by the simultaneous use of other means having an opposite and an injurious influence.

Original Communications.

MEDICAL LOGOMACHY.

By PATHFINDER.

IN the Inaugural Address of Mr. Toynbee, F.R.S., delivered at the opening of the Medical School, St. Mary's Hospital, Paddington, on October 2nd, 1864, we find the following.

"What purpose does disease answer in the great scheme of Nature? He proposed to attempt an answer, incomplete as he knew such an attempt must be in an ordinary lecture. Disease, as the word implied, indicated signified, an absence of ease; and why does disease visit man?"

Now, ease is feeling—comfortable feeling, arising from the normal condition of the nerves, which have no injury to proclaim—i.e., no sympathy to express. But is the "expression"—the feeling that indicates injury—really that injury? The purpose of the watchman is to give notice of, where he cannot prevent, injury. But, when he cries out "Fire", is his bawling the "injury"—the veritable ill-health (or bad condition) he wants mending or abating? All the pertinent meaning to be got from the word "disease" is this—that it denotes a feeling of uneasiness, which in turn denotes or implies a state of injury—i.e., a not-just state. This malady is an effect or sequence of other conditions; and hence the inquiry of medicine is, first, In what does this mal-condition consist? and second, What are its causes? This opens out three practical courses; viz., one preventive, one curative, and one palliative. Our duty is, with a diseased person before us, first to cure; secondly, to prevent for the future; and, thirdly, when we can do no better, to palliate. We prevent only by avoiding causes. We cure either by dislodging removable causes of malady, when the effect vanishes, or by applying counteractives (i.e., remedies which promote right action and lessen wrong). We palliate symptoms (i.e., procure ease) when we can do nothing else, or even sometimes when we are also touching causes. If it be asked, How do we dislodge causes? we answer, by strengthening the vital system—first, through the sole direct conditions, those of assimilating food and supplying natural elements of normal action; and second, by administering medicines possessed of specific powers to suppress injurious function.

But let us return to the question, "Why does dis-

ease visit man?" If that at all differs from the questions, "Why does a blister inflame?" or "Why does fire burn?"—I am incapable of perceiving the difference. It appears to me the same as asking, Why is action followed by reaction? But, accepting the first definition given of disease (as implying, indicating, or meaning absence of ease), what intelligence is there in the query, "Why does absence visit us?"

If we are ever to have any science of medicine, we must learn to define our words more accurately, and to employ them with less ambiguity. There is, indeed, one answer to be given to the question, "Why disease becomes?"—viz., because the cause of it becomes. But that can hardly have been the meaning of Mr. Toynbee, who proceeds:

"There was one circumstance common to all diseases, however various or utterly unlike [in what?] they might be; all imply a previous influence operating upon the body, disarranging its natural condition; all imply some antecedent injury [antecedent to what?] He agreed with Hunter and others, that disease [the disarrangement] had a different object from that of destroying life; and that there was a more satisfactory course to be pursued with respect to it than treating it merely as an enemy to be subdued and stopped."

Here we are plunged into chaos! If disease have the common property of (in other words, essentially is) "disarrangement", which is "injury", how can its purpose be good? Is a broken leg, or a bullet-perforation in the chest, or a bleeding lung, or strangulated hernia, or a fractured skull, or a jerking heart, neither to be mended, stopped, nor subdued? All injury must tend to destroy life; all disarrangement must be bad; and all that is bad is the work either of an enemy or of an ignorant friend. Was Mr. Toynbee thinking of some "healing process", or of some "vital reaction"? I answer, in that case he was not thinking of the malady, but of an instinctive, blind effort of the vital power to resist or repair it. Ought we to confound together in one indiscriminate term the fire and the firemen—the disease and the symptoms by which we recognise Nature's associated effort to cure it?

But, in the next paragraph, Mr. Toynbee absolutely disavours disease from injury altogether! It is no longer a disarrangement or injury, but the *Vita Mediatric Naturæ*, which re-arranges and re-adjusts! In short, that which was the result of a previous influence, disturbing the natural condition, is now the old chronic Vitality of the body; the suffering Patient has become the active Doctor! I wish he would explain how, consistently with his theory, is justified the subduing of the heart's jumping and jerking action by the administration of digitalis.

"Mr. Toynbee contended that the just interpretation of all this was, that, in disease, Nature was always attempting to remedy an injury; that sometimes without, but often with, the aid of Art, her purpose was accomplished. Sometimes the injury was too great to be remedied even by Nature and Art combined, and life was lost in the contest. It was unwise to attempt to cure a disease without first seeking to ascertain and remove the injury, for the repair of which the disease existed. He was disposed to regard an ordinary cold, not as a scourge, but as a remedial process. . . . Assuming, then, that disease was the consequence of an injury, the question before them was—What is to be the end, the aim, of the disease which was thus induced? Could the object be to add further injury? This question was answered in the affirmative by some, who recognised in it, at least in its progressive stages, a process essentially destructive. It must be manifest to every medical man that, in many cases at least, Disease, in

stead of increasing, in reality repaired the injury from which it arose. A cough obviously often served to remove the *Injury* which caused it."

I am amazed at this arguing. Is the doctor, then, called in to assist disease? If so, the M.D. is only assistant doctor. This is a transposition of names, however, from which we can possibly gain nothing, unless it be the suspicion that we do not know what we are talking about. Look at the novel sequence of causation: 1. Objective cause of injury (physical, chemical, or toxicological); 2. The injury effected (say fever-injury, cardiac injury, skin-injury, etc.); 3. Natural disease, or curative process following injury; 4. Human disease—i.e., physician's remedy; 5. Health or death.

Surely Dr. T. K. Chambers's definitions are better than these, when he places disease as the intermediate stage of vitality between health and death. Besides, what possible advantage is got by this novel, strained, and undefined use of the word disease, whereby it is made to discard the notion of injury or malady, and to assume the contrary idea of just and beneficial action? Let the injury be defined, at least; and let it be separated from the actions to be defined as disease. We shall then be able to reason intelligently, and to see—what we shall see! For one, I confess to an irresistible inclination to believe that malady is mischief; that disease is deterioration and injury; and that injury is the progressive element of destruction. If, however, zymotic diseases, cholera, etc., be constructive, and the torment of tic reproductive, so much the better. Good things have had to suffer from bad names, which Mr. Toynbee of London and Dr. Trall of New York are attempting to re-nominate and redress. Well, we won't quarrel about their new versions, or inversions, *provided they can educe any practical benefit out of the metamorphosis*. "A rose will smell as sweet by any other name." So, while cholera may be as fatal, cure will be as welcome, under the respective names of Injury, Symptom, and Disease, as of Disease and Remedy.

THREE CASES OF ASIATIC CHOLERA.

By HENRY DAYMAN, F.R.C.S., Southampton.

THE three cases here narrated occurred in my practice, and were narrowly watched by myself and my assistant, Mr. Robinson, to whom I am indebted for the particulars of the first case; the treatment of which was conducted, and the results accurately observed by him, from the beginning.

CASE I. Samuel Bessant, aged 60, employed by a farmer to bring manure in a cart (on which he invariably rode) from the Southampton Docks to his farm at Millbrook; of unhealthy constitution; living in an ill-drained filthy hovel; and surrounded by circumstances of a depressing character; was attacked, on October 14th, 1865, by Asiatic cholera. The usual symptoms were present when he was first seen, and there was no pulse perceptible at the wrist. The ice plan, according to Dr. Chapman's method, was carried out.

On the 15th, at 10 A.M., the skin was warm; the cramps had ceased. There was no diarrhoea nor vomiting, nor pulse. At 11 A.M., he died.

CASE II. Mary Ann Bowers, aged 44; had been employed as a nurse to watch a lunatic for several days and nights, in a neighbourhood where there had been three fatal cases of cholera. She returned to her home on Oct. 18th.

Oct. 21st. I was called to see her. She then had rice-water vomiting and diarrhoea. She had a cold

deathly skin of a greyish brown colour; very feeble beating of the heart; and a small thread-like pulse; also cramps of the extremities.

Living in a miserable room, with little or no furniture in it, there was no means of putting her into a bath; and no nurse, except a sickly daughter with a child at her breast, to wait on her. I ordered her to have mustard cataplasms applied over the abdomen and feet, and to take twenty drops of dilute sulphuric acid every two hours.

Oct. 22nd. The skin was warm. She had not much pain or cramp; no diarrhoea; slight vomiting. There was distress of countenance. The pulse was firm; the urine scanty. I ordered her to have diluents; and to sit over hot water in the absence of the bath.

Oct. 23rd. The choleraic symptoms were gone. There was total suppression of urine. She had occasional delirium; pulse quick. I ordered hot fomentations to be applied, if possible, to the loins; and diluents with liquor potassæ and nitre to be taken.

Oct. 24th. She had muttering delirium with convulsive twitches. There was no urine; pulse quick and feeble. She was ordered to take half a drachm of compound jalap powder every four hours until watery action was obtained. (On this day, a grandchild of the patient died in the same house of diarrhoea, after six hours' duration.)

Oct. 25th. The symptoms were the same. There was slight action of the bowels. She passed half a teacupful of dark turbid urine. The patient was comatose and sinking.

She died early on the 26th.

CASE III. T. S., aged 45, a well-built man, whose health had always been good, removed with his family from a large well-constructed house to a small cottage immediately under the walls of a bone and blood manure factory, where there is a perpetual stench, and where the thatch of the neighbouring cottages seems to have absorbed much of the fetid gases that are constantly given off.

Nov. 4th. Two days after his removal to the cottage, he was attacked by cholera. I saw him on that day at 11 A.M. He was blue, cold, clammy, shrivelled like an old man. The pulse was scarcely perceptible; he had incessant vomiting and diarrhoea, violent cramps in his feet, legs, hands, and arms, with much general pain in the abdomen. He was at once put into a warm hip-bath, in which a pound of mustard was mixed. His feet were put into a pail of warm water, with a quarter of a pound of mustard. He began immediately to feel warmer. He took no medicine at this time, except twenty drops of dilute sulphuric acid, which he instantly vomited.

3 o'clock P.M. The surface was warm; the pulse improved; the other symptoms the same.

7 P.M. The skin was warm; the pulse rising. The cramps were not so severe. Vomiting and diarrhoea continued. I ordered half a grain of calomel and a quarter of a grain of opium every three hours.

Nov. 5th. He had had a disturbed night, from the constant vomiting; the diarrhoea was stopped. The cramps were slight; the urine scanty. He still looked bluish. The calomel and opium were omitted, and the warm hip-bath was repeated without mustard.

6 P.M. The vomiting continued. There was slight increase of urine; no action of the bowels. The bath was repeated.

Nov. 6th. No action of the bowels had taken place. The vomiting was distressing. The urine was scanty. He was ordered to take one grain of blue pill, three grains of compound rhubarb pill every four hours, and to repeat the warm hip-bath.

The hip-bath was used on the 7th and 8th, when the normal quantity of urine was obtained. The vomiting gradually subsided as the kidneys began to

work; but the bowels did not act copiously until the 12th, after an active pill of calomel, gamboge, aloes, and soap.

Nov. 14th. He had no choleraic symptoms, but was weak, depressed, and without appetite. His bodily discomforts seemed now to arise from his still breathing an air that was full of a foul smell.

DELIVERY DURING SLEEP.

By ADOLPHUS SAMELSON, M.D., Manchester.

THE cases quoted from the *Philadelphia Medical Reporter* in the number of this JOURNAL for Oct. 21st, p. 417, remind me of the following.

In the evening of February 22nd, 1844, I was sent for to Zabelsdorf, a village near Zehdenick, in the Uckermark, where I then resided (some thirty miles from Berlin), to attend a case of labour. Hannah Rohde, the wife of a farm-labourer, about forty years old, of middle size, spare habit, and sallow complexion, having had eight children, of whom three were living, had passed easily through all her confinements; but, immediately after several of the births, especially after the eighth, she had for a short time been unconscious.

At about 1 A.M. on the above day, some blood was first observed to come from the vagina; however, it stopped again, when about noon a more copious flow set in, which now continued through the afternoon, and soon associated itself with unconsciousness. At 7.30 P.M.—the time of my arrival—I found the os uteri pretty well dilated, and the membranes fairly distended, but the head placed quite to the right, and still so high that the particulars of the presentation could not be verified. Towards the right, partly in front, and partly to the side of the membranes, the placenta could be felt. The flooding had ceased. The woman did not recognise any one, and answered incoherently. The pulse, but little accelerated, and at first weak, became somewhat fuller soon after my arrival. The skin perspired moderately. During the afternoon, one single pain had been felt. From time to time the membranes grew a little more tense, but the woman made no complaint; she only appeared to feel rather hot. She was placed on her left side—that opposed to the uterine tumour. She kept pretty quiet in this posture, appeared to sleep tranquilly, and after a time awoke a trifle more conscious. Soon, however, she relapsed into her doze. A few slight twitchings of the arms had been observed meanwhile: At ten o'clock the messenger returned, who had been sent for some ergot to the town, about six miles distant. At five minutes past 10, I gave half one of the ten-grain powders ordered. Almost immediately a labour came on; but, even before it was observed, the woman exclaimed, "The water!" The membranes were ruptured; the head had at once descended lower; it soon placed itself right in the middle of the pelvis, and came further down. Fifteen minutes after the first, the woman got another dose of ergot, of two-and-a-half grains only (the midwife in attendance having mistakenly once more divided the half powder left); fresh labour-pains ensued, which, thirty-five minutes after 10, caused the face of the child to appear at the outlet. The entire body followed rapidly, and was immediately succeeded by a great gush of blood, welling out in two or three large waves. Within a few minutes more, the placenta, perfectly normal, came away; the funis was rather short.

The child, a middle-sized male, was some little time before he made himself heard. Only by degrees the woman's consciousness returned; she felt weary, and was much inclined to sleep. Soon after eleven

o'clock, she had recovered her senses, and was not a little surprised at what had happened. The uterus kept contracting satisfactorily; nothing unusual further occurred. The number of pains had been seven or eight in all. As a stimulant, about three table-spoonfuls of poor Sauterne wine had been consumed during the process.

SANGUINEOUS DISCHARGE FROM THE VAGINA OF AN INFANT.

By J. BIRCHENALL, Esq., Macclesfield.

On the morning of August 25th, 1865, I was sent for in haste to Mrs. W., who had been suffering through the night from cramps in the abdominal muscles, recurring at intervals, which, as she was at the full period of utero-gestation, she regarded as the precursors of labour. On my arrival, I found that, half an hour previously, but without any other premonition, she felt as if the bowels would be moved, and withdrew to the water-closet for this purpose. Whilst she was there, a smart labour-pain supervened, by which the head of the child was protruded. The nurse, who was at hand, quickly replaced her on the bed; but the body of the child was not expelled until the moment I entered the room.

There was no pulsation in the cord, which was perfectly flaccid; and the child was asphyxiated, the head and neck being livid and cold, and a general pallor diffused over the body. As the action of the heart, however, had not entirely ceased, I endeavoured to restore it by applying flannels dipped in hot water to the chest, and sponges similarly charged to the groin and to the fontanelle. By the use of these means, the pulsations of the heart gradually increased in frequency and force; and, after the lapse of half an hour, there was a faint convulsive inspiration, which was repeated at intervals during from five to ten minutes more, when the breathing slowly quickened into its natural state.

The child was a female, of large development, as compared with the children the lady had previously borne.

On the morning of the fifth day after birth, the nurse was startled by a discharge of blood on the napkin of the infant, to which she called my attention, stating, as her firm belief, that it proceeded "from the female passage". She produced a napkin which had been recently removed, upon which there was a patch, of about the size of a crown-piece, of a florid muco-sanguineous discharge. It was obvious that the blood could not have proceeded from the bowels, as the fecal discharge occupied a distinct patch on the napkin in this, as well as in every previous and subsequent instance. On separating the outer labia, I found the internal surface suffused with blood; and the vulva, when cleansed by sponging, uniformly injected. On the third day, the vaginal discharge assumed a somewhat brownish colour; but on the fourth it became florid as at first, and terminated on the fifth with a dark clot, such as not unfrequently occurs at the close of the usual menstrual period. There was no marked turgescence in any portion of the sexual appendages.

Although there has been no recurrence of this particular phenomenon, it is worthy of note, as something like an approximative coincidence, that, at the end of the month precisely, from the period first indicated, there was a transudation of sero-sanguineous fluid from the mucous surface of the bowels, like that which is ordinarily seen in the milder forms of dysentery, which continued a day or two only, but without any deviation from the natural state of the alvine evacuations.

Transactions of Branches.

SOUTH-EASTERN BRANCH: WEST KENT DISTRICT MEDICAL MEETINGS.

FIBROUS DISORGANISATION OF THE PYLORUS.

By JOHN GRANTHAM, F.R.C.S., Fylford.

[Read at Dartford, April 28th, 1865.]*

I PURPOSE continuing my remarks on the Importance of Observation in the Investigation of Disease. If there be any motive more imperative than another in endeavouring to uphold and maintain the great truths connected with the investigation and treatment of disease, it will be found in the duty of our adhering more strictly only to what we may be able to observe; and more closely adopting those principles of treatment which are based on correct mechanical, chemical, and physiological knowledge; avoiding, in our practice, any incompatibility, particularly in the arrangement and combination of the therapeutic means; for I fear there is not a chemist but who is too well conversant with the heterogeneous compounds written in many prescriptions. I say, in charity, that such unchemical arrangements in drugs do indeed prove the writer to be far away from those rational laws which ought to be in his thoughts in the management of disease.

The following case came under my notice in the early part of 1863. It was one that excited great interest in the minds of several in our profession, and was the cause of difference of opinion in reference to diagnosis. There was also an unusual interest felt by many of the patient's friends, who moved in the higher circles of society, giving it a degree of importance of no ordinary character.

On February 8th, 1863, the Rev. E. E., aged 56, came to consult me in reference to what had been diagnosed to be a tumour in the abdomen, with induration of the mesenteric glands. His appearance was most cadaverous, with great emaciation of body; he was highly sensitive to cold; and could with difficulty walk upstairs.

I made a careful examination of the chest and abdomen; but could detect no enlargement, only hardness from an overloaded colon; and I thought there might be hypertrophy of the pancreas, but the evidence of this was doubtful. The circulation of the blood was quicker than normal, and the pulse felt thin in its volume. The patient complained of great inability to retain his food; indeed, he generally vomited about the third day, and that in copious quantities. Still there was not the least pain or tenderness over the region of the stomach; nor could I detect any abnormality of the liver. The intestines appeared to be exempt from all disease. The urine was of specific gravity 1022, of an amber colour, transparent; it gave no evidence of the phosphates, albumen, or sugar. Microscopical examination proved oxalates to be present in very great abundance. I therefore diagnosed the case to be one of malassimilation peculiar to "oxaluria"; by which I mean the defect of function to be in the cardiac extremity of the stomach, implying error of chymification. The patient had been irregular in his habits of living; that is, he had indulged very freely at the table, but was remarkably temperate in drinking; this irregularity, no doubt, primarily causing that form of dyspepsia in a malarial district of country. Furthermore, he had undergone the operation for strangu-

lated hernia, which had added to the cause of functional derangements in the stomach, by shock or damage to the solar plexus of nerves, in some degree suspending the supply of organic nerve-power necessary in chymification.

After his first visit to me, he returned to his own residence in Norfolk; when I wrote to him, explaining the nature of his malady, and advising as treatment a bland, light, nutritive diet, with ammonia and rhubarb twice a day. Under this, he appeared for a short time to regain power. After returning from Yarmouth, where he had been for change of air, he began again gradually to become weaker and weaker; and, despite of minute management and great improvement in the function of the colon, he died on July 28th, 1863, at Erith, without pain in any part of the system.

The body was examined in the presence of four medical men, and presented the following appearances. Every viscus was perfectly healthy, excepting the pyloric end of the stomach and the adjoining portion of the duodenum, which were soft and enlarged from interstitial deposition—not true carcinoma, but an interstitial infiltration, probably of a fibroid character.

Experience during the last few years has proved to my mind the great difficulty of defining the early indications of those diseases pertaining to the pyloric end of the stomach, in consequence of the absence of pain in that part where organically diseased. It is admitted by the best writers that, notwithstanding the aid of touch and sight, the diagnosis of abdominal tumours is difficult and puzzling.

SOUTH-EASTERN BRANCH: EAST KENT DISTRICT MEDICAL MEETINGS.

SELECTION OF HALF-A-DOZEN CASES OF PLACENTA PRÆVIA.

By EDWARD GARRAWAY, Esq., Faversham.

[Read at Dover, September 21st, 1865.]

IN our several experiences of midwifery practice, we can call to mind perhaps no cases which have involved us in greater anxiety for the time being, have been fraught with more imminent danger to our patients, or have demanded a greater amount of skill, promptitude, energy, and decision on our part, than so-called cases of placenta prævia. Although comparatively rare, they are sufficiently common to render it needful that we be always on the alert and ready to act when the moment arrives, for life or death may really sometimes hang upon moments; and it is well that we should all have fixed principles, so far as the varying nature of cases will allow, for our guidance in one of the gravest complications to which the parturient state is liable. I have nothing new to advance upon the subject; but simply with a view of provoking discussion, and thereby eliciting sparks of wisdom to add to my own limited stock, I have thought it well to bring before the society a selection of half-a-dozen cases of the ordinary varieties of placental presentation, and the different methods of treatment which at the time I thought they appeared to require. Certainly, with an enlarged experience, if some of them were to recur, I should now act differently. Possibly this may be considered a humiliating admission, but I think otherwise. In these days of universal progress, it is hard if any man can look back twenty, ten, or even five years, and not discover some points of practice in which he has become enlightened, some modes of treatment upon which he has improved.

The first case is one of a very simple character. A

* The Secretary regrets that this paper was laid aside and forgotten for many months.

delicate young woman, in her seventh month of pregnancy, suddenly lost about half-a pint of blood. On reaching her house, I found the hæmorrhage had ceased; her pulse was quick, more from trepidation and alarm than from the amount of the loss. The recumbent posture was enjoined, a cool room, acidulated drinks, etc.; and the patient was advised that labour might not come on before its due time, for happily these first gushes are often premonitory warnings of what we may expect when the term of gestation is completed. However, in this case labour supervened at once—that is to say, in six hours pains came on and bleeding recurred. Examination now revealed the vagina filled with coagula, the os high up and undilatable, admitting only the point of the finger just sufficiently to detect the cushion of placenta implanted over it. The vagina was now plugged with a conical sponge; no more blood escaped, and the pains for a time subsided. After a lapse of ten hours, fresh uterine effort came on, forcing out the sponge, and, of course, occasioning renewed hæmorrhage. The os was now beautifully soft and dilatable, and expanded to the size of a florin. A little detachment of the placenta enabled me to find its margin and rupture the membranes. At the same time a dose of ergot was given. Not a drop of blood was subsequently lost; active pains came on, and notwithstanding it was a first labour and the presentation a breech, one hour sufficed for the completion of the delivery. The child was dead. This case needs no comment.

The next patient had experienced some degree of hæmorrhage, just sufficient to put one on the *qui vive*, five weeks before. I was now hastily summoned, and found that not less than a quart of blood had been lost, and a steady flow was continuing with frequent expulsion of clots: no pains. The os was found dilated nearly to the size of a crown, and the placenta entirely implanted over it. The head of the fœtus could be felt presenting through the walls of the uterus. There was evidently not a moment to lose, for the woman was already blanched, and the pulse running. The os dilated readily; but so firmly adherent was the placenta in its whole circumference, that I could nowhere, without undue violence, detach a margin so as to reach the membranes. However, it was necessary to enter the uterus, and that instantly, for blood was trickling rapidly past my arm, and the patient beginning to toss about. With a sawing movement of the tips of the fingers, I plunged through the placental mass and straight on to the feet of the child, which being brought down through the rent, all hæmorrhage ceased, and labour was completed with facility. The child was dead. This was a case to congratulate one's self upon—that is to say, when it was over, though certainly during the process of delivery, the position of the accoucheur, unaided, and fearing every moment the patient would die under his hands, was anything but an enviable one.

In the next case, some blood had been lost three weeks prior to the coming on of labour. The membranes had already been ruptured by a midwife. The hæmorrhage, not previously great, had now altogether ceased, and I was summoned on account of some obscurity about the presentation. Examination revealed some inches of funis lying in the bed, and on tracing this upwards, the os was discovered half dilated and occupied by a head, a foot, and a detached flap of placenta. On essaying to bring down the foot, powerful uterine effort came on, frustrating my design by forcing down the head and completing the labour in a natural manner. The child was dead. Perhaps I had better have left the foot alone.

Three weeks' warning was also given in the following case, by some slight hæmorrhage. On its recur-

rence a surgeon was sent for, who found the loss very trifling; there was no pain; the os was high up, and insufficiently dilated to determine the nature of the presentation. The patient was directed to lie in bed; and, the rectum being loaded, a dose of castor-oil was given. A few hours afterwards, I was sent for in great haste, and found the woman sitting on the commode exsanguined and fainting. The pan was full of coagula, which had followed an evacuation from the bowels. I dragged my patient on to the bed, plied her well with brandy, but she was too far gone to rally. Another practitioner at this moment arriving, passed his hand through the placenta, which was implanted entirely over the os, and delivered the child. This proceeding was had recourse to without any view of benefiting or fear of endangering the mother, who was already in *articulo mortis*, but solely to save the friends the horror which they always entertain of a woman dying undelivered.

This was a very distressing case, the termination of which could hardly have been foreseen, or perhaps prevented. It is not to be supposed that the castor-oil in any way conduced to the fatal result. It would appear that the os had been slowly dilating, unaccompanied by pain or external escape of blood, by which the attention of the patient or her nurse might have been aroused, until at length, the vagina being filled and distended, and the poor woman getting out for relief, the flood-gates opened, and a further gush at once sank her beyond recovery.

In the next case, the usual three weeks' premonition—slight hæmorrhage—took place; and the implantation of the placenta over the os was readily detected. Gestation was allowed to go on to the full term. When labour commenced, I was summoned, and found the os already dilated beyond the size of a half-crown, four-fifths of it being occupied by placenta. The vagina was full of clots; hæmorrhage inconsiderable. The hand was passed by the side of the placenta, and turning and delivery effected with the utmost facility in less than five minutes. The child was living. Certainly there was no absolute need here to have entered the uterus; rupturing the membranes doubtless would have been sufficient. Nevertheless, it is possible that natural delivery would have been more protracted, and the child might have been sacrificed.

The last case which I shall mention, was one in which there was no premonitory hæmorrhage. Slight labour-pains had been going on for twelve hours, when I was sent for, and found a bag of liquor amnii filling the vagina and constricted by the os uteri, which was thick, rigid, and undilatable; the presentation could not be detected. On rupturing the membranes, two loops of funis protruded, and I fancied a scrotum and breech were to be felt, but the diagnosis at this period was very cloudy. The os being very rigid, but little dilated, and the pains slight, I ventured to leave for an hour. On returning, it appeared that flooding had commenced, and clots were passing. The vagina was full of coagula, and a good sized flap of placenta was hanging through the now slightly dilated os uteri, together with the before mentioned two loops of cord. The question as to what was the presentation of the child, which even yet I was not able satisfactorily to answer, fortunately was of no moment. Immediate delivery was indicated. Considerable difficulty was experienced in dilating and getting through the os, which proved to be occupied by the hands and feet of the child, in addition to the funis and placenta. The feet were brought down, and there was no trouble in completing the labour without further hæmorrhage. The child was dead.

There was a remarkable feature in this patient's

case—not, however, connected with the presentation or delivery—worth noting. For some weeks before the end of her pregnancy, she had become the subject of anasarca with albuminous urine, a state of things which also obtained in her previous labour, and which labour had been completed under severe convulsions. Anticipating similar trouble this time, I had been stealing in minute doses of calomel for a week or two previously, and the gums were just perceptibly affected. Whether the mercurial action should have the credit of averting convulsion this time, I will not take upon me to say; at all events, though prepared to deal with this formidable complication, there was not the slightest tendency to anything of the kind.

It will have been noted that, in five out of six of these cases, warning was given some weeks before the completion of gestation that the placenta was in malposition. In one, however, labour supervened immediately upon the occurrence of hæmorrhage. The others were allowed to go on to the full term; and of these, four of the children and one of the mothers were lost. Of course, this mortality is not to be taken as my average, nor as any average in placenta prævia. These are six cases selected as illustrations. If the few others I have encountered were added, more children would appear saved, and no other maternal death would be recorded.

Now comes the all-important question—How far are we justified in neglecting these warnings? How far are we justified in hoping that we may “be in the way”, and in simply determining to do the best we can when the great emergency shall arise; as, sooner or later, arise it will. I believe that the opinions of the most enlightened accoucheurs of to-day are decidedly in favour of proceeding to immediate delivery whenever hæmorrhage after the seventh month can be detected as proceeding from an exposed surface of the placenta. Dr. Graily Hewitt speaks of these cases as liable to perish at any moment, and strongly urges the induction of premature labour. Had this course been adopted in my cases, at least it is probable that the mother who lost her life might have been saved, and possibly more of the children. Perhaps the best mode of bringing on premature labour, having always in view the particular object we desire to accomplish, is first to plug the vagina with a compressed conical sponge, pressing its apex well into the os uteri—this will check hæmorrhage, soften and dilate the os, and probably induce uterine action; then to rupture the membranes, when the pressure of the presenting part will prevent any recurrence of bleeding; and, if uterine action be delayed, to quicken it by the administration of ergot and the application of a bandage; and, in the event of all these measures failing, to proceed to artificial delivery as soon as the os will admit the passage of the hand—even then not to hurry the work, but to suffer the pelvis of the child to be engaged some time in the os, that the head may afterwards pass more readily, and the child not perish from the constriction of an unyielding os about its neck. I think we may be apt, when once we have brought down the feet, to expedite delivery by more or less continuous traction, when there is really no occasion to hasten the process at all.

In cases where the placenta is entirely implanted over the os, rupturing the membranes may not suffice, version being often also necessary; and, of course, if this can be effected after the method of Dr. Braxton Hicks, without introducing the hand into the uterus, so much the better; although I fancy this proceeding is more easily described than accomplished. And, I may also remark, that I never saw any evil consequences which I could attribute to the careful introduction of the hand into the uterus, more especially

when this organ has been distended with liquor amnii, an advantage which we usually have in the cases I am describing.

In no instance have I considered it expedient to detach and remove the placenta first; for although arrest of hæmorrhage may invariably result, yet the child's life is almost as invariably sacrificed—a life which, under other modes of management, the accoucheur will at least have the satisfaction of feeling he has endeavoured to save.

[The opinion of the meeting, unanimously expressed, was to the effect, that, although every case must be treated *per se*, having regard to the condition of the patient and the condition of the os, yet if any rule could be laid down, it would be not to induce premature labour, as often gestation will go on for some weeks after the first hæmorrhage, the child thereby being afforded a better chance of living, and the accoucheur, knowing what he has to expect, can hold himself in readiness to act when his services may be required.]

WEST SOMERSET BRANCH.

TYPHUS FEVER.

By H. W. RANDOLPH, Esq., Milverton, Somerset.

[Read October 1, 1865.]

As it is still an unsettled question in the profession, whether typhus fever be contagious or the result of an epidemic; whether it be specifically conveyed from person to person, or influenced by atmospheric causes—a poisoned state of the air we breathe, overcrowded habitations, placed over foul cess-pools, or badly constructed drains, I think I shall be enabled to advance evidence to prove that an outbreak of fever in Milverton in 1863 owed its origin entirely to the latter cause.

Situated in the lowest part of Milverton is a nest of houses, which, some twenty years since, was the parish workhouse, but is now converted into seven cottages. The families are small, and the rooms capacious; but, at the head of the row, turning at right angles with the top house, and facing you as you enter the premises, are several pigsties, and a large open privy for the accommodation of all the inhabitants of the row. The stench from this putrefying accumulation, openly exposed, without the slightest means of escape, was perfectly sickening, and highly offensive to the senses of all but those who were habituated to it. The consequence was that, in the fall of 1863, a fever of a typhoid character broke out, of a very malignant nature. No fewer than twenty were struck down; four died, whilst all the others went through a very protracted convalescence. The fever assumed a low type, presenting no acute symptoms, being ushered in with great prostration. There was no cerebral disease; no derangement of the digestive organs; no symptoms, in fact, indicating other treatment than stimulants and light nutritious diet.

The only important and interesting feature in the case worthy of attention, is the cause that produced this sudden attack of fever, and how it happened that the inmates of the several houses, one after another, without any communication with each other, were smitten with fever. The first case was that of a boy, 11 years of age. He was taken with mild febrile symptoms; and, with all the best care and attention that could be bestowed, the attack ran through the very worst form of typhus, and the boy, though he ultimately made a good recovery, was months under treatment. The case thus cursorily mentioned

may be said to represent the type of fever that prevailed throughout the several infected houses.

The first family attacked lived in the house at the head of the row, contiguous to the pigsties and privy; whilst the second case, which ended fatally, was that of a man in the last house but one of the row, who had had no communication whatever with the family of the first house. The third case was two doors from the second. All the inmates of this house were struck down. Then came others in quick succession, until all the inhabitants of the several houses in the row were prostrated in fever. There was no evidence, from first to last, of any personal contact; and this sudden outbreak, I think, may fairly be attributed to the poisonous atmosphere arising from the causes before mentioned.

As the property belongs to an individual with whom I have some influence, I lost no time in representing the necessity of an entire and immediate removal of the great cause of offence. All the pigsties, etc., were swept away and built afresh far up in the garden. The premises were thoroughly drained, and the houses white-washed. The epidemic subsided; and, as this row of houses is detached by several hundred yards from other dwellings in the place, it was satisfactory to find that no fresh cases presented themselves in the neighbourhood, but that it was strictly confined to this locality; though, had it been contagious, as has been maintained by many practitioners, it could not have failed to be conveyed to other parts of the town by the nurses attendant on the sick.

Knowing that many high authorities attribute the spread of this disease to contagion of a specific character, and as the sanitary measures now being enforced in both town and country are, in my opinion, so essential to the happiness and well-being of the community, I think it desirable that the profession should be in possession of all the evidence that can be procured, to enable them to determine for themselves the simple question, whether the disease emanates from a cause not within the control of man, or whether we may look upon our crowded dwellings, choked-up cess-pools, and exposed decaying vegetable matter, as the fruitful sources of that most widespread malady, the typhus fever of this country.

I may add, in conclusion, that since the revolution was effected in the locality referred to, the dwellings made clean, and nuisances removed, not one case of fever or other disease has occurred, and the district is now as healthy as any other part of the neighbourhood.

LADY DOCTORS IN FRANCE. It appears from the *Temps*, that the medical schools of France decidedly object to admit females to study medicine. Some months since, a young lady, a native of Algiers, obtained the diploma of bachelor of letters after passing a brilliant examination. Wishing to utilise her talents, Mlle. Rengguier appeared to the Dean of the Faculty of Medicine at Montpellier for permission to follow the course of medical instruction in that university, but met with a refusal, on the ground of her sex. The lady appealed from that decision to the Minister of Public Instruction, who received her demand favourably, but proposed the following compromise:—"That, as Mlle. Rengguier could speak the Arab language, she should be exceptionally authorised to study for the diploma of doctor in medicine, but on condition that she should engage to practise only in Algeria, where the Arab women have a great repugnance to the attendance of male physicians. The lady declined to make the engagement, and persists in her claim as a free citizen. So the affair stands for the present.

Progress of Medical Science.

ANATOMY, PHYSIOLOGY, & PATHOLOGY.

ATROPHY OF THE OLFACTORY NERVES: HYPERTROPHY OF THE ROOTS OF THE OPTIC NERVES: SENSE OF SMELL IMPAIRED. M. J. L. Prevost related at a meeting of the Société de Biologie in Paris the case of a woman aged 69, who had been under the care of M. Vulpian in the Salpêtrière. She had hemiplegia twice—once twenty years and again eleven years ago. On the first occasion, the paralysis was on the right side, and recovery was perfect; in the second attack, it was on the left, and left permanent difficulty of walking and of speech. On April 22nd of this year she was again seized with apoplexy. The face was drawn to the right and upwards; the right buccinator was slightly paralysed; the tongue was straight; there was no strabismus; and the pupils were equal. Motion was almost completely abolished on the right side. She died on the 24th. On *post mortem* examination, there was found to be a single narrow whitish band, proceeding from the convolution in front of the anterior perforated space, and representing a part of the external root of the olfactory nerve. In the course of the nerve, the arachnoid was much thickened; and the nerve itself was represented by a narrow greyish semitransparent trunk, which ended in a small olfactory bulb. The parts were so small as not to be seen without a careful examination. By the microscope, neither M. Prevost nor M. Vulpian could discover any nerve-fibres. There was only a slightly granular amorphous substance, with some very minute fibrils, probably the débris of the sheath of the nerve-tubes. Scattered through the amorphous substance were also a number of nuclei and of amyloid corpuscles. The roots of the optic nerves were much hypertrophied, representing two fusiform cords. The optic commissure appeared normal, and the optic nerves were slightly enlarged. Cavities were found in both corpora striata. On inquiry of the son and daughter of the patient, M. Prevost found that formerly she had a well developed sense of smell; but that for two or three years it had been gradually diminishing; and that this diminution was accompanied with a loss of taste. (*Gaz. Méd. de Paris*, Sept. 16, 1865).

AFFECTIONS OF THE PERIPHERIC NERVES IN POISONING BY CHARCOAL VAPOUR. Asphyxia by the vapour of charcoal, says M. Leudet, produces disturbance of the peripheric nerves in some cases. The motor, sensory, and vaso-motor nerves may suffer either simultaneously or alone. The disturbance of the motor and sensory nerves is at first manifested by paralysis of motion or of sensation, and by local swelling and redness in the course of the nerve. These symptoms have been observed by M. Leudet in a case of neuritis of the radial nerve, and in one of the sciatic nerve, following asphyxia by charcoal vapour. It has long been observed that there is a causal relation between zona and a lesion of the nerves; and, in persons who have been exposed to the deleterious influence of the vapours of burning charcoal, herpetic eruptions identical with those of zona are developed in the course of the nerves. The symptoms appear sometimes immediately after the cessation of the phenomena of asphyxia; this M. Leudet has observed to be the case with the vaso-motor nerves, and more rarely with the motor nerves. In general, the paralysis of the peripheric nerves does not appear till some days after the cessation of asphyxia. The her-

petic eruption may recur. In some rare cases, abscesses are formed. Local gangrene, especially bed-sore, appearing in twenty-four hours, denotes a severe lesion of innervation; and may be referred to disorder of the vaso-motor nerves. In one instance in which he had an opportunity of making a *post mortem* examination, M. Leudet found hypertrophy of the cellular sheath of the sciatic nerve, near its exit from the pelvis. Symptoms of neuritis had been manifested at this point during life. (*Gaz. Méd. de Paris*, 16 Sept., 1865.)

YELLOW ATROPHY OF THE LIVER. Dr. Grainger Stewart details an interesting case of this disease; and, commenting on its pathology, arrives at the conclusion that it is a blood-disease, and that it leads to atrophy of the liver, by diffuse exudation into the hepatic cells, which is followed by rapid fatty degeneration. The reasons on which this conclusion as to the nature of the disease is founded, especially with reference to the case related, are the following. 1. The blood was dark and fluid, and the muscles were dry, as in typhus fever and other blood-diseases. 2. The spleen was soft and pulpy, as in many febrile blood-diseases. 3. The fact that the kidneys and liver were affected by a peculiar and identical morbid process indicated that they were influenced by a common cause situated in the blood, and a form of fever-poison. 4. The appearance, amount, and effect of the exudation being different from what is seen in simple inflammation, either of the liver or kidneys, indicated that some peculiar matter was present in the system altering the ordinary processes. 5. The facts that this disease occurs so often during pregnancy, and that it seems to be induced by depressing mental emotion, indicate that it is of a constitutional origin. (*Edin. Medical Journal*, October 1865.)

CAPILLARY ANEURISM OF THE PONS VAROLII. Not unfrequently, says Dr. Heschl of Graz, there are found in the pons Varolii reddish well defined spots, varying in size from a hempseed to a pea. On section, an appearance is presented of distinct red points, which, with a very moderate magnifying power, are found to be dilatations of the smaller and smallest blood-vessels. Similar spots are more rarely found in other parts of the brain. Virchow has described them in his *Archiv* (III, p. 440, and xxx, p. 272), and appears to regard them as of the same nature as *nævus*. On the whole, says Dr. Heschl, they have been overlooked; and on the other hand some (as Meynert says) have overrated their importance. Schröder van der Kolk conjectured that they bore a causal relation to epilepsy.

Since April 1859, Dr. Heschl has collected sixteen cases in which these appearances have been observed. By the naked eye, there are seen very small dark red spots, generally thickly set together; the substance of the pons between them being slightly reddened. On microscopic examination, Dr. Heschl has found red and white corpuscles, and also frequently a network of fibrinous bands, often 1-300th of a line in diameter. The size of the spot in which these aneurisms are collated varies from the size of a hempseed to that of a hazel-nut, or larger. The number of these foci is generally limited to one; in many cases there are two; and very rarely there are numerous foci scattered through the brain—the aneurismal tumours being distinctly limited, and unattended with any effect on the surrounding brain-substance beyond slight imbibition, detectable only by the microscope. The spots are generally round or elliptic in form; some, especially the larger ones, are tongue-shaped. As to their locality, in eleven cases out of sixteen they were situated in the pons Varolii; in one in the

right *processus à cerebello ad pontem*—the disease extending into the *arbor vitæ* of the cerebellum; in one case, there was a spot of the size of a hazelnut in the left anterior lobe of the brain; in one, the roof of the left lateral ventricle was the seat of the aneurisms; in one, the aneurisms were found scattered extensively in the right centrum ovale; in one, there was a spot of the size of a linseed in the pons, and numerous dilatations of the capillaries in the rest of the brain; in another case, capillary dilatations were found scattered through the whole brain.

The frequency of the appearances at various ages in proportion to the number of *post mortem* examinations made, is shown in the following table derived from Dr. Heschl's paper.

Age.	Number of Autopsies.		Cases of Capillary Aneurism.		Proportion to Autopsies.
	M.	F.	M.	F.	
40—50	73	67	3	2	1 in 28
50—60	82	51	4	1	1 in 26
60—70	38	49	1	2	1 in 27
70—80	20	18	2	0	1 in 19

In one case only were the capillary aneurisms found in a patient aged under 40. In more than 800 autopsies made during forty years, Dr. Heschl has never met with them in young subjects; hence he doubts their affinity with true *nævus*. They are very commonly connected with atheroma of the vessels—which was observed in a large proportion of the cases. None of the patients appear to have suffered from epilepsy, although three were in an asylum. (*Wiener Med. Wochenschrift*, Sept. 6 and 9, 1865.)

DOUBLE VAGINA. A strong healthy girl, aged 18, was admitted into the hospital at Miskolcz with gonorrhœa. On examination, Dr. Popper found that there were two vaginal openings, separated by a septum five or six lines in thickness. The opening on the left side was patent, but that on the right was a mere slit; both canals, however, yielded a discharge. The septum extended as far as the uterus, and probably through it, producing a double uterus. There was no communication between the two sides of the vagina. The clitoris and urethra were normal. (*Wien. Med. Wochenschr.*, Oct. 16, 1865.)

THE NATURE OF CONTAGION. Dr. Lionel Beale sums up his views on this question as follows. The *materies morbi* of contagious diseases does not consist of lifeless organic or inorganic matter, nor of any form of gas or vapour generated in the decomposition of animal or vegetable substances, nor of any matter set free during the decomposition of fecal or other excrementitious matter of animal origin; nor is it any species of animal or vegetable organism or parasite; but the active contagious material consists of exceedingly minute particles of living germinal matter which may be regarded as the direct descendants of the germinal or living matter of an organism which has been for some time living under unusual conditions. Contagious poisons affecting men and animals have originated in their organisms. The living or germinal matter of some contagious diseases originating in the bodies of animals may grow and multiply in man, and *vice versa*. These particles of living germinal matter may retain their vitality for some time after they have escaped from the seat of their formation. They may pass through the air or be preserved in clothes, or various fluids, or moist solids. The smallest particle (less than the millionth of an inch in diameter) being introduced into the body already in a fit state for its nutrition, may grow and multiply; giving rise, in due time, to the symptoms characteristic of the particular disease, and producing myriads of particles like itself. But it is probable

that such particles, being introduced into a perfectly sound organism in a state of perfect health, would not grow and multiply, but would die; or, in other words, such an organism would resist the influence of the contagious matter. Some of the germinal matter forming the *materies morbi* of certain contagious diseases may retain its vitality for a considerable period of time in a comparatively dry state, like vaccine lymph. Knowing what we do of the protecting influence exerted by vaccination, it seems probable that the ravages of many other contagious diseases, besides small-pox, may be mitigated or prevented by the inoculation of certain forms of contagious matter which would produce allied but much less severe forms of disease. It seems desirable that numerous experiments should be instituted on cattle, with the object of ascertaining if any such protective influence would be really exerted. (*Medical Times and Gazette*, September 23rd, 1865.)

FACIAL HEMIPLEGIA AND PARALYSIS OF THE FACIAL NERVE. Dr. W. R. Sanders of Edinburgh questions the correctness of the statement first maintained by Mr. John Shaw, and more lately supported by the late Dr. Todd, that, in facial paralysis of cerebral origin, the nerve usually paralysed is not the portio dura, but the motor portion of the fifth nerve. Quoting Dr. Todd's description of the phenomena of facial hemiplegia from cerebral disease, Dr. Sanders remarks that, among the symptoms described, those of paralysis of the portio dura are undoubtedly present; and that the symptoms indicating paralysis of the fifth are not satisfactorily demonstrated. Dr. Todd's description points to great impairment of action on the part of the muscles of expression, while the masticatory muscles retain a considerable amount of power. Dr. Sanders has also clinically investigated the facial phenomena in cases both of peripheral paralysis of the portio dura and of facial hemiplegia due to cerebral disease, which have occurred in the wards of the Edinburgh Royal Infirmary under his charge; and finds the result equally opposed to Dr. Todd's views. In all cases, he has found that, in ordinary facial palsy of cerebral origin, the muscles of expression, including the buccinator, were more or less affected; while the action of the masseters, temporals, and pterygoids, was unimpaired. The usual facial distortion was exhibited in a greater or less degree according to the amount of the paralysis; although it rarely approached the completeness usually seen in peripheral paralysis from lesion of the nerve-trunk. The movements of smiling and of labial articulation were impeded on the paralysed side; mastication was rendered difficult so far as the action of the buccinator was concerned, but the proper masticatory movements of the jaw were vigorous and equal on the two sides. The mesial line between the lower incisors corresponded accurately to that in the upper jaw; while, on the contrary, the middle line of the lips was drawn to the sound side. As usually occurs in cerebral hemiplegia, the orbicularis palpebrarum was little affected; the eyelids on the paralysed side could not be closed so firmly as on the opposite side, but the voluntary closure could take place, and the act of winking was unimpaired. This partial exemption of the orbicularis palpebrarum muscle, Dr. Sanders regards as one of the difficulties in the phenomena of facial hemiplegia which led Dr. Todd to adopt the views referred to; the other was, the paralysis of the buccinator muscle both in palsy of the portio dura and in facial paralysis of cerebral origin. With regard to the buccinator muscle, Dr. Sanders points out that it is supplied both by the fifth and by the seventh nerves. Till recently, the buccal branch of

the fifth was supposed to be its chief or only motor nerve; Dr. Todd, however, held that the facial was the nerve of the buccinator as a muscle of expression, while its movements in mastication depended on the fifth nerve. Dr. Sanders points out that, more than twenty years ago, Longuet shewed that the seventh nerve is the only motor nerve of the buccinator; and that this muscle derives sensory fibres only from the fifth nerve. Much error on the subject has, however, prevailed; and the fact has been correctly stated, according to Dr. Sanders, by but few anatomists—one of these being Professor John Struthers of Aberdeen. The buccinator muscle, says Dr. Sanders, is interrupted in all its functions, wherever the portio dura is paralysed; it is unaffected, and all its actions are performed, in motor paralysis of the fifth pair. The difficulty in regard to the orbicularis palpebrarum muscle has arisen from the fact that it is almost invariably paralysed in facial palsy from lesion of the portio dura (peripheral); while, in the majority of cases of cerebral hemiplegia of the face, its action is not materially affected. To explain this, Dr. Sanders observes that the portio dura contains—1, voluntary motor fibres; 2, emotional fibres; 3, reflex motor fibres. Of these, there is reason to believe that the voluntary fibres originate from a cerebral centre of conscious volition; that those for expression are connected with the cerebral organs of the emotions; while those for reflex action arise from the medulla oblongata. In lesion, then, of the nerve-trunk, all the fibres indiscriminately are liable to be affected; and hence not only voluntary, but emotional and reflex motions will be suspended. But when the cause of the paralysis is cerebral, one set of fibres may be involved while another escapes. The voluntary and emotional actions, either or both, which have their origin in the cerebrum, will usually suffer; while the fibres for reflex action may retain their power. The play of the features will be lost, and buccal and labial speech and mastication impaired; but the natural position of semiclosure, and the involuntary winking of the lids, will be preserved. In short, there are three species of paralysis of the facial nerve—voluntary motor, emotional, and reflex; which may or may not co-exist. In support of this view, Dr. Sanders refers to two cases quoted in Romberg's work. In one, related by Magnus, in *Muller's Archiv* for 1837, the voluntary movements of the face were lost, while the facial muscles acted principally under the influence of emotion. In the other case, recorded by Stromeyer, there was paralysis of expression and of respiratory movements on the right side of the face with the usual facial distortion, increased by emotion or by talking; but the voluntary power over the muscles of the face on that side still remained. The views which he has put forward, Dr. Sanders says, suggest a further inquiry into facts, especially dissections of cerebral hemiplegia, which may, in confirming or confuting them, extend our knowledge. (*Lancet*, Oct. 21 and 28.)

CASE OF MALPOSITION OF ABDOMINAL VISCERA. Dr. Rutan records in the *Cincinnati Lancet and Observer* a case of malposition of the abdominal viscera. The subject was a soldier who died from chronic diarrhoea. The autopsy revealed the following state of things. The lungs were normal in colour and size. The heart was situated on the right side of the sternum. The liver occupied the left hypochondriac region, the right lobe being smaller than the left, in the same ratio that the left is smaller than the right in the normal subject. Its inferior border strongly adhered to the transverse colon. The stomach was situated in the right hypochondriac region, the great end occupying the extreme right, the small running

from right to left. It was strongly attached to the transverse colon, so firmly that they formed a solid mass. The spleen was also situated on the right side, having the same relations to the organs of that side as when situated on the left; its lower end was adherent to the right kidney. The *caput coli* occupied the left iliac fossa, ascending on the left side, crossing from left to right, descending on the right side. The intestines showed the usual appearances of chronic diarrhoea, ulceration, etc. (*Philadelphia Med. Reporter.*)

Reviews and Notices.

INTRODUCTION TO MODERN CHEMISTRY, EXPERIMENTAL AND THEORETIC. Embodying Twelve Lectures delivered in the Royal College of Chemistry, London. By A. W. HOFMANN, LL.D., F.R.S., V.P.C.S., Professor of Chemistry in the Royal School of Mines, etc. Pp. 233. London: 1865.

HAVING been called to professorial duties in a continental university, Dr. HOFMANN has resigned the post which for many years he ably filled in the Royal College of Chemistry; and, in doing so, has left for the instruction of English chemical students this, the introductory portion of the fifteenth and last course of chemical lectures delivered by him at the College. During the time in which he has been occupied in teaching at that institution, chemical science has been undergoing a marked transformation, and there have been developed

"New laws and principles of co-ordination, engendered, perhaps, partly by the sheer force of their own deeply felt necessity, but partly also, and mainly, from the powerful initiative impression of a few philosophical master-minds.

"Based on the concurrent examination of the volumetric and ponderal combining-ratios of certain typical elements, and on the recognition, in their standard combinations, of a few well-marked structural types, these principles have introduced into the domain of chemistry the pregnant idea of *Classification*—the conception of a series of natural Groups, resembling the genera of the biological sciences, and culminating in the establishment of an orderly *System*, where before there had seemed to be but a chaos of disconnected facts.

"Under the influences of these and certain other cognate ideas, new views have arisen as to the constitution and chemical properties of matter; a reformed chemical notation has thence of necessity ensued; and structural relations, previously unsuspected, have disclosed identity of parentage in compounds till then deemed utterly diverse." (*Preface.*)

It is the explanation of these principles which is the object of the twelve lectures of which the book consists.

Dr. Hofmann begins by shewing how hydrogen may be liberated from water, from hydrochloric acid, and from ammonia, by the intervention of potassium or sodium, as well as by the electric current; and how water and hydrochloric acid may be reformed from the ingredients—hydrogen and oxygen, and hydrogen and chlorine—thus disovered, proving that these ingredients are the true and only constituents of the bodies named. Ammonia has not yet been formed synthetically; but that it consists of

hydrogen and nitrogen, in certain proportions, has been proved by the balance.

Another question now arises—Is it possible to resolve hydrogen, chlorine, oxygen, and nitrogen, into simpler forms of matter? This Dr. Hofmann answers in the negative; at least, he says they "are incapable of decomposition by any means as yet at our disposal." At the same time, he allows it to be possible, that some of those bodies which we call elements may at a future period be resolved into constituents by the application of means to be revealed by the progress of science.

Having separated the three compounds already mentioned into their constituent parts, and shewn in general terms how these compounds may be synthetically re-formed from their constituents, Dr. Hofmann next proceeds to examine the volumetric proportions in which they combine, and to describe the means of investigating this synthetical process. On reviewing the inquiry and its results, it is found that 1 volume of hydrogen combines with 1 volume of chlorine to form 2 volumes of hydrochloric acid; 2 volumes of hydrogen with 1 of oxygen form 2 volumes of water-gas; and 3 volumes of hydrogen with 1 volume of nitrogen form 2 volumes of ammonia.

"Thus it is evident that hydrochloric acid, water, and ammonia not only differ as to the volume-ratio of their elementary constituents, but also as to the ratios of the spaces occupied by these before and after their combination to form chemical compounds. These ratios rise from unity or $\frac{1}{2}$, in the case of hydrochloric acid, through $\frac{2}{3}$ in the case of water-gas, to $\frac{3}{2}$ in the case of ammonia; the condensation increasing, in these cases, *pari passu* with the complexity of the chemical compound." (P. 59.)

The observations which have preceded lead the author to a brief but clear consideration of some important general laws, especially the immutability of the proportions in which the elements are combined, and the changes in character and properties which the compounds manifest. The author points out, by examples, the differences between mechanical mixtures and chemical compounds; and shews under what circumstances the former may be transformed into the latter.

Dr. Hofmann next turns to the consideration of chemical symbols; and, still keeping in view water, hydrochloric acid, and ammonia, he shows how their elementary composition may be represented by squares in each of which is inscribed either the initial letter of the constituent element, or its volume-weight; and also how, the degree of condensation undergone during combination being remembered, the compound formed may be represented in an analogous manner. These figured squares he regards as a means of fixing in the memory the ratios of volume, weight, and condensation; which being effected, the well-known concise formulæ HCl , H_2O , and H_2N , may be employed. (Our readers are probably aware that modern chemists double the ordinary combining weight of oxygen, making it 16 in place of 8.)

Certain other elements are now introduced for consideration, which bear typical relations to those already mentioned; viz., bromine and iodine, closely allied with chlorine; sulphur and selenium, which have many points of analogy with oxygen; and phosphorus and arsenic, which, when studied in their combinations with hydrogen, present themselves as

analogues of nitrogen—phosphoretted and arsenetted hydrogen being reproductions of the type of ammonia. The considerations which have led to the admission of these typical relations are traced step by step; and an apparent exception to the rule of the coincidence of the volume-weight and combining weight is pointed out to exist in phosphorus and arsenic, the volume-weights of which are double the combining weights.

Having taken an opportunity here afforded of commenting on the value of chemical symbolisation as a means of research and record, the author returns to the decompositions of water, hydrochloric acid, and ammonia, and demonstrates the application of symbols in shewing the *quantitative* as well as the *qualitative* composition of these bodies. He then recalls the fact that, in the decompositions described in the early part of the work, potassium and sodium were employed; and investigates the nature of the reactions, the changes undergone by the potassium and sodium, and the weight-ratios in which the substances present act upon one another. In doing this, a difficulty presents itself in the want of a direct means of ascertaining the volume-weight of sodium and potassium as gases; and he shews how chemists have endeavoured to overcome this difficulty by falling back on the ponderal analysis of these and other solid bodies. By this method of investigation it has been shewn, for example, that

"Equal volumes of chlorine, oxygen, and nitrogen combine with very unequal weights of sodium. The weight of sodium combining with one volume of oxygen is *twice*, the weight combining with one volume of nitrogen is *thrice*, the weight combining with one volume of chlorine. We thus see that, in its behaviour towards chlorine, towards oxygen, and towards nitrogen, sodium exactly resembles hydrogen." (P. 93.)

A fourth member of the series of typical compounds now comes under notice—marsh-gas. This has been reserved for special consideration, because one of its constituents—carbon—is not only solid, but incapable of volatilisation; and because, therefore, marsh-gas cannot be ranked, with respect to its volumetric composition, on the same certain footing as is assigned to hydrochloric acid, water, and ammonia. The sources of marsh-gas, its distinctive characters, its composition, the means of determining its volume-weight, and its symbolic expression, are commented on; and, as evidence of the claim of this gas to be introduced into the series of typical hydrogen-compounds, an analogous silicon-compound is mentioned. Marsh-gas is composed of 4 volumes of hydrogen and 1 (hypothetical) volume of carbon, condensed into 2 volumes; the silicon-compound contains 4 volumes of hydrogen and 1 (hypothetical) of silicon, also condensed into 2 volumes.

Having thus, in the first six lectures, treated of the typical hydrogen-compounds—an important and extensive class—Dr. Hofmann next examines the deportment of nitrogen towards oxygen. He shews that, of the five chemical compounds of these gases, three—nitrous and nitric oxide and hyponitric acid—obey the same law of condensation as has been already described; while in the others—nitrous acid and nitric acid—the conformity with this law is not yet demonstrated by experiment, although the strongest analogies lead to the assumption that they also obey it.

In the lectures which have preceded, Dr. Hofmann has arbitrarily referred the weight and volume ratios to hydrogen as unity; and he now proceeds to the selection of a definitely measured unit of space to serve as a standard. Before doing this, however, he makes a digression for the purpose of pointing out the inconveniences attending the use of the ordinary systems of weights and measures, and of describing and advocating the adoption of the French metrical system. Returning to the immediate purpose of the lecture, he selects, as the most suitable unit of weight and volume, 1 cubic *decimètre*—i. e., 1 litre of hydrogen taken at a temperature of 0° cent., and at a pressure of 76 *millimètres* (29.92 in.) This volume-unit is represented by the figure of a cube of which the front side is drawn of the true size. This cube of hydrogen weighs 0.0896 *gramme*—a figure which Dr. Hofmann earnestly desires his pupils to impress on their memory, as it is the standard by which the weight of one litre of any other gas is computed. As a simple means of denoting this standard weight, he proposes the word *crith* (from *κριθή*, a barley-corn, and figuratively a small weight); but observes that this may be dispensed with by those who can retain in memory the value of the coefficient 0.0896.

"The weight of 1 litre of hydrogen being called one *crith*, the volume-weight of other gases, referred to hydrogen as a standard, may be expressed in terms of this unit. For example, the relative volume-weight of chlorine being 35.5, that of oxygen 16, that of nitrogen 14, the actual weights of 1 litre of each of these elementary gases, at 0° cent. and 0 in. 76 pressure, may be called respectively 35.5 *criths*, 16 *criths*, and 14 *criths*." (P. 131.)

"By aid of the hydrogen-litre-weight or *crith* = 0.0896 *gramme*, employed as a common multiple, the actual or concrete weight of 1 litre of any gas, simple or compound, at standard temperature and pressure, may be deduced from the mere abstract figure expressing its volume-weight relatively to hydrogen." (P. 132.)

That is to say, by means of the coefficient 0.0896 (for which 0.090 may be used when merely approximate results are required), we may at once find the weight of a given volume of a gas. We must remark, that the use of the term "multiple," in the sense in which it is employed by Dr. Hofmann, is calculated to lead to some confusion. "Multiplier" or "factor" would have been a more appropriate term.

Having thus far dealt with fact, Dr. Hofmann now turns to hypothesis, and enters on the consideration of the essence and nature of matter, and its divisibility. He recognises three kinds of divisibility: *molar*, denoting "the reciprocal actions of measurable masses through measurable intervals of space," and produced by mechanical means; *molecular*, effected by the aid of physical forces, such as heat, and resulting in the disruption of masses into their constituent molecules; and *atomic*, capable of accomplishment only by agencies so applied as to produce chemical decomposition, breaking up the incommensurable molecule itself into *atoms* or particles incapable of further subdivision by any means at our disposal. He then reverts to the volumetric constitution of hydrochloric acid gas, for the purpose of shewing that the typical elementary molecules have a diatomic structure; and that hence a new adaptation of symbolic language is required.

"Hitherto, the symbols of the elements have merely

expressed for us their unit-volumes and combining weights; and the formulae of the compound gases have, in like manner, only represented to us their product-volumes and combining-weights. . . . It is true, no doubt, that our old expression for the unit-volume and combining weight of hydrogen ($H=1$) conveys no adequate picture of the *diatomic* structure of its *free* molecule. But this symbol answers perfectly well to express the single atom of hydrogen as it exists in *combination*. . . . Again, the expressions employed to represent the product-volumes and weights of the compound gases require no modification to fit them for representing the atomic structure of the molecules of these gases. For example, the formula $H + Cl = HCl = 1 + 35.5 = 36.5$ affords as perfect a picture of the diatomic molecule of hydrochloric acid as it does of its bivolumetric composition. . . . And, as we know that the molecules of the free elementary gases are formed on the binary type of hydrochloric acid, we may seek in the formula of that acid a model on which to frame appropriate symbolic expressions for those free elementary molecules. Thus, for example, the molecular formulae for free hydrogen and free chlorine are respectively" $HH=2$, and $ClCl=71$. "Hence it further appears that, for the volumetric symbolisation of the free elementary gases, our formerly used monoliteral (and in exceptional cases hemiliteral) expressions are no longer appropriate, but must be replaced by diliteral symbols." (Pp. 153-4.)

The terms moniliteral, hemiliteral, and diliteral are derivatives of the cubic *litre* which, as has been already mentioned, Dr. Hofmann assumes as the standard unit of volume and weight. Among the advantages of the diliteral expression of the elementary gases are, according to Dr. Hofmann, the following. It gives a true idea of the synthesis of compound gases from their elements; the molecular equation for hydrochloric acid, for instance, not being $H + Cl = HCl$, but $HH + ClCl = HHCl + HCl$, or $2H + 2Cl = 2HCl$. It further brings the elementary gases into direct comparison, volume for volume, with the compound gases; whereas, in the moniliteral system, the formulae of the compound gases require to be halved.

The author deduces from his considerations on this subject the contradistinctive definitions of the terms atom and molecule.

"We may define the *atom* of any given elementary body to be the smallest proportional weight thereof which is capable of existing in *chemical combination*; and we may define the *molecule* of an elementary body to be the smallest proportional weight thereof which is capable of existing in the *free* or *uncombined* state. . . . The terms (of this definition) are wide enough to admit the conception not only of diatomic, but of triatomic, tetratomic, and polyatomic molecules; while, on the other hand, . . . this definition admits as possible the conception of a *monatomic molecule*." (P. 157.)

Dr. Hofmann next points out how this mode of symbolisation may be applied to the other elements—bromine, iodine, etc.—which have been passed in review; and how, in the case of phosphorus and arsenic, the symbolisation requires to be tetratomic, the weight of their molecule or free minim being four times as great as that of their atom or combining minim. This lecture—the ninth—ends with a comparison of the merits of the atomic and molecular notations.

In the tenth lecture, Dr. Hofmann notices the numerical relations of the types of molecular and atomic constitution. In hydrochloric acid, water,

ammonia, and marsh-gas, taken as types, the single atom of chlorine is connected with one hydrogen-atom; that of oxygen with two; that of nitrogen with three; and that of carbon with four hydrogen-atoms. Hence chemists attach to the molecule-forming weights, or to the symbols, dashes or (still better) Roman numerals to denote the number of standard atoms the weight is adequate to satisfy. The term *atomicity* has been applied to this atom-fixing power; but Dr. Hofmann prefers the term *quantivalence*—the elements being designated *univalent*, *bivalent*, *trivalent*, etc. The author then points out the relation of quantivalence to condensing power, and the chemical value of bodies in exchange according to their quantivalence. The doctrine of quantivalence is illustrated by the synthesis of ammonia, and by the decomposition of water by chlorine, of ammonia by chlorine, and of marsh-gas by chlorine; and also by the decomposition of hydrochloric acid by chlorine and by oxygen; etc.

In the next lecture, Dr. Hofmann passes on from the consideration of binary to that of ternary, quaternary, etc., compounds, and of the several modes of their genesis from binary compounds; and the work is concluded with a summary.

From the analysis which we have given of Dr. Hofmann's book, it will be seen to be not an ordinary elementary work on chemistry, but a highly philosophical treatise, shewing how steadily—and, within the last few years, rapidly—chemistry is becoming raised to the position of an orderly system, having its natural groups. The development of chemical science in this direction is as yet incomplete; but sufficient has been done to render it worth the labour of some one to shew to the student of chemistry how far it advanced; and this Dr. Hofmann has done in instructive and elegant language. His book we commend to the perusal of our scientific friends; reminding them only, that, if they would profit by it, it must be read, line by line, and word by word, from the beginning to the end, with the understanding as well as with the eye.

THE HEALTH-RESORTS OF THE SOUTH OF FRANCE: Notices General and Medical of Hyères, Cannes, Pau, Biarritz, and Arcachon. By EDWIN LEE, M.D. Second Edition, with Alterations and Additions. Pp. 213. London: 1865.

NICE AND ITS CLIMATE. By EDWIN LEE, M.D. Second Edition, with Alterations and Additions. Pp. 179. London: 1865.

As these works have already been before the profession in the form of a first edition, and as the instructive manner in which Dr. LEE treats of foreign health-resorts must be well known, it is, we think, scarcely necessary to do more than call the attention of our readers to the appearance of a second edition of the two books whose names are given above.

We observe that in both there is the same appendix, more than forty pages in length, on the Chief Causes of Pulmonary Consumption, and on the Influence of Climate in that Disease.

THE HEALTH OF KING LEOPOLD. Dr. JENNER arrived in Brussels on Monday last, having been instructed by the Queen, who is anxious to know the exact state of King Leopold's health.

British Medical Journal.

SATURDAY, NOVEMBER 25TH, 1865.

THE CHOLERA AND THE MEDICAL PROFESSION.

HAPPILY, the pestilence of cholera, which has this year visited so many neighbouring countries, has not fallen upon us. We are, at all events, spared for a season, and have had time given us to put our house in order, and to prepare ourselves for a struggle with that dreaded and dreadful enemy to life. But who can assure us that our cities have yet escaped the ravages of this present epidemic? Who dare venture to assert that the coming year will not find it raging amongst us? Happily, in the main particular of preventive—sanitary—medicine, never perhaps was this country, comparatively speaking, more fitted to meet the enemy; although, even in this particular, an immense work has yet to be done. As the dispenser of true sanitary science, Medicine may, at all events, boast that she has done her part in impressing on the country the necessity of working out the dictates of that science. But what preparation has Medicine made for combating the disease, if she should again have to stand face to face with it? What weapons has she to wield in defence of cholera-stricken humanity? What principles of pathology has she to direct her hands? With what confidence can she approach the sick-bed? What grounds of hope does she possess that her powers may avail her to stand between death and the destroyer? More than once has this plague visited our cities; and hundreds of the most enlightened practitioners of our art have had occasion—only too full occasion—to try conclusions with the disease. Every remedy that a tortured invention could supply has been again and again tried to arrest the mortal struggle. If ever that “experience” of which we boast so much could give us guidance, it should do so here. But how stands the account?

No surer proof can be given of the incapacity of physic over a disease than the fact that the remedies employed in its cure are infinite in number. Tried, then, by this unerring test, we may safely say that the cure for cholera has yet to be found. But if, out of a large and fatal experience, we have hitherto learnt nothing in a *positive* sense as regards the treatment of cholera, have we learnt nothing in a negative sense? If next year the epidemic should appear amongst us, are we once again to repeat that enormous experimental trial of drugs, etc., which has been already practised in vain? Is it really true that our experience in the past is useless to us as a

guide in the future? Out of that infinite list of medical weapons which have been employed to combat cholera, are there none of which we can positively assert the inutility—none of which we can say they have been but too well tried, and have utterly failed; that it is useless, and worse than useless, again to torture the poor body with the trial? But, unless some authority speak as declarative of the opinion of enlightened medicine, is it not certain, should the disease once again appear among us, that once again will be repeated those vain, and worse than vain, efforts to stay its progress?

Surely these are questions which it becomes our profession to answer. Surely it is something approaching to criminal negligence on our part, if, in this case, we do not endeavour, out of the experience of the past, to draw some conclusion to guide us as to the treatment of the disease in the future. The use or non-use of certain drugs in cholera cannot be a matter of indifference. It cannot be said, that if they do no good they will do no harm. *They must be prejudicial if they are not beneficial. If they do not assist in saving, they must aid in destroying life.* Drugs are poisons to the physiological body; and can only be of service in its pathological states; and, if not of service in diseased states of the body, then assuredly they are hurtful also—that is, unless they be ejected by vomiting or purging, as happily often happens when enormous doses of calomel have been given, or when doses of strychnia has been administered every half-hour. It is not at all impossible that opium given in large quantities, and retained in the body, has assisted in destroying life, by exerting its influence as soon as absorption has recommenced. Instances, too, of the frightful effects of accumulated mercury, as manifested in the loss of teeth and of part of the jaw-bone, are on record.

Does not our profession, then, as the great curative guide, owe it to the nation and to itself that it should at this juncture come forward, and, through its Colleges of Physicians or through its learned Societies, authoritatively declare what its views are in reference to the usefulness or hurtfulness of certain agencies in cholera? Why should it hesitate to declare what it considers to be the value of the remedies which have heretofore been employed? Is opium hurtful or beneficial? Have hot saline injections been of service? Does brandy do harm or good? Is bleeding a saving or a destroying remedy? Do external applications of warmth or cold do harm or good? And so on of the other thousand remedies. What is the most rational theory of the disease? Or have we no theory to guide us in the treatment; and are we still to follow blind accident in the cure?

Now, we put it to the profession, if the cholera were to appear amongst us to-morrow, are we one whit better prepared as medical men to deal with it

than we were on past occasions? Is it not certain, unless some authoritative body speak, as the collective wisdom of the profession, that all those useless, and worse than useless, remedies which have been a thousand times tried and have a thousand times failed will be again brought into action, and just as in the past, as if they had never been used at all?

And more, and worse, than this. Are we sure, have we any satisfactory proof, that those particular weapons which we have regarded, and still regard, as above all the most useful and essential, are really such? Have we the proof, not that they do good, but that they do not do harm?

We think it is impossible for any one to read the deeply instructive papers on Cholera in this JOURNAL from the pen of Dr. George Johnson, without questions of the above kind being painfully forced on his consideration.

Dr. Johnson takes a ground as to the pathology of cholera which may be fairly called rational. He avows a principle upon which he bases his treatment. He gives a theory of the collapse stage of cholera which is based upon physiological experiment, and is not in disaccordance with pathological experience.

We believe that we may fairly say of his views, that they are the most philosophical which have yet been published on the subject of cholera; and if this view of them be correct, we must add that they are assuredly the most important. They indicate that the ordinary treatment of collapse of cholera—the opium and brandy treatment—so far from being of service, is, in truth, highly prejudicial to the patient. It is now ten years since Dr. Johnson's views were published. That they did not attract the attention they merit, may be ascribed to the fact that the cholera had then disappeared. It is something that they still will bear the test of inquiry; and that they still have the author's firm belief in their truth. It is, indeed, something to be proud of that we are able to turn from the *Times* and its long list of puffed quackeries, its ephemeral cholera cures, and the baseless empirical formulæ of its correspondents, to a production like the work of Dr. Johnson. Earnestly pressing its attentive perusal at this period on the profession, we shall take an early occasion of giving a summary of the views of Dr. Johnson upon the subject of cholera. We shall do this with the hope that the attention of the profession may be aroused to the subject, and that some proper steps may be taken to prevent us repeating, at all events, some of the many errors which must have marked our former treatment of cholera.

Let it be remembered that, according to our former experience of the visitations of cholera, we may fairly anticipate that next year will show its presence here as an epidemic at our very doors.

CHOLERA.

At the Academy of Sciences, M. Velpeau lately quoted the opinion of three medical men who were more or less in favour of sulphate of copper as a cure for cholera—Dr. Burq, Dr. Lisle, and Dr. de Prado; and added, that the medication in question had produced no marvellous results in Parisian hospitals. M. Chevreul offered some considerations on our actual knowledge of cholera. The cause of cholera is unknown; so also is its therapeutical treatment, or otherwise the prize Bréant would have been already adjudged by the Academy. The observations made as to the appearance of the disease in places where it is not endemic, give us, if not the certitude, at all events the great probability, that it is contagious. Assuredly the opinion that cholera is non-contagious cannot be held as demonstrated. In the meantime, it is far better, for the sake of science and of the public health, to regard the disease as contagious. The physician who prescribes the isolation of cholera patients, and restriction of intercourse with persons in an infected ship, for example, subjects himself to no fear of self-reproach; but he who asserts the non-contagious theory, and places cholera patients side by side with others, *may* be the cause of fatal results. M. Guyon, who has had great experience of cholera, also spoke of its nature and treatment. Our learned and *spirituel* friend (M. Velpeau), he said, gave us a most truthful definition of the disease: "It takes a man and screws him up" ("Le mal vous prend et vous tortille"). M. Guyon views the disease as essentially spasmodic—the spasm resulting from primitive lesion of the nervous system. The heart is thus, he tells us, the first and most deeply smitten organ. "Its spasms and abnormal contractions explain all the disorders of the circulation, and the cyanosis attending the disease. In Poland, one of my colleagues gave to the cholera the name of spasm or cramp of the heart." The alvine dejections he regards in the same light as the fluids thrown off by the skin in sweating sickness. If these dejections contain, as some affirm, morbid matters, then their expulsion should be aided. "Is their scantiness in very serious cases, and their absence in "dry" cholera, to be considered as a proof of their impurity or contagiousness? At all events, whatever opinion we hold, assuredly it is *not* against these alvine dejections that we should direct our medication.

Dr. Bonnafont tells the Academy of Sciences that the only efficacious remedy for cholera is a prophylactic one.

"The cholera can only be efficaciously attacked on the great Indian peninsula, or perhaps still better in London. Therapeutics have no remedy capable of neutralising the deadly choleraic miasm. We must therefore trust to hygiene; and hygiene furnishes us with one which is undoubtedly efficacious."

The cholera seems still to linger at Malta. Some

fresh cases have also occurred at Alexandria, and, in consequence, quarantine of twenty days has been placed on arrivals at Malta from that city. In Russia, cholera has appeared; and most energetic, and it is said efficacious, measures have been taken to prevent its spread. In Paris, the cholera still lingers; and there, wisely or unwisely, the number of deaths from the disease is kept from the public.

L'Époque says:

"Notwithstanding our utmost desire to keep our readers correctly informed as to the progress of the epidemic, we are unable to do so, as the Administration not only refuses to communicate official returns, but has warned the newspapers that any inaccuracy in the figures they might publish would render them liable to a prosecution for false news."

The number of deaths from cholera in Paris during October last is stated at 4,020; deaths from other causes being 4,274. From the 6th to the 12th instant, the deaths from cholera are put at 272.

Dr. Mülig, Physician to the Imperial Navy Hospital at Cassia Pacha, gives, in *Gazette Médicale d'Orient*, an account of the cholera in Constantinople.

"Up to the 28th of June, nothing in the hygienic condition of the city announced an epidemic of cholera. On this day, the frigate *Mouchibers-sourcou* arrives from Alexandria with cholera-sick on board; they are landed at the arsenal, and not five days pass before the first case occurs in a patient from the military workmen's barracks, situated hardly ten steps from the landing of the arsenal. From this day, cases multiply in the arsenal, and on board the vessels anchored there; thus the corvette *Ismir* is the first attacked, being at the same time nearest the barracks; and it is only a few days more before the transports anchored a little further off are visited by the disease. The guard of Parmak-capon, at the entrance of the arsenal, and only a few paces distant from the barracks, is roughly dealt with in its turn; finally, the rest of the guard and the workshops are infected. In the meantime, the corvette *Ismir* is towed to the exterior port, where she remains for forty-eight hours; the cholera continuing, she is removed to Bouyouk-liman. Several days later, the first case of cholera appears in the exterior port. On the other hand, the citizen workmen employed at the arsenal propagate the disease in Kassim-pacha. If we turn to Yeni-Keny, which is a considerable distance from the original point of origin, we find here also that the disease is propagated from the arsenal; for the first established case is that of a stone-mason from Kassim-pacha, arriving already sick at Yeni-Keny, where he dies the next day, with all the symptoms of cholera."

After detailing at length all these facts, Dr. Mülig goes on to say:

"It appears to me that these facts do not need much commentary. Patients arrive in a perfectly salubrious city, and we see the same disease of which they suffer spread at the very place where they are landed; it subsequently seizes an entire district, and a little later rules supreme over the whole city. By Æsculapius! how will you name such a disease? Is it a contagious disease? or do you wish to quibble upon the word? Let us state then the fact; it is this—cholera patients import cholera. Do you wish an additional proof? That which has happened to the marine hospital itself may furnish it. The first cases of cholera having stayed at the hospital hardly

longer than a few days, the patients remaining there for other diseases were affected and succumbed under it. Cholera does not appear to be contagious by simple contact of the patients, but the cholera patients rather develop contagion like those affected with small-pox; with this difference, that whereas in small-pox contagion is communicated by the skin, in cholera it is through the excretions, especially the stools, that the infection is propagated."

A deputation from the Health Committee of the Social Science Association, consisting of the Secretary, Dr. Hardwicke, Mr. Godwin, Dr. Aldis, and Mr. Rendle, has waited upon the Right Hon. C. P. Villiers, to urge upon the Board the necessity of obtaining and making known the facts and localities of epidemic diseases, such as cholera, fever, and the like, and especially in anticipation of a probable inroad of cholera, and the actual presence of fever. It was urged, that such cases chiefly began among the poor who are under the notice of the Poor-law authorities. It was also urged, that the information always in the possession of the guardians of the poor and their officers should systematically, regularly, and very promptly be supplied to the local bodies having the care of the public health and the prevention of epidemic diseases in their respective localities. The matter was urged in various ways by each member of the deputation. The President and gentlemen of the Poor-law Board paid the greatest attention to the statements, and promised that they should receive their favourable attention, possibly a complete local investigation in one or two of the worst localities, in order to see what might be done.

No deaths from cholera were registered last week in London: there were thirty-two deaths from diarrhoea, the mortality from which has much decreased.

Dr. Nonat of La Pitié gives statistical proofs, as he considers, of the value of chlorine fumigations in preventing the spread of cholera in a hospital. The statistics are the results of observations made during the first eight months of 1854. He gives two tables, showing the number of cholera-patients brought into La Pitié and the number of cases which arose in the hospital itself, and the number of beds under different physicians.

Cholera-Patients brought into Hospital.

	Beils, Male and female.	Number of Cholera-patients.
M. Gendrin	94	173
M. Nonat	94	35
M. Valleix	80	31
M. Marrotte	96	50
M. Sée	82	40
M. Laugier	84	1
M. Michon	84	2

Patients seized with Cholera in the Hospital.

M. Gendrin	44	M. Sée	19
M. Nonat	5	M. Laugier	11
M. Valleix	17	M. Michon	5
M. Marrotte	23		

These tables show that the greatest number of cases of cholera arose within those wards into which

the greatest number of cholera-patients were brought from without; but that this increase is not observed in M. Nonat's wards where fumigations were practised. Whether it may be considered as a coincidence or as a mere sequence, it is a fact (says M. Nonat) that the almost complete immunity from cholera contagion in my wards occurred from the moment of the permanent instituting of chlorine-fumigations in them.

THE CATTLE-PLAGUE.

DURING the last few weeks, experiments have been undertaken in Edinburgh to test the accuracy of the statement, that sheep are liable to be affected with Rinderpest. In the first series of experiments, four sheep were kept in the same stable with animals very seriously affected with Rinderpest, and were, besides, inoculated with the secretions obtained from the same animals. The results appear to have been entirely negative. In a second series of experiments, four sheep were inoculated with the lacrymal secretion and with the milk of cows affected with Rinderpest. Of these, one is stated to have exhibited on the sixth day after the inoculation symptoms of ill health. Subsequently, all the symptoms of Rinderpest became developed, and the animal died. We understand that at the *post mortem* examination, which was performed in the presence of Professor MacLagan and Dr. Andrew Wood, the lesions which are considered to be characteristic of Rinderpest were found to exist.

At a meeting of the Cattle-Plague Committee in Ireland, Professor Ferguson recommended that an Order in Council be issued prohibiting the passage of herdsmen from infected districts within a certain period after they had been in attendance upon distempered animals. The Committee approved of the suggestion, and embodied it in a resolution to be transmitted to the Government.

An Act has been passed in the Cape of Good Hope, to continue in force for twelve months, forbidding the importation of any horned cattle at any port of the colony, under a penalty of £400.

AN enlarged spleen has been excised for the first time in Great Britain this week. Mr. Spencer Wells performed the operation on Monday; and exhibited the spleen at the Pathological Society on Tuesday. The patient was married, 34 years of age, and the spleen seemed to be simply hypertrophied. It weighed, as removed, 6 lbs. 5 oz. avoirdupois; but as nine ounces of blood afterwards drained from its vessels, the weight of the specimen as exhibited was 5 lbs. 12 oz. It was eleven inches long, eight broad, and three or four in thickness. The operation was

not difficult. An incision, seven or eight inches long, was made on the outer border of the left rectus abdominis, and the spleen was easily turned out through the opening. The vessels were tied with silk; the ends of the ligatures being cut off short, and returned into the abdomen. The only peculiar symptom observed was want of power over the legs, a few hours after the operation; but Mr. Wells stated at the Pathological Society that the patient was going on tolerably well twenty-nine hours after the operation. He stated that the operation had been done twice before in Germany; but the patients survived only a very few hours. A full report of the case will be looked for with much interest. Those who are interested in the physiological aspect of the operation, will do well to refer to a very able paper by Dr. Wilks in the last number of *Guy's Hospital Reports*.

THE profession will be glad to learn that a Committee has been appointed, and is now sitting at the Admiralty, to inquire into the condition of the army and navy medical officers, as respects their rank, pay, etc. The members of the Committee are, Admiral Milne (chairman), Lord Paulet, Captain Galton, Sir James Gibson, Dr. Bryson, with Dr. Markham and Mr. Busk as representatives respectively of the College of Physicians and of the College of Surgeons.

THE Grand Jury at the Central Criminal Court have brought in a true bill against Dr. Hunter, charged with the rape of a Mrs. Merrick. It is only fair to add, that the Common Serjeant had previously advised the Grand Jury so to do, for Dr. Hunter's sake, as well as for that of Mrs. Merrick. We may gather from his remarks, that he had no great faith in the truth of the story.

"It appeared that the charge rested principally, if not entirely, upon the evidence of one witness, the prosecutrix. The prosecutrix appeared to admit that she gave no alarm at the time, or made any noise; and it also appeared that she did not make any complaint until some time afterwards; and her statement certainly was one of a very astounding character."

THE cholera has destroyed several medical men at Madrid. Professor Quintanilla, and Drs. Avilès and Montana, two of the leading physicians of the city, have fallen victims to it; so also have MM. del Pozo and Andrés, attached to the Ambulance; and Gabriela, the Dean of the Pharmaceutical Faculty on y Camps, and the *pharmacien* Iniguez, have been carried off. At Cadiz, Dr. Gabarron, Professor of Surgery, died of cholera.

We regret to hear that M. Jobert de Lamballe is suffering under mental derangement, which has necessitated his removal into a lunatic asylum.

Scientific Notes.

ACTION OF LIGHT ON VEGETABLE MATTER.

Some novel experiments have been lately described before the Chemical Society of Paris, by M. Jodin, illustrating the action of light on vegetable matter. The author destroys the vitality of green leaves by immersing them in alcohol, or heating them to a high temperature in sealed tubes, and finds that after this the leaves still present some signs of life. In the light they are rapidly decolorised, but excluded from air and light they preserve their greenness for an indefinite time. In the course of the decoloration by solar light, he proves that oxygen was absorbed and carbonic acid evolved. Under the same circumstances he finds the yellow matter in etiolated leaves to absorb oxygen. On the contrary, it is proved that etiolated leaves, in becoming green in the light, evolve oxygen, while those kept in the dark and unchanged in colour absorb oxygen. The author is disposed to regard chlorophyll as a body quite distinct from the yellow colouring matter of leaves. (*Quarterly Journal of Science.*)

MINERAL SOURCE OF IODINE.

The ocean is the great storehouse of this element, all sea-water containing the iodides of sodium and magnesium, and sea-weeds have hitherto formed the whole commercial source of it. Chemists have been aware of its existence in certain Mexican silver-ores, in various land plants growing near the sea, in sponges, and in the oil of the liver of various fishes; but none of these bodies, animal, vegetable, or mineral, contain it in such quantities as would pay for extraction. There is said, however, to have been lately discovered in Chili a mineral consisting of a mixture of iodide of lead, with the oxide and chloride of that metal, in such proportion as to contain ten per cent. of iodine. This mineral is believed to exist in considerable abundance. (*Druggists' Circular*; and *Dublin Medical Press.*)

INFLUENCE OF WATER IN THE PRODUCTION OF MILK.

M. Dancel has noticed that women, when suckling, drink a great deal more than at other times. Cows, too, before they part a calf will be satisfied with from 12 to 20 quarts of water a-day, but afterwards they require 30, 40, or 50 quarts. He notices also that cows fed in houses on dry food give a fourth or even a third less milk than when at pasture. He states, too, that cows fed upon dry sesame-cake gave very little milk until they were freely supplied with water. He concludes from all this that water has a good deal to do with the secretion of milk. (*Chemical News.*)

PRODUCTION OF ORGANISMS IN CLOSED VESSELS.

Dr. Child has come to the conclusion that there is no doubt of the fact that bacteria can be produced in hermetically sealed vessels containing an infusion of organic matter, whether animal or vegetable, though supplied only with air which has passed through a red-hot tube, and though the infusion be thoroughly boiled. The germ of *bacterium* must therefore be either capable of resisting the boiling temperature of a fluid, or they are spontaneously generated, or they are not organisms at all. Dr. Child is convinced that they are minute vegetable forms; and says that Powell and Lealand's fiftieth digestive has already shewn something like an appearance of structure in these minute bacteria, which leaves no doubt about their organic character. (*Quarterly Journal of Science*, July 1865.)

FOOD PRINCIPLES.

The great generalisation of Liebig, that food contains two chief classes of organic ingredients, one class consisting of nitrogenous substances, which give the plastic materials for the formation of tissues, while the other class contains the amylaceous and saccharine bodies destined to support the heat of the animal body, has met with general acceptance, notwithstanding the objections entertained by some physiologists to the general terms of the division. They state that the nitrogenous aliments may also support animal heat, as well as fulfil their special function of forming the tissues. But the distinguished author of the classification admitted this fact in his first work, when he pointed out that the carnivora must waste their tissues in the support of animal heat. The recent experiments of Bischof and Voit, and of Petenkofer and Voit, in feeding animals on flesh from which all fat had been removed, completely prove that nitrogenous substances can act as heat-givers as well as flesh-formers. But the converse of the classification is not true, for we have not the slightest evidence to show that alimentary bodies free from nitrogen can build up any organ of the body. (*Dr. L. Playfair.*)

OXIDATION OF FATTY VEGETABLE OILS.

M. Cléze has exposed oils to the air in colourless glass vessels, and also in vessels of red, yellow, green, and blue glass, and also left some oil exposed to air in total darkness. After ten days' exposure the increase of weight was greatest in the colourless glass vessel; it was rather less in the blue glass; was very small in the red, yellow, and green; and no increase of weight at all was observed in the oil exposed in the dark. Like results were found after twenty days; but after thirty days' exposure the results were somewhat different. The increase of weight was greater in the coloured glasses than in the uncoloured, green showing the largest increase after 150 days' exposure. Poppy oil, after a time, oxidised faster in the dark than when exposed to coloured or white light. Oil heated in atmospheric air oxidised much more rapidly than cold oil. The oxidation may be accelerated without heat by adding some oil already oxidised. (*Chemical News.*)

PURITY OF BROMIDES AND IODIDES.

At the Pharmaceutical Conference, Mr. Henry Matthews gave complete analyses of nineteen specimens of the above-named salts. The results showed that the bromides of ammonium and of cadmium, and also iodide of cadmium, are practically pure; but the same cannot be said of the bromide of potassium. In seven samples of this salt, the contained chloride ranged from 0 to 5 per cent., the iodide from 0 to 3.88 per cent. Smaller quantities of sulphate and bromide were also present usually. The largest amount of impurity was found in the iodide of ammonium, two samples out of three examined giving from 6 to 7 per cent. of sulphate of ammonia.

THE CHIGOE.

A long account of the Chigoe (*Rhyncopion*, or more correctly *Sarcopsylla penetrans*) is furnished by Karsten to the *Bulletin de la Société de Naturalistes de Moscou*. It is only the fecundated females which are parasitic. They establish themselves under the skin, generally under the toe-nails, and soon attain an enormous size; when all the eggs are developed and deposited, the empty and shrivelled body is supposed to be thrown out, but whether the larva is developed in the ovary, or from the eggs after deposition, has not yet been ascertained. (*Quarterly Journal of Science.*)

INJURIES OF THE HEAD: TREPHINING.

Dr. H. FISCHER, of the Charité Hospital in Berlin, has published in the *Archiv für Klinische Chirurgie* (Band vi) an interesting paper, entitled A Clinical and Experimental Contribution to the Doctrine of Trephining. He remarks that the statistics of the results following the operation of trephining, and the opinions of surgeons as to the propriety of performing it, are so varied, that it is impossible to form a true and clear idea of its value. He has, therefore, besides making clinical observations as opportunities offered, performed a series of experiments on animals with the view of ascertaining the possibility of avoiding the dangers of the operation. He first relates at length the histories of several cases, of which the following are the leading features.

CASE I. E. B., aged 34, had a fracture with depression of the right parietal bone, from the fall on his head of a hammer weighing four or five pounds. Symptoms of meningitis set in; the left limbs became paralysed, the arm being flexed; speech was much impaired, and he died at the end of thirty-six hours. On section, two long splinters of bone were found perforating the right hemisphere of the brain; the neighbouring brain-structure being softened, with some small ecchymoses. There was purulent meningitis on the right side.

CASE II. A Dane came under observation after the siege of Düppel, with a gunshot fracture of the right parietal bone, which was splintered, and fissured in various directions. The dura mater and brain were wounded by several long splinters of bone. The patient was carried a long distance; after which paralysis of the left limb set in. In the night of the eighth day after the injury, symptoms of meningitis set in, and the patient died in four days. On *post mortem* examination, there were found two long fissures in the parietal bone; several splinters perforating the brain; purulent meningitis; a small extravasation of blood on the dura mater; and softening of the brain around the perforating splinters of bone. Dr. Fischer remarks that this case shews the danger of a long transport in perforating fracture of the skull; and that this, by the shaking and friction of the splinters against the brain and its membranes which it occasioned, produced the effusion of blood, which probably was an important cause of the paralysis. Throughout the whole course of the case, there was scarcely any disturbance of the mental faculties.

CASE III. A grenadier in the Prussian army had a gunshot wound of the frontal bone on the right side, producing fracture with depression—several very sharp fragments of bone perforating the dura mater and brain. Suppurative meningitis set in on the third day after the injury, and the patient died on the tenth day.

CASE IV. G. B., aged 9, fell from a height of four stories and fractured the frontal bone on the right side; the bone was depressed, and the brain injured. The left radius was broken; and there was a complicated fissured fracture of the left femur. The patient at first presented symptoms of cerebral concussion; but on the second day meningitis set in, and caused death in twenty-four hours. On section, several splinters of bone were found perforating the dura mater and brain.

CASE V. A woman, aged 40, presented herself at the out-station of the Charité Hospital, and reported

that on the previous evening she had been, in a quarrel, struck with a sword on the head by a soldier. She had a wound near the right parietal bone; a large portion of which was sliced away. Suppurative meningitis set in; and she died on the fifth day after the injury. There was considerable effusion of blood on the dura mater, which was perforated by a small fragment of bone. The clot of blood lying on the dura mater also contained several splinters.

These cases, Dr. Fischer observes, are instances in which injuries of the skull were followed by suppurative meningitis, which was rapidly fatal in spite of the energetic use of antiphlogistic means. Was, he asks, the meningitis the result of the injury of the dura mater? Many cases have been recorded, in which denudation of the dura mater by injuries of the skull was not followed by meningitis; and such cases have been adduced by the advocates of trephining as proofs of the freedom from danger of the operation. Dr. Fischer relates two cases of the kind.

In one (Case vi), a Dane was brought into hospital with a sabre-wound of the left side of the frontal bone, received at the storming of Düppel. The inner edge of the bone was slightly depressed; and the dura mater was laid bare. No symptoms of meningitis appeared; and he recovered.

CASE VII. A man aged 33 was wounded by a sabre, over the frontal and parietal bones on the right side. The bones were penetrated, and the dura mater slightly injured. There was a fracture around the wound, and also a fissure extending into the base of the skull. The dura mater was extensively laid bare, and even slightly wounded, but there was no meningitis, although the symptoms at first appeared to threaten it. The patient had furious delirium, like *delirium tremens*, especially towards evening; during the day he was rational and quiet. Moderate icterus appeared; he had fever with very irregular exacerbations and remissions; he gradually became emaciated and sank; secondary affections of the joints set in, and he died on the thirteenth day after the injury with symptoms of septicæmia. On *post mortem* examination, there was found to be necrosis of the injured parts of the skull and of the dura mater, with a small softened spot in the corresponding part of the brain. It is interesting to observe how slight were the immediate consequences of the injury. After receiving the wound, the patient returned a considerable distance to his home, slept well during the night, and the next day walked to the hospital.

Experiments on animals shew also that the mere laying bare of the dura mater is generally not dangerous. In rabbits, however, Dr. Fischer found that, in about one case in three, supuration appeared beneath the pericranium in from eight to fourteen days after the operation. The animals, notwithstanding this, at first seemed lively, especially if care were taken to allow a free exit to the pus. Afterwards, however, they became still, ceased eating, and died in a few days; when suppurative meningitis was discovered. In these instances, the inflammation and supuration proceeded inwards from the trephined spot, from which the pus was found extending in several directions over the dura mater. These cases being exceptional, are excluded from consideration; and the author relates seven experiments performed on rabbits, guinea-pigs, and dogs, in which simple denudation and laceration of the dura mater was not followed by meningitis.

He next inquires whether meningitis is the consequence of the introduction of foreign bodies through the dura mater into the brain. In the first five cases already referred to, splinters of bone had more or less deeply penetrated the brain. In four experiments, nails were driven into the skull without laying bare

the cavity. Three of the animals were killed, and one allowed to recover; but no meningitis appeared in any of them. A case bearing on this point is also related.

CASE VIII. A man aged 66, reported to Dr. Fischer that in 1827 he fell from a height of three stories, the result being a depressed fracture of the frontal bone. Trephining was not performed; he recovered; and during thirty-five years felt no symptoms arising from the depressed bone. At the end of that time, paralysis and anæsthesia set in, with loss of memory and impaired intellect. The patient died after some months, with uræmic symptoms. On *post mortem* examination, there was found a depression of the bone at the sagittal suture. The vessels at the base of the brain had undergone calcareous degeneration, and the brain contained several softened spots of various sizes.

When depression causes death, it is generally by producing copious extravasation of blood. Almost every surgeon, says Dr. Fischer, can call to mind cases in which recovery has followed depression; and many such instances are mentioned in literature. From these and from the experiments last mentioned he concludes, that foreign bodies, introduced into the dura mater and brain without laying open the cavity of the skull, do not produce primary meningitis.

He then goes on to consider the effect of introducing foreign bodies, the cranial cavity being also opened; and first relates seven experiments in which moveable bodies—nails—were introduced loosely into the brain, and in all of which suppurative meningitis rapidly followed. On the other hand, in five experiments, where the dura mater was laid bare by removing a portion of the skull, and nails were introduced into the dura mater and brain through the edge of the bone at the circumference of the wound—so that they were fixed—meningitis set in at a later period.

These results Dr. Fischer explains by referring to the rhythmic movements which the brain undergoes—the respiratory or venous and the circulatory or arterial; and which, he says, must cause the foreign bodies, when moveable, to rub against and irritate the membranes of the brain, thus producing primary meningitis. He hence points out how the prognosis of meningitis may be affected by various circumstances connected with the patient's respiration and circulation. Those who have cough are much exposed to danger; and hence bronchial catarrh and pneumonia are very perilous complications of depressed fracture of the skull where the brain is wounded by fragments of bone. Patients also who laugh and talk much are in greater peril than the torpid and quiet. Delirium tremens is also an unfavourable condition. Straining in defecation or micturition is also dangerous; persons having urethral stricture are very liable to be attacked with meningitis in the circumstances mentioned.

The extent of injury has also an influence on the production of meningitis. The larger the wound in the skull, the more energetic are the respiratory pulsatile movements of the brain, and therefore the more dangerous the injury. On the other hand, if the opening be very small, the movements observed at first gradually diminish, until at last it is difficult to observe them. The character of the foreign body introduced is also of importance. The rougher and more jagged, the broader and larger, it is, the greater is the friction, and the earlier will meningitis set in; and the more so if the body be moveable. Dr. Fischer has observed that foreign bodies lying free are always moved by the pulsations of the brain. He further remarks, that the movements are most energetic at the part where the skull is opened, and from this point gradually diminish in intensity; and that,

in his experiments, the greater the distance from the edge of the bone at which the nail was driven in, the rarer and later was the occurrence of meningitis. He has in several experiments removed a portion of the skull on one side by trephining, and on the other has introduced a nail; and the injury has been very rarely followed by primary meningitis.

Speaking of the characters of traumatic meningitis, Dr. Fischer observes that it most frequently commences with a rigor, but may be at first latent. The patients complain in the beginning of violent headache; and very frequently there is also vomiting or distressing nausea. The body is drawn in, the pulse laboured, and the gait unsteady. The sensorium is very soon disturbed; the patient has furious delirium reminding one of delirium tremens, is very restless, becomes paralysed, and dies in a state of deep coma. The fever rarely becomes very intense, and is continued. The course of the disease is generally very acute, so that the stages of meningitis can scarcely be distinguished.

Post mortem examination shows the following facts. The disease always commences at one side; and it can always be seen to be of older date here, even when it has extended to other parts of the brain. It commences and is most developed on the periphery of the cerebrum in the neighbourhood of the foreign body. It is only when the course of the disease is slow that the inflammation reaches the base of the brain, and, in rare cases, the spinal chord. Purulent exudation appears in a very short time—it may be found within twenty-four hours. The prognosis is extremely unfavourable. In the treatment, anti-phlogistics alone are useless. Dr. Fischer has employed both local and general bloodletting, small and large, single and repeated, frequent and at long intervals—but all alike without any effect. The only rational treatment consists in the early and entire removal of the foreign body, and the careful closure of the opening in the skull. In most cases, this can be done without trephining; but if not, this means is as urgently indicated as any remedy can be. It is, however, very difficult, often quite impossible, to diagnose the presence of foreign bodies at an early period; and the removal of those, or trephining, is likely to be successful only when employed early. Dr. Fischer recommends operation when there is any ground for suspecting the presence of a foreign body. He believes that steps should be taken for the removal of foreign bodies, as soon as symptoms indicative of commencing meningitis appear. He relates seven experiments on animals, in which he left foreign bodies in the brain during periods varying from five minutes to seven hours, and in which four of the animals recovered.

It has already been seen, that foreign bodies which enter the brain without laying open the cranial cavity do not generally excite primary meningitis. But they must not therefore be regarded as harmless. In cases of simple depression of the cranial bones, no well informed surgeon would use the trephine unless other pressing indications were present. But when there is a foreign body—such as a bullet or a piece of stone, the case is different. The patient is exposed to great danger from two sources.

The bullet or other foreign body may close the defect which it has made in the skull, so that the movements of the brain, which produce friction and irritation of the meninges, do not occur. But when supuration begins, then dangers appear. The foreign body is either loosened by the supuration, or the surrounding pieces of fractured bone are set loose by the same cause. In these circumstances the cranial cavity is laid open, the cerebral pulsations commence, and we have the same mechanical influences in oper-

ation as have already been described: and these may lead to a later or secondary meningitis. In such cases, there is no treatment but trephining, or, if possible, removing the foreign body without this operation. Dr. Fischer, however, does not hold out the assurance that trephining will save the patient—statistics show the contrary too strongly; but, by operating, the surgeon will have done all that he can and ought to do.

The foreign body may continue to close the wound in the skull, but, by mechanical pressure, or chemical irritation, may produce encephalitis or softening of the brain. He relates a case in which a piece of lead entered through the right side of the frontal bone; death occurred in eight days. On *post mortem* examination, no meningitis was found, but the brain had undergone softening at the seat of injury.

Special Correspondence.

LIVERPOOL.

[FROM OUR OWN CORRESPONDENT.]

THE special hospital system, concerning which so much difference of opinion has been expressed, has recently developed itself in this town to an extent which pretty clearly manifests the absurd lengths to which these matters are apt to be carried.

There is a "Dental Hospital", which numbers its operations by hundreds, with a consulting physician and surgeon, who speak of its great utility in diseases of the teeth, gums, and throat. How many beds it contains we are not told. Then there is the "Liverpool General Hospital for Consumption and Diseases of the Chest"—a title which suggests a pretty wide field of practice for a special hospital. The "Hospital for the Cure of Cancer and Skin-Diseases", a description of which formed the subject of an editorial article some months ago, has emerged from obscurity, and now presents an imposing appearance in a leading thoroughfare. The "inaugurative ceremony" of opening the new hospital was duly reported in the papers.

One other "special" institution deserves mention, for the purpose of giving publicity to a somewhat novel expedient for enlisting the sympathy and support of the benevolent. At a preliminary meeting for the purpose of extending the operations of the "Dispensary for the Treatment of Skin-Diseases", the founder of the institution, after informing the meeting that, "since it had been in operation, he had treated one thousand patients, at an expense of £136, and that he was out of pocket between £70 and £80," went on to say: "The treatment had been remarkably successful; and he mentioned several cases in detail, and introduced the patients to the meeting." This mode of enforcing the claims of a speciality is not, we think, quite unprecedented, a somewhat similar proceeding having been adopted by an orthopædic institution in the metropolis; but it is sufficiently unique and unusual here to deserve special notice. The founder of the institution tells us that "he has the entire concurrence of the profes-

sion in the manner in which he managed the institution."

I am informed by the local papers that a new Gymnasium, on a very large scale, has just been formally opened in this town, under the presidency of Lord Stanley. Judging from the reports, it appears to be a very complete institution, and one in which the medical profession would naturally feel much interest.

Association Intelligence.

BATH AND BRISTOL BRANCH: ORDINARY MEETING.

THE second ordinary meeting of the session will be held at the Victoria Rooms, Clifton, on Thursday evening, November 30th, at 7 o'clock. F. BRITTON, M.D., President, in the Chair.

C. STEELE.
R. S. FOWLER. } *Hon. Sers.*

12, Meridian Place, Clifton, November 1865.

Reports of Societies.

PATHOLOGICAL SOCIETY OF LONDON.

TUESDAY, NOVEMBER 7TH, 1865.

T. B. PEACOCK, M.D., President, in the Chair.

MR. ADAMS and Mr. CARE JACKSON shewed two *Tumours connected with the Humerus*, which had required amputation at the shoulder-joint.—In Mr. Adams's case, the patient was a young woman; and the tumour, a large one, was encephaloid, having muscular fibres in various stages of degeneration interspersed. The operation was successful.—In Mr. Jackson's case, the patient was a boy aged 15. The tumour was of four months' growth; it appeared to be an osteoid cancer, mixed with much fibrous tissue.

MR. HOLMES showed a *Malignant Tumour of the Arm*, with large cysts, growing from the soft parts beneath the deltoid. It encroached on the shoulder-joint; the nerves and axillary vessels were expanded over it. The patient died on the fourth day after the operation.

MR. HOLMES shewed two specimens of successful *Amputation at the Hip*—one for recurrent fibroid tumour of the thigh, and the other for osteomyelitis of the femur after excision of the hip.

MR. HOLMES exhibited a large *Softened Fibroid Tumour of the Uterus*, which had been removed in mistake for an ovarian tumour. The tumour contained a large amount of fluid; and uterine symptoms were absent. The tumour had been tapped twice, and a gallon of fluid removed. Mr. Spencer Wells had, it appeared, made a correct diagnosis at an earlier period; but the subsequent growth and softening led to the mistake. The operation was fatal—the intestine having been injured.

MR. BRYANT shewed a specimen of *Hydatid of the Breast*, successfully removed by tapping and excision from a married woman aged 30, in whom it had existed several years.

MR. BRYANT related a case of *Hydatids in the Bladder*, occurring in a gentleman aged 50, who suffered from retention of urine. No catheter could be passed; but there was no constitutional disturbance, and a large indistinctly fluctuating tumour was found fill-

ing the pelvis. The bladder was punctured through the perineum; and the opening was afterwards extended into the rectum, and a large mass of hydatids was removed. The patient was relieved.

Mr. BRYANT exhibited a large *Adenoid Tumour*, of the size of a cocoa-nut, and containing several cysts, developed in the breast of a woman over seventy years of age.

Correspondence.

MORTALITY OF TROOPS IN INDIA.

LETTER FROM WILLIAM CLODE, Esq.

SIR,—An article in your impression of the 4th inst., headed "Mortality of Troops in India," is so full of assurance of the happiest state of things prevailing in respect to the sanitary state of the army there, that I fear the public will be misled unless you complete the story told by the official investigation of this question.

After alluding to the alarm created by the report of the Royal Sanitary Commission, you refer with satisfaction to the refutation by the government of India of the statements in that report. No one can read the article without arriving at the conclusion that the Royal Commission had propagated erroneous deductions based on imperfect returns. You would, I am sure, be the last to wish that such an impression should prevail respecting the deliberations of a Commission composed of some of the most eminent and experienced men in this country; and I think that your spirit of fairness will induce you to inform your readers that the "refutation" by the Indian Government produced a reply which rendered confusion less confounded, and has confessedly established the reliability of the statements and conclusions of the Royal Commission. This reply should be read by all who are interested in the question; it is given in Parliamentary Paper No. 324, as a Return to an Address of the House of Commons (dated 25th May, 1865) for "Copies of Letter addressed to Sir Charles Wood in reply to Indian Government's Despatch on Report of Royal Sanitary Commission."

It would not be within the compass of a letter to reiterate the arguments embodied in this important public document. It, however, deals conclusively with the contradictions of the Indian Government. It shows:

1. That the principal cantonments of the English Army were on some of the unhealthiest sites in India.

2. That the Commission did no injustice to the Commanders-in-Chief or to the Government.

3. That the mortality of the European forces in India, at the date of the inquiry, was not overstated by the Royal Commission. It had been, on an average, at the rate of 69 per 1000 down to the year 1856, and was higher in the excluded mutiny years.

4. That the Indian Government, writing on December 8th, 1864, by avoiding any reference to the actual facts, citing a return for 1863, and mistakenly applying the "now" of one date to a different date, produces an erroneous impression, but does not disprove the above proposition.

5. That at the same time they admit by their argument the previous waste of life in India, and the possibility of reducing the mortality for the future to the rate of 20 per 1000, or still lower, by judicious measures.

It will be remembered that the Royal Commission

was appointed May 31st, 1859; and the publication of its Report was delayed until May 19th, 1863, to enable the Commissioners to include the latest possible returns that could with difficulty be obtained from India.

The Royal Commission collected evidence, analysed observations, and embodied the recommendations in their Report, of the most eminent Indian and other authorities, including two of the members of the present Government of India. These recommendations have proved of so practical a nature, that they have been carried out to a successful issue; the health of the troops is vastly improved; and the death-rate brought within a compass that induces the hope that, in years to come, it will not exceed the natural standard.

This much good has the Royal Sanitary Commission helped to bring about; and it is greatly to the credit of the Indian authorities that they have given so much effect to recommendations not based on error, but founded on fact. That the health of the troops is at the present time improved, is no refutation of the statement that, in the period embraced in the inquiry of the Royal Commission, the annual mortality was about 69 per 1000. Let us be grateful to those who exposed so fearful a state of things, and to those also who have so efficiently aided in bringing about a decided improvement.

I am, etc., WILLIAM CLODE.

General Register Office, Somerset House, Nov. 21, 1865.

THE LATE MR. CLIFT. His history, as I have heard it related by those who were acquainted with it, was nearly as follows. Mr. Hunter was acquainted with Mrs. Gilbert, a lady in Cornwall. In conversation with her he observed that he had great difficulty in obtaining fit persons to assist him in making his anatomical museum, and that he believed that his best way would be himself to educate a lad especially for this purpose. Mrs. Gilbert said that she knew a very clever boy who was accustomed to come into her kitchen in Cornwall and make drawings with chalk on the floor, who would with proper instruction become an excellent draughtsman; and she offered to negotiate with the boy and his parents for him to come to London on trial. Mr. Hunter gladly availed himself of this offer, and the negotiation ended in Clift becoming an inmate in Hunter's house. I believe that this was not more than two or three years before Hunter's death. On the occurrence of this event, Hunter's executors (Dr. Baillie and Mr. Home) engaged Clift to take charge of the museum. When it was purchased by Parliament, and consigned to the care of the College of Surgeons, the council of the college retained him for the same purpose, under the name of conservator, a situation which he retained during the remainder of his life. Clift's early education had probably not extended beyond reading and writing, but he had a vast desire of acquiring knowledge; had read a great deal in an irregular manner; but his chief study was that of the museum in which he lived for many years; and with this he had a more intimate acquaintance than any other person after the death of the great philosopher by whom it was founded. He had great sagacity, great powers of observation, and great memory, but he wanted that method which a better early education would have afforded him; and his knowledge, though extensive, was of a very desultory kind. His devotion to the memory of Hunter, and his attachment to the museum, formed a remarkable feature of his character, at the same time that his simplicity of mind, his disinterestedness, and the kindness of his disposition, gained him the affection of all who knew him. (*Sir B. Brodie's Autobiography.*)

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MRS. ARNOTT, widow of Dr. Neil Arnott, author of *Physic*, has signified her intention of endowing two scholarships for the study of natural philosophy—the one at the Queen's College, Harley Street, the other at the Ladies' College, Bedford Square, to be called the Arnott scholarships, in memory of her late husband. (*Builder*.)

PHARAOH'S SERPENTS. Dr. Littlejohn of Edinburgh warns the public against the use of "Pharaoh's Serpents," as they are called. These toys are compound of sulphocyanide of mercury. The inhalation of some of their products of combustion is highly dangerous; viz., cyanogen, sulphurous and sulphuric acids, bisulphide of carbon, and mercury in vapour. The mass left after combustion is organic matter called "mellor."

LINNEAN SOCIETY. At a meeting of the Linnean Society on Thursday evening, November 16th, Mr. J. Baxter Langley was introduced to the members, having been unanimously elected a Fellow of the Society at the preceding meeting. Mr. Langley had previously taken the silver medal in the Leeds School of Medicine, the Botanical prize at King's College, and obtained first place in honours in Natural History in his examination at the University of London.

SCOTTISH REGISTRAR-GENERAL'S QUARTERLY REPORT. The Registrar-General for Scotland reports the health of the population of Scotland as not satisfactory for the last quarter. Scarletina, in many cases of a severe type, greatly increased over the country, and the various forms of continued fever showed a strong tendency to increase and assume the epidemic form with the fall of temperature. As usual at this season a few cases of British cholera proved fatal.

SAVE THE DOCTORS. In the Jamaica rebellion the lives of doctors were saved; whether out of respect to them or for the purpose of retaining their services is not clear. We read: "We were happy to learn that Dr. Gerard had not been murdered, as we reported. We learned that he and Dr. Major were retained by the rebels to look after their wounded. Dr. Major, on his way homewards, met with over 200 rebels near to Albion Estate, in St. David. They, however, passed on without molesting him. Mr. Warrington escaped death by passing himself off as a doctor."

UNIVERSITY OF CAMBRIDGE. The Rev. W. Clark, M.D., who for forty-eight years has occupied the chair of Anatomy, has announced his intention of resigning, if the proposal for founding chairs of human physiology, and anatomy, and zoology, and comparative anatomy, should pass the senate. Dr. Humphry, Dr. Drosier, and Mr. C. Lesturgeon, M.A., have announced themselves as candidates for the chair of physiology, in case the same becomes vacant; and Mr. Williams, M.A., and Dr. G. B. Mead, for that of zoology and comparative anatomy, if established.

W. J. STORKE, the surgeon's assistant lately charged with administering strychnia to Miss Blake, daughter of Mr. Blake, surgeon of Salisbury, has since his committal endeavoured to obtain poisonous drugs, with the view, it is supposed, of committing suicide. He wrote a prescription, and addressed to Messrs. Savory and Moore, of London, succeeded in inducing a newly-engaged turnkey to post it for him. Messrs. Savory and Moore, finding that the prescription included a dose of morphia more than sufficient to destroy life, immediately put themselves into communication with the police at Salisbury, and the result of their investigation proved collusion between the turnkey and the prisoner.

TESTIMONIAL TO R. S. HARVEY, ESQ. A very valuable testimonial—a service of plate, and a portrait of himself, altogether worth £400—has been presented by the citizens of Lincoln to Mr. Harvey, a surgeon, for the third time mayor of that city.

PROPOSED VETERINARY COLLEGE IN MELBOURNE. The establishment of a school and hospital of veterinary surgery in Melbourne is at present being mooted. The necessity of such an institution is self-evident. With some few very creditable exceptions, veterinary practice in Victoria consists of the crudest and most barbarous farriery. We are glad to hear that the establishment of a veterinary college is something more than a possibility. (*Australian Medical Journal*.)

COURT-MARTIAL ON A NAVAL SURGEON. Dr. Baird, surgeon of Her Majesty's ship *Cossack*, has been arraigned on a charge of drunkenness, before a court-martial held in Malta. The accused pleaded guilty, and threw himself on the mercy of the court, before which he laid very honourable testimonials of war services in the Crimea and China, which had the effect of moving the court to pass a somewhat lenient sentence, namely—dismissal from the ship to which he belongs, with loss of two years' service time.

ACUPRESSURE. We fancy there must be some mistake in the following paragraph, which we cut from an Edinburgh daily paper. We have again and again protested against the impropriety and inconvenience of medical men giving details of medical practical affairs in public journals. "At the first meeting of the Students' Royal Medical Society the same subject was, we hear, discussed, and one member announced that Mr. Syme intended to try a new description of ligature, invented by an ingenious student, Mr. Churchill, and the advantage of which was, that it could be removed, like acupressure needles, within a day or two after it was applied."

A CHOLERA-SOURCE. Mr. H. Wise relates the following: "Some forty years since the *Castle Huntly*, *Berwickshire*, *Thomas Coutts*, and other Indiamen, were in Bombay Harbour, loading cotton for China. The duties of the day being over, the sailors were assembled on the fore-castle of each ship, smoking their pipes and amusing themselves in various ways. In the early part of the evening a heavy squall, preceded by a dark arched cloud, burst over the anchorage. The *Berwickshire*, owing to her position, bore the brunt of the storm. Not a solitary case of cholera had previously existed on board either vessel; but before daylight, such was the awful rapidity of the disease, upwards of thirty gallant fellows had breathed their last. The *Berwickshire* lost by far the greater number of men, in spite of every effort to save them."

PRESENTATION TO DR. COOKWORTHY. At their recent annual meeting, the Plymouth Medical Society presented to Dr. Cookworthy, two elegant dessert stands, each bearing an engraved glass bowl for flowers or fruit, supported by three camels of frosted silver. The stands rest on fluted plateaux, with mirrors reflecting the whole, to correspond with the plateau of the large centre-piece given him by the governors of the Plymouth Public Dispensary, on his retirement, after a service of fifty years, as physician of that institution. On the dessert stands is the following inscription:—"Presented by the members of the Plymouth Medical Society to J. Collier Cookworthy, Esq., M.D., in token of their personal regard, and of their high appreciation of his most valuable and conscientious services, as their Secretary and Treasurer for forty-two years. Plymouth, November 1865."

INSANITY AMONG PAUPERS. A return has been issued on the "insanity of paupers." The number of paupers on January 1st last was 974,772, exclusive of 111 insane in the Gilbert Incorporations. Of the 974,772 as many as 38,487 were insane, and of that number 28,466 were lunatics and 10,021 idiots. Thus "4 per cent." of pauperism was ascribable to insanity. In regard to the sexes, 16,826 were males and 21,661 females, making 28,466; whilst of idiots, 4,567 were males and 5,454 females, making 10,021. Of the "4 per cent." insanity the lunatics were 2.9 per cent. and the idiots 1.1 per cent. In the metropolis, on January 1st, there were 105,351 paupers, and of that number 5,933 were insane.

WOODPECKER'S AUSCULTATION AND PERCUSSION. The downy woodpecker never makes a mistake; he knows before he begins, that if he works through just in that spot he will find a dainty morsel at the bottom of it. But how does he know? By *sounding*—tap, tap, tap, just as the physician learns the condition of the lungs of his patients by what he calls *percussion*. The bird uses his beak, generally three times in quick succession—sometimes oftener; then tries another. Watch him. See how ever and anon he will stop in his quick motions up and down, and give a few taps upon the suspected scale, and then test another, and another, until the right sound is communicated to that wonderful ear. (Dr. Trimble.)

PROPHYLAXIS OF SMALL-POX. The steamship *London* arrived at Melbourne on August 3rd. Several cases of small-pox having occurred during the voyage, she was detained in quarantine until the passengers had been vaccinated and the ship fumigated. It is not clear on what theory of prophylaxis the passengers were made to undergo vaccination; and the half-dozen who refused to submit to the operation were possibly persons of an extremely logical turn of mind, who considered that, if special vaccination was required at all, it should be done upon the unvaccinated Victorians who were in danger of infection from the just arrived *Londoners*. But the whole business of the sanitary station appears to be conducted on curiously eccentric principles. (*Australian Medical Journal*.)

WHOLESALE POISONING. A remarkable case of wholesale poisoning by mistake recently occurred in the town of Shiloh, Randolph County, Illinois. Two physicians, Drs. Campbell and Minner, residing in the town, sent to a drug store in the neighbouring village of Chester for a quantity of calomel. In the course of one day this calomel was administered to some forty persons. All of these persons were taken violently ill, and on examination it was found that large quantities of corrosive sublimate had been mixed with the calomel. Further inquiry showed that the drug thus adulterated had not been tampered with by the apothecary in Chester, for calomel mixed with corrosive sublimate was found in the warehouse of the wholesale dealer in St. Louis, from whom the retailer had purchased it; and on following up the investigation it became evident that the presence of the poison was due to the carelessness of the British manufacturer of the calomel. Seven of the victims of this dreadful mistake have already died in the town of Shiloh alone. How much further the results of the blunder have extended or will extend it is now impossible to say. The St. Louis dealer had sent the adulterated calomel all over the South-west, as well as to many sections in the West, and while the authorities are doing their best to obtain possession of the "doctored" stuff, it is not impossible that the fatal results of its use have not yet ended. (*American Cor. of Standard*.)

SHEFFIELD KNIFE GRINDERS. Dr. J. C. Hall, who by his efforts on behalf of the knife and fork grinders, has at last forced the public to listen to him, gives us a startling picture of their sufferings. He tells us the loss of metal in grinding a dozen razors is five ounces on the dry stone, and that the stone of seven inches in diameter will be reduced nearly one inch. This mingled mass of jagged steel and stone is thrown off by the very nature of his work directly in a line with his mouth. Not only this, but he is also forced to prepare the grindstone himself. This operation is performed by making it revolve slowly against a bar of steel in order to make its surface smooth and level. This operation fills the room with dust. Here, then, we have a contrivance directly calculated to produce consumption, and the result exactly tallies with the care taken to bring it about. In fact, the average age of a dry grinder is 28 years. We are informed that the Messrs. Rodgers, whose cutlery is known the world through, will not permit their men to work without a fan, and that, as a result, the average ages of their workmen, working at the wet and dry wheel, were respectively 49 and 46.

BEE-BREAD AS A DIURETIC. Dr. Whitmore gives, in the *Chicago Medical Examiner*, his experience with bee-bread as a diuretic. He selected some of the oldest comb, containing the greatest quantity of the bread, and separated it from the honey and comb; abstaining a week from honey and with the renal secretion in a normal state, he partook of the bread without the honey to the extent of three times per day, continuing the experiment for a week. The amount of urine voided was from four to six fluid pounds per day, the difference being the greatest when exercising out-doors. When remaining quiet, in a warm office, there was from one to one and a-half pound less secretion than when exercising. In children the same effect was produced. The only disagreeable symptoms, following the use of the article, are a slight degree of flatulency, or a looseness of the bowels. It is entirely palatable, inoffensive to the stomach, producing neither irritation nor nausea of that organ.

DEATH OF A VETERAN SURGEON. On the 15th inst., W. Edenborough, Esq., formerly of Coleman Street, died at Upper Holloway after much suffering, at upwards of 85. Mr. Edenborough was one of the oldest, if not the oldest, as he was also (up to his retirement from active life, ten years ago) one of the most respected and best known City medical practitioners. The deceased, a native of Nottingham, was articled to Mr. Hunt, of Loughborough, a man of much eminence in his day. So far back as the commencement of the present century Mr. Edenborough entered at St. Thomas's and Guy's, in the days of Mr. Cline, and also of Sir Astley Cooper, who was then commencing his distinguished career. Mr. Edenborough had a large and successful City practice for nearly half a century. He took a warm interest in politics, exercising in his day considerable influence in City circles in the Conservative cause. He was a man of great decision and indomitable energy, and, as a consequence, rarely failed in accomplishing any object of benevolence on which he once set his heart. To distress he ever lent a ready ear, and generally afforded effective aid. Mr. Edenborough's great affability of manner and true kindness of heart rendered him an especial favourite not only amongst an unusually large family and friendly circle, by whom his name will long be held in affectionate remembrance, but also throughout a still more numerous class with whom he had professional relations. The deceased has left a widow to mourn his loss.

OPERATION DAYS AT THE HOSPITALS.

- MONDAY.....Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 9 A.M. and 1.30 P.M.—Royal London Ophthalmic, 11 A.M.
- TUESDAY....Guy's, 1 P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.
- WEDNESDAY...St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.
- THURSDAY....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopaedic, 2 P.M.—Royal London Ophthalmic, 11 A.M.
- FRIDAY.....Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.
- SATURDAY....St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.—Royal Free, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

- MONDAY. Medical Society of London, 8 P.M. Special General Meeting for Consideration of the Laws of the Society.
- TUESDAY. Royal Medical and Chirurgical Society, 8.30 P.M. Dr. Waters (Liverpool), "On the Morbid Anatomy of Pneumonia"; Drs. McDonnell and Gordon (Dublin), "Case of Trephining of the Spine"; Mr. Barwell, "On Lateral Curvature."
- WEDNESDAY. Royal Society (Addisvocabulary).
- FRIDAY. Western Medical and Surgical Society, 8 P.M. Mr. T. Holmes, "On Sub-periosteal Resection, illustrated by a Case of Resection of the Entire Shaft of the Tibia."

TO CORRESPONDENTS.

* * All letters and communications for the JOURNAL, to be addressed to the EDITOR, 57, Great Queen St., Lincoln's Inn Fields, W.C.

COMMUNICATIONS.—To prevent a not uncommon misconception, we beg to inform our correspondents that, as a rule, all communications which are not returned to their authors, are retained for publication.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

INDIGENOUS ERRORS.—Last week, in an article on the Conservancy of the Thames Commission, the *Times* throughout called Mr. Rawlinson, the well known engineer, Captain Rawlinson; and, in the same day's paper, said "another medical authority, the *Gazette des Tribunaux*, etc.", which, we suppose, meant *Gazette des Hôpitaux*.

COMMUNICATIONS have been received from:—Dr. GEORGE JOHNSON; Mr. J. BIRCHENALL; Dr. SAMELSON; THE REGISTRAR OF THE MEDICAL SOCIETY OF LONDON; Mr. L. M. STONE, THE HON. SECRETARIES OF THE WESTERN MEDICAL AND SURGICAL SOCIETY OF LONDON; Mr. J. GRANTHAM; Mr. H. W. RANDOLPH; Dr. PALMER; Mr. W. J. SQUARE; Mr. J. L. BISH; Mr. J. BAXTER; Mr. T. J. DYKE; Mr. DAYMAN; Mr. C. SPENCER; Dr. C. B. MANN; Dr. J. L. LARLEY; THE HONORARY SECRETARY OF THE OBSTETRICAL SOCIETY; Mr. L. GALLAWAY, THE HONORARY SECRETARIES OF THE ROYAL MEDICAL AND CHIRURGICAL SOCIETY; Dr. A. SMART; Mr. J. Z. LAURENCE; Dr. A. FLEMING; Dr. COPEMAN; and Dr. J. HUGHES BENNETT.

BOOKS RECEIVED.

1. The Introductory Address, delivered at Guy's Hospital, October and 1865. By Thomas Bryant. 1865.
2. Resection of the Shoulder-Joint. By T. Longmore. 1865.
3. Flooding after Delivery. By J. Lumley Earle, M.D. London: 1865.
On the Cattle Plague, etc. By H. Bourguignon. London: 1865.
4. Monographs of Diseases of the Skin. By A. B. Squire, M.D. No. VIII. London: 1865.
5. Occurrence of Pentastoma Constriction in the Human Body. By W. Aitken, M.D. 1865.
6. The Malformations, Diseases, and Injuries of the Fingers and Toes, and their Surgical Treatment. By Thomas Annandale, F.R.C.S. Edin. The Jacksonian Prize Essay for the Year 1864. Edinburgh: 1865.

ADVERTISEMENTS.

ESTABLISHED 1848.

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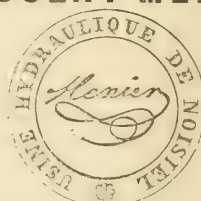
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NORTHERN BRANCH.

PRESIDENT'S ADDRESS.

By D. B. WHITE, M.D., Senior Physician to the Newcastle-on-Tyne Infirmary, etc.

[Delivered at the First Annual Meeting, June 25th, 1865.]

GENTLEMEN,—I thank you, at my earliest, for the honour you have conferred in electing me the first President of what I hope and fully expect before long will become a complete and general organisation of the medical profession throughout the whole of this populous and wealthy district, the Northern Branch of the British Medical Association. The parent body, the British Medical Association, has been in existence for more than thirty years, and numbers about two thousand four hundred members. Its objects, in brief, are the promotion of medical science, and the maintenance of the honour and dignity of the profession. It meets annually in some leading town, and publishes a weekly journal, which it transmits to every member, post free. The effect of any appeal from such a numerous and consequently influential body, must be necessarily felt when occasion shall require; and it only wants efficient organisation, with due discretion and unanimity, to be most beneficial, not only to the profession but to the public at large. There has been recently established, in connexion with it, a Medical Provident Society, offering many advantages to such as join it: this being entirely optional. I shall refer to this subject more fully at the conclusion of my address.

The Northern Branch was constituted at a meeting held here on December 1st, 1864, and the members have more than doubled since that gathering took place. The objects of this Branch are—the wider diffusion of the benefits of the Association; the drawing together, at stated intervals, and in certain localities, the enrolled members residing in the district; and the obtaining representatives in the General Council as well as in that of the Medical Provident Society. Only a few papers have been obtained for the present anniversary; but this arises partly from a want as yet of sufficient organisation, and partly from a general unacquaintedness by the members with the requirements of the meeting. Considering the number of our profession in the locality well acquainted with the diseases and infirmities of the workers in coal, iron, lead, earthenware, alkali, etc., I have no doubt that on future occasions papers will be produced that will prove both useful and interesting. The members have the power, and I call upon them to exercise it.

As this is the first gathering of the Northern Branch, I think it incumbent to give a few statistics. The district may be said to consist of the counties of Northumberland and Durham. The population of Northumberland in 1851 was 303,568, the medical men being 260, or 1 in 1,167; in 1861, it was 343,295, and there were 223 medical men, or 1 in 1,538; presenting the singular phenomenon that, whilst the population has increased by 40,000, the medical men have diminished by 37. Durham in 1851 had a popu-

lation of 411,679, with 291 medical men, or 1 in 1,451; in 1861, 542,125, and 335 medical men, or 1 in 1,618; being more in number, but less in proportion. Does the medical registration explain the anomaly? The Venerable the Archdeacon of Durham (Prest), in his last visitation charge, says that the population of Newcastle, Sunderland, Gateshead, North Wearmouth, and Hartlepool has risen in twenty-four years from 90,000 to 244,000. The Venerable the Archdeacon of Northumberland (Bland) lately stated that a parish in this town, which eight years ago had only 4,000, had now a population of 25,000. The district comprises the towns of Newcastle, North Shields, Morpeth, Alnwick, Sunderland, Gateshead, Darlington, South Shields, Stockton, the Hartlepools, Seaham, with Bishop Auckland, Barnard Castle, and several smaller places. Here is stage enough, at all events; the actors have only to do their parts.

Of Newcastle itself, in which we are now holding this our first assemblage, I believe it may be said, that few towns, more especially old ones, have increased so fast in recent times. In 1831, the population was only 35,181; whilst in 1861 it was 110,000. During the last thirty years, however, its advancement in all that marks intellectual progress has been almost unprecedented. To Richard Grainger much undoubtedly is due. He laid down mighty streets, erected lines of stately shops, and built within a town of blackened bricks a gorgeous one of stone-built palaces. A newsroom that is the admiration of every stranger, and a market that for elegance and arrangement has no equal, were alike the handiwork of that glorious house-carpenter. The head that wore a paper cap might worthily have borne a coronet. How many have been worn for less! Within this period, or nearly so, have grown up a Blind Asylum; a Deaf and Dumb Institute, with its noble home; an Antiquarian Society, with its museum, sheltered in what seems its appropriate resting-place, the venerable keep; the Natural History Society, with its collection alike interesting to the geologist and the naturalist; the Field Naturalists' Club, with its elucidatory excursions; and the Fine Arts Society, with its embryo gallery, diffusing cheap instruction to all who may apply. There are a Penitentiary, Ragged and Industrial Schools; and, independently of the medical charities and institutions to which I shall presently refer, several minor ones which I need not mention here. Gratuitous supplies of water may be obtained in various places; and free drinking-fountains are scattered about the town. There are also Baths and Washhouses, built by the municipality, granted for public use at rates at present entirely unremunerative. It has, however, also, beyond all other advantages, bequeathed to it from days gone by, an open moor, magnificent in its extent, more than 1,200 acres, over which the pure air may circulate uncontaminated by the impurities of a town, and upon which the greed of gain cannot lay a single stone. May it continue so—wild, untrammelled, and free! There are also the ancient Grammar School, illustrious in the worthies it has reared; and a Literary and Philosophical Society, with an excellent library, where lectures are frequently delivered in an admirable room enlarged and improved by the munificence of Sir William Armstrong. The subscription to this institution has been reduced to its members, by a bequest from Mr. Robert Stephenson, left for that purpose, in grateful remembrance in after years of the many advantages he deemed he had obtained from it in earlier days, when means were not as afterwards. We have extensive gas-works branching for miles into the outskirts, and waterworks drawing their supply from sources far distant from the town.

As the malignant cholera, from causes to be subse-

quently referred to, on its first appearance early forced itself upon us, our town and Gateshead soon became the theme not only of sanitary reformers, the value of whose investigations all of us must appreciate, but of medical theorists of every grade and kind. Small allowance was made for the fact that Newcastle was one of the most ancient towns in Britain, and built, more especially the places where the disease was most abundant, in times when sanitary knowledge was unknown; and that in other towns of similar antiquity, as York and Chester, where alone such ancient tenements as exist here are found, peace reigns triumphant, and the bustle of business, with its concomitant riches, is eschewed, as obstructing on the harmony and quietude of dignified retirement. But what do we find here? These wretched places, crowded to the roof—and the more crowded, the more the owners' gains; tenanted too often by a reckless population, the largeness of whose earnings only adds to their demoralisation, and makes the very wealth diffused injurious from the evils it engenders. Whilst the eye of authority looks on, things are at their best, only to relapse into apathy and pristine habits when supervision is withdrawn. What can be done, short of sweeping all away? Attend to a quotation made by Lord Shaftesbury from a Report of the Lodging-house Committee, drawn up by Dr. Trench; and this, too, referring to that centre of grandeur, the seat of Royalty and the Court, the great Metropolis itself. "When Wild's Court, Drury Lane, London, was rendered habitable by the Labourers' Friend Society (they pulled the houses down, and rebuilt models), the vermin lay beneath, swarming in living masses in layers two or three inches thick; and the well known insects ejected from the houses amounted to at least a ton in weight." Little allowance, I say, was made for the facts to which I have above referred; but the prominent object of attack was the Water Company, for that they took from the river, above the town through which it flowed, a part of their supply. Now, although the pumps were only used when the tide rendered the stream favourable for the abstraction, and the water underwent filtration, no one will contend that such a source was the best of all possible for domestic purposes. Not that contamination existed from such a cause, for it was above the reach of the pollution; and the chemical analyses of Richardson and Hera-path confirm this fact; but the very idea of contiguity was repugnant and disgusting. The new company, established in 1845, have for many years removed the pumps some miles higher up the river, and have, indeed, only resorted to this supply when the increased demand for manufacturing and other purposes, almost unprecedented in the time, rendered all other sources absolutely inefficient. It is against exaggerated statements, unsupported by facts, that I am here protesting; and, therefore, I for one was gratified when Government, startled by the various representations made, after the third attack of the epidemic, in 1853, sent down a commissioner especially to investigate the matter. When he arrived, with a proper and gentlemanly courtesy he at once intimated his purpose to the company; and the secretary, Mr. Maine, was deputed to accompany him through the town, and to show him impartially the localities supplied from the works, and those deriving from other sources. In a letter addressed to me, subsequently printed, and which I read in 1853 before the Medical Society of this place, the results of this investigation were simply stated; and these were also embodied in a communication to the *Times* by the same gentleman, neither of which ever elicited a contradiction from the commissioner sent down.

It is, of course, quite impossible to enter into specific details here; but it may be stated, that these conclusions were entirely adverse to the anticipations of the speculative. Greenhow Terrace, in the township of Elswick, supplied entirely by a stream that flows uncontaminated from the hill above, presented a greater malignancy than any locality receiving the water from the works. This finished the inquiry; the commissioner declared the examination terminated; and here closed the Government investigation of 1853. In 1845, the supply was 700,000 gallons, or $\frac{7}{8}$ gallons per head; now it is 5,000,000 gallons, or 30 gallons per head, of which 8 gallons per head are for manufacturing purposes. The reservoirs cover 143 acres, holding 530,000,000 gallons. The water is raised to the highest buildings; and when it is considered that the source is 360 feet above certain of the localities supplied, although the pressure may be diminished by friction along the pipes, or divided by scientific ingenuity, yet to him who understands the question, and who takes into consideration the constant supply—that there is a bursting pressure in some places equal to that in a locomotive boiler, or more than 100 pounds per square inch—with the labyrinth of pipes and taps, both great and small, the wonder is, that the element can be so efficiently controlled.

The medical institutions of the town keep pace with those for other purposes. An excellent Infirmary was opened in 1751, and has been enlarged and extended since, with 180 beds; but 230 can be put up. It is a handsome building, open to the south, well drained, and well ventilated on a novel principle that answers admirably—the work of our late eminent local architect, Mr. Dobson. Along with the other baths, there is a Turkish one, on the plan of Dr. Bolton of Leicester, which acts efficiently. There is also the Dispensary, most extensive in its operations. An epitome of last year, from Dr. Arnison, makes patients by letter 5,074; casualties and slight cases without recommendation, 7,327—in all, 12,401; total admitted by letter since commencement in 1777, 187,781; total cured, 165,086; total casualties treated, 355,570. There are also a Fever House, an Eye Infirmary, a Lying-in Establishment, and a Hospital for Children. There is besides a Medical and Surgical Society of upwards of a hundred members, meeting at fixed periods in the Infirmary, to read papers on suitable subjects and discuss them, to communicate respecting prevailing diseases, to hear reports from the neighbouring localities, and to inspect pathological specimens sent in. It has been of great service in bringing members together from various parts, and reconciling differences. It publishes its transactions. There was established in 1834 a College of Medicine, in connexion with the University of Durham, having thirteen chairs and nineteen lecturers; the average number of students in the winter session being fifty. The University grants the degrees of Licentiate in Medicine, Master in Medicine and in Surgery, and Bachelor and Doctor of Medicine. The Durham University sends as a representative to the Medical Council their Reader in Medicine—Dr. Embleton of this town, who is, conjointly with Dr. Charlton, Lecturer on the Practice of Physic in the school.

I have now to speak of an institution just established—the Prudhoe Convalescent home—named in memory of one whose acts added honour to his great rank, high as that was, and whose magnificent charities have rendered the time in which he lived and died an epoch in the north country never to be forgotten. He made even democracy respect aristocracy in his person, and showed by his example how simplicity may and does accompany real nobility

of character, and that it is not essential to true dignity to guard against obtrusion by resorting to exclusiveness or retreating into seclusion. The idea of a seaside residence for the sick poor originated here—I believe with Dr. Heath; but to the energy, perseverance, and business talent of our Secretary (Dr. Philipson), the Rev. J. Lintott, Mr. J. Taylor, and a few other public spirited gentlemen, is it owing that this institution has known no infancy, but has sprung at once into maturity. It is connected with the Infirmary, and receives patients thence, selected by the medical staff; as also suitable cases on the recommendation of the subscribers, which latter need not be connected with the Infirmary. When it is not full, respectable sick poor are admitted at seven shillings per week. The fund is also appropriated to furnish food, wine, etc., to such parties as, on leaving the Infirmary, are unable temporarily to earn their own support.

In naming Dr. Philipson, I think it would be injustice not to state that to his continued and unvarying exertions it is, in a great measure, due that, instead of being scattered over an extensive district in unimportant units, we are collected this day together in accumulating numbers to constitute the Northern Branch of the British Medical Association. Personally, I have also to thank him for much of the information scattered through this address. I do trust, further, that the table of zymotic diseases he has initiated and circulated periodically among the profession here will prove an extensive benefit; and that the inducing of municipal interference, by drawing attention to the Gateshead fever cases, is a strong proof of the value of such inquiry, and of the advantages that would result, were the system fully and fairly carried out. In every populous place, and indeed over every extensive district, a medical superintendent should be an essential; and, if the coroner were always a medical man, and more of an inquirer and less of a judge, these two offices might be embodied, and such a salary granted as would attract the best educated and most scientific members of the profession, and thus allow them to devote exclusively to their task their talents and their energy. To offer a miserable stipend for duties which it is impossible to overlook, requiring kindness and skill, or to put up a medical office to the lowest bid, is to offer a premium to neglect and incompetency. Give what will obtain talent and character, and let the competition be—the fittest. Then would be shown how completely charity and active humanity are enlightened self-interest; and that, to guard the enemy from entrance to the mansion, we should stop him at the miserable hovels of the poor. The community would be well repaid, too, not only in having pointed out, and consequently removed, noxious influences and annoying nuisances, but various burdens, entailed in profiting the few, but falling on the many, would be brought into the light of day, and, fully seen, would doubtless be corrected. Could some Act like Lord Campbell's be brought to bear against the owners of those wretched tenements, who set at naught all sanitary laws, and poison that their gains may be the greater, a few inquests, with damages against these wretches commensurate with the injury inflicted, would do more to remedy these ills than all the efforts of philanthropy, and speedily correct the evil. Our efforts to place one of our body in the vacant coronership of South Northumberland will, I trust, have met the expectations of the profession. We were unsuccessful, although an excellent candidate presented; but obstacles existed that may never occur again. The notions of the duties of a coroner were most limited, even among those otherwise the best informed. The chief competitor

had long acted as deputy to his predecessor, was much respected, and, above all, he was a lawyer. In consequence, the whole fraternity adhered to him with a pertinacity worthy of a better cause. Legal assistance was not to be obtained by the medical candidate; and we were thus deprived of the information and organisation, so essential in a public contest, which lawyers alone could give.

To the medical world, our immediate locality, Newcastle and Gateshead, must be interesting as having, with Sunderland, doubtless from their contiguity and commercial intercourse with affected places, the dubious honour of being that portion of the kingdom selected by the malignant cholera for its earliest visitation. Well do I remember, on the morrow of the Christmas Eve of 1831, after the customary night of dissipation among the dwellers of that town, the call of alarm by the authorities of Gateshead to the profession here to join their own in the effort to oppose the deadly plague so suddenly burst in upon them. Within about two months before, both here and in Sunderland, individual cases had occasionally occurred, inducing great excitement and alarm; and it is singularly in support of the opinion that contaminated goods were influential in the introduction, or more probably in the aggravation, of that scourge, that two of the earliest cases that occurred in Newcastle were, the one the warehouseman of a corn merchant, whose avocations would necessarily take him among the grain; the other Oswald Reay, an engineman in an extensive ropery, whose dwelling was only divided by an interior wall, in which his door was placed, from an enormous store of hemp, through an avenue of which I had to pass to reach the room in which he lay. This last is presumed by some the very first case that occurred within these isles. (See Mr. Clephan's admirable little work, *The Three Warnings*; of which more hereafter.) His cry of agony in calling on his friends to soothe his dreadful cramps, "Rub me, rub me", in that falsetto voice so characteristic of the disease in its severest form, heard then by me the first time—perhaps the first wall of the disease ever heard within the kingdom—I never shall forget. All was over in a few hours. This took place on the 27th of October, 1831. It was one of the most fearful cases I ever saw. Both these men, therefore, were within the influence of products brought, in all probability, from parts in which the pestilence was raging at the time. Here, then, we have the disease first presenting itself in positions in which it may be fairly presumed that this deadly influence, whatever it might be, had been more fully concentrated, yet still wanting in the power to diffuse itself more generally. By the Christmas Eve, in Gateshead, the predisposition probably increased by the customary orgies of the night, the effect was such as to act upon the masses and form an epidemic.

That immediate personal communication is not essential to the origination of the disease, but that it may be imparted by the clothes or persons of individuals not themselves affected, I have no doubt, and herewith state an instance. During the first outbreak, when the disease was raging in a village thirteen miles from Newcastle, a lady, unknown to all else there, in excellent health, secluded herself in her rooms, and only saw the inmates of the house who waited upon her. All of these escaped, whilst she was seized and suffered most severely.

That contagion, however, will induce it, is quite as certain, as the case I will now detail proves most uncontestedly. When the North British Railway was being laid down in 1845, the disease appeared among

the workers on the line at Kelso, about ninety miles from Newcastle. Not a case existed here nor in the neighbourhood at the time; nor, I believe, between this and Kelso. In his alarm, one of these workers set off at once to Newcastle, where his family resided. The home to which he fled was light, airy, cleanly, lofty, well drained, and well-ventilated, forming a portion of an excellent modern house, and in one of our widest and most spacious streets. Two days after this man's arrival, being unwell, he sent for Mr. Gregson, who, from his great experience at home and in the East, at once detecting the malignant cholera, took me to the case. In thirty-six hours, the man died, having previously communicated the disease to his mother, a strong and healthy woman, who absolutely sank before himself. A brother and a sister, also residing there, were similarly attacked, but recovered. The disease now ceased here, not another case occurring in Newcastle.

Dr. Chapman denies the influence of contagion or infection, excepting under a morally depressing cause, as fear. In the beginning of the epidemic of 1831, I thought so too; but experience convinced me of my error. Depressing causes undoubtedly have an injurious effect; and it is quite impossible for those living in the midst of the epidemic, and witnessing its results, not to suffer by them more or less. I have, however, seen too often among nurses and assiduous friends, in otherwise uncontaminated places, and unaffected by this cause, as far at least as human beings can be, the pestilential consequences from the presence of an affected person, whether from the breath or otherwise, to have the smallest doubt upon the subject. Not that I believe mere contact so malignant; but to breathe over and over again, even in a ventilated apartment so contaminated, however pure the air outside, must necessarily be attended with the greatest risk. Take the instance of this young man's case. His family were well off; the mother displayed no fear; the brother and sister were no more depressed than others would have been; and they might have left the house, had they so willed it, but remained, to be struck down. It is interesting to speculate upon what might have been the case, had their home been one of the unventilated undrained tenements existing in this, as in all other of the oldest towns, and tenanted by the dirty, the drunken, the demoralised. Would it have become an epidemic like those of 1831-32, 1849, and 1853? It might; but I think not. Probably, as measles, scarlet fever, small-pox, etc., mysteriously flash out, and still more mysteriously disappear, so would it have been here. To induce those mighty epidemics that desolate a world, there must be something more—some great pervading influence, that science only knows from its effects.

Will antidotes be ever found to counteract these deadly poisons? Confident in man's progression, I feel that there will. Until then, whatever be the treatment for the stricken, as well as for the sound, there must be superadded, above all and beyond all, a thorough ventilation, so as to dilute into innocuousness what is too subtle for analysis, but which may thus be seized upon and destroyed.

The Gateshead outburst produced a general consternation, and terror reigned in every household. The journals, general as well as professional, took up the cry; and exaggerated reports were circulated on every hand. Even a leading medical periodical, affected by the moral epidemic, astounded its readers by presenting to their gaze a coloured print of a patient in the disease, the tinge of whose skin was the blue of the willow-pattern plate. I never saw it deeper than a leaden hue. As the malady proceeded, doctors poured in from every land, as well as

from all parts of our own—generally daring, intelligent, inquiring men. Some, however, were theorists and enthusiasts, and so zealous in carrying out their systems, that, having charge of the Gateshead Cholera Hospital in those times, I was compelled to put restrictions on their entrance, to relieve my patients from the energy of scientific exertions so well meant, but, unfortunately, so often misapplied. At first—for then premonitory diarrhoea was rarely present, or, if it were, so sudden, so violent, and so short in its duration, as to preclude precautionary treatment—all remedies were admittedly alike in vain; but, as the malignancy of the disease abated, they cropped out in abundance, patronised and belauded, only to prove, when the pestilence developed itself elsewhere in its primitive malignancy, as efficacious as their predecessors had been. Probably it would be difficult to point out any plans of treatment now, that would be likely to prove more efficacious than those adopted then. Speaking for myself, I would probably confide in Nature more, and in brandy less. But, when the nerve is touched, a cordial is restoring; and no doubt a stimulant, opportunely and prudently administered, has oftentimes averted an attack both of cholera and fever. Chlorodyne—a preparation introduced since then—has been recently recommended; and, from what I know of it and of the disease, I think it likely, in certain stages, to be found beneficial. Our experience would certainly be serviceable in some respects. We should not now, as then, interdict in moderation ripe fruits, fresh vegetables, and sound and wholesome fish. We should not, when our poor patients were maddened with thirst, deny them the delicious draught of water, as we were told to do by medical authorities in India at the time. Our common sense soon put aside this absurd and cruel recommendation; so much so, indeed, that Dr. Shute, soon after the first outbreak, published a work recommending what was called the cold-water cure, the chief object of which was to point out to the profession the beneficial effects of cold water in abundance. For myself, from the beginning, knowing that the stricken died alike whether water was given or kept back, I allowed it freely, feeling a full confidence that Nature would never have produced a desire so terribly intense, only to prove an injury and a curse in its gratification.

In preventive measures (for, in guarding against the disease, on these must almost everything depend) I really know not what we did not do that has been recommended since, that was consistent with the materials we had to work upon—an old ill-drained town, with its filthy unventilated tenements, crowded from floor to roof with the lowest labourers from a manufacturing and commercial neighbourhood, and with tramps and vagrants of every kind. After all, it was no worse than other towns similarly situated; but, happily, these are few, and the defects as much of the times as of the place. What was done? We removed offensive deposits; cleaned, whitewashed, and ventilated as far as possible, the miserable tenements and their passages; cleaned out and flushed the sewers where they existed; overlooked and prevented crowding in the low-class lodging-houses; and established, in the districts affected, hospitals with, what is rarely seen even now, numerous and well-paid officials, both medical and otherwise.

As for prophylactics, as far as the profession is concerned, I can speak decisively, having been mainly instrumental at this time in calling a meeting of our body of this town and neighbourhood, in which the following measures were adopted, and subsequently carried out, with effects most strikingly beneficial. The town was parcelled into districts, of each of which one or more of us took charge, visiting from

house to house the most affected parts daily, or oftener in emergency, carrying along with us the appropriate remedies; also establishing depôts, where these could be obtained on application, with the necessary directions for their use. The danger of allowing the premonitory diarrhoea to continue unabated, and the safety that resulted from the precautionary treatment, were fully pointed out; also the necessity, for the security of all, of checking it in the individual; and every warning was given consistent with not engendering an alarm more prejudicial than the caution. I know no instance in my experience in which medical exertion proved so unequivocally beneficial; for, notwithstanding that at that time the attack was almost universally ushered in by premonitory diarrhoea, in not one case in scores—may, I may say, in hundreds—so treated in the Byker District by myself and my late friend Mr. Parr, did the disease appear in its intensity; whilst several others in the same locality, similarly premonished, who neglected the precautions, suffered even mortally.* We provincials of the profession are sometimes rather unceremoniously used, when the medical Leviathans of the metropolis have run into a groove which chance may have led us to enter in before them. Some government professional officials, high in authority, in recommending similar precautionary measures on a future outbreak, took great credit for their initiation, although they had been adopted here years before, as the local records of the day will testify.

As I said before, at the first outburst, and in occasional cases afterwards, the patient was struck down at once. The overwhelming rice-water evacuations and constant vomiting; the agonising cramps; the cold, clammy, pulseless wrist; the puckered fingers; the leaden hue; the husky whisper, or falsetto voice; and lastly, in my opinion the truest diagnostic sign of the real Asiatic cholera, the absence of the urine—even from all these recovery might ensue. But, although even here relief might be afforded to the cramps, etc., I never could take credit to myself that any remedies I had given were instrumental to that end. Consecutive fever almost always followed in its course, leaving to the survivor, if unfortunately such should be his fate, too often a life of suffering—the broken and shattered constitution. The most extraordinary effect I ever witnessed from any remedy, or in any disease (temporarily, and unfortunately only temporarily), was upon a case similar in all its deadly symptoms to those I have just described. A little sailor boy of fourteen or fifteen was lying cold, pulseless, dying. Mr. Bennett of Gateshead threw into his veins the saline solution of Stevens. In a moment afterwards, to our amazement, he sat up in his bed, laughed, chatted, promised his nurse a gown for her attention, gradually sank down again, and was dead within an hour. May not vitality have been the more quickly spent? At all events, he had been again among the living. When we draw from the water the body of the drowning or the drowned, were we to place it in a favourable position, that struggling functions might be free to act, remove as far as possible all impediments to returning vital action, surround it by a suitable temperature, and leave the rest to Nature, who can say that we give not a chance as great as if the scientific processes of Marshall Hall and Silvester had been fully carried out? Nature, in her mysterious agency, bears dependent her salutary reaction—slower, it may be, but perhaps the surer. The spark which the gentlest breath extinguishes, if left alone, may

kindle into flame. The difficulty of our profession is, and ever has been, the drawing from results the true deduction. An apopleptic is bled, and he recovers; an apopleptic is not bled, and he dies. Would the former have recovered, had he not been bled? Would the latter have died, if he had? Who can tell what would have been, had things been otherwise?

In concluding these remembrances, I feel I cannot do it more effectually than by quoting a few sentences from Mr. Clephan's excellent little work, *The Three Warnings*. Although not a medical man, he has brought his common sense to bear, employed great investigating power, and looked upon the visitation with the eyes of a philosopher. He has traced the pestilence from place to place, almost from house to house, and tracked the poison in its path of filth and desolation. He who would study the first inroad of that mighty pest should obtain the work, if possible; for, overlooked and neglected, the author has found the only recompense for his important but self-imposed task—the consciousness of a noble effort. Hear what, he says, after thorough and searching investigation, are the conclusions at which he has arrived. "The cholera would never be epidemic among us, were our habitations not impure." Also: "The clean, well-ventilated, not over-crowded portions of New Gateshead were a land of Goshen in 1853, where there was neither death nor disease, whilst all around was infection and mortality; and so likewise, were a whole town pure and wholesome, it would, under the blessing of Heaven, be free from epidemics." Once more: after mentioning examples where the disease was raging among dirt and impurities of all kinds, moral and physical, he adds: "These facts are important as evidence that the cholera is not a disease of our large towns alone, or even principally, but is engendered also in our villages, and with equally destructive consequences. Bourne Moor and Lamesley were as severely scourged in 1849, as were Newcastle and Gateshead in any of the three epidemics."

I can endorse these sentiments in the main; and, considering the malignant cholera an exotic, believe that, it will never originate spontaneously among us here; and further, that, were it even introduced into localities where the ordinary sanitary precautions could be, and had been, effectually carried out, it would never fructify into an epidemic. Nevertheless, even as things are at our present, seeing what I have seen of this mysterious malady—striking here and sparing there at one visitation, and, under precisely similar sanitary conditions, reversing this entirely at the next—I would not have Mr. Clephan to rely too implicitly on the exemption of his favourite New Gateshead, lest he might find, unhappily, in some future outbreak, his land of Goshen turned to a place of pestilence, and Gateshead, with its abominations, escape scot free.

Peace, the handmaid of every good, showing to nations that the greatest prosperity to one must be the greatest prosperity of all, however partial interests may interfere, stimulating to human intercourse, is advancing daily civilisation and refinement. The intellectual enterprise of the greatest peoples is turned at this time to the mightiest and most important, probably the most difficult task, that sanitary reformer has ever yet encountered—the removal of all decomposing matter; the passing it through the disorganising changes to its elements, to fructify the earth, without polluting the atmosphere and annoying the senses: not by pouring the excrementitious matter into the streams that flow past our dwellings, turning what should be a diffuser of freshness, enjoyment, and luxury, into filthiness and pollution; but by conveying it at once to where

* Colomel and opium pills, with rhubarb and ginger powder, were what we found to prove so efficacious.

the latent germs only await its presence to fructify into abundance.

One of the greatest impediments to social progress in these islands is the national taste for intoxicating liquors, especially among the lower classes. Refinement among us spreads downwards; and, as fashion governs this wealthy land even to its lowest depths, and as a gentleman no longer habitually intoxicates himself, the habit of moderation gradually spreads to those below. The results of Mr. Gladstone's wisely concerted measure, the reduction of the duty upon foreign wine, have met the reasonable expectations of all those who fully considered the great difficulties to be encountered in changing a taste that had been fostered and encouraged for so many generations. Already the lighter wines of France, Italy, Spain, Germany and Hungary have found their way, in every variety, to the tables of the middle classes. Some admirable papers on these wines, from the hands of Dr. Druiitt, have appeared in the *Medical Times and Gazette*; and, as he has collected them into a small and cheap volume (price half-a-crown), and as he has treated the subject medically as well as generally, I think that all of us should have it in our libraries. These wines abroad are, as we all know, habitually drunk in the family circle; and I am inclined to think the accustoming the palate to these more delicate drinks, instead of leading to the use of the stronger, coarser flavoured, and more intoxicating stimulants, gives rather a disgust and a distaste. Frequently, abroad, these wines are drunk with water or water aerated. Macon and water is the favourite at the higher tables in France; and I feel quite sure that, if the ladies of this country knew what a delicious beverage a mixture of these light acid wines, clarets, Burgundies, etc., and the *vin ordinaire* at fifteen pence per bottle, made with the common clear lemonade sold in our shops at a penny farthing the bottle, they would introduce it at once into their families, for their children and themselves at least, as affording an exquisite and salubrious drink, alike pleasant to the palate and beneficial to the health of the young. If Dr. Druiitt or some other able writer would satisfy himself on this score, and, on doing so, draw public attention to the subject, he would do more for the introduction of these wines into these kingdoms as a familiar and domestic beverage than the Chancellor of the Exchequer himself, and would be deserving the very highest reward. He says that no natural, no uncooked wine, is ever higher in alcoholic strength than 18° to 20°. No female or child, excepting under medical advice, should ever taste it stronger; and I do trust the time is fast approaching when the brandied products of Portugal and Spain shall be banished from our tables.

Nothing, I conceive, shows more clearly our advancement, nor the benefit derivable, and chiefly by the poorer classes, from the combination and organisation that civilisation accomplishes, than what is effected in those gigantic eating-houses recently opened out in Glasgow and in Edinburgh, furnishing first-class cooked food at prices which, to the uninitiated, seem absolutely incomprehensible. At the Sinclair Rooms (and they are ennobled by the name of the originator), a dinner of soup or broth, meat with potatoes, and plum pudding, can be had for 4½d.; nothing for attendance. At an eating-house in Waterloo Place, Edinburgh, a dinner of soup with joint, vegetables, with sweets, and bread and cheese, costs 9d.; without the luxury of sweets and cheese, 7½d.; nothing for attendance. A gentleman told me that at the same place he had a basin of hare-soup with bread, cold beefsteak-pie, with potatoes and turnips, for 7½d. There was a choice in the soups of

brown, ox-tail, and kidney; and he might have had roast mutton or roast beef in place of the beefsteak-pie. Attendance nothing. Not all the marvels of the steam-engine, with its steamboats and locomotives, the railway, gas, photography, electric telegraph, or anaesthetics, seem to me more indicative of advancement than these establishments are. The progress of civilisation and science is, in fact, more beneficial to the poor than to the rich; for it equalises the advantages. No class benefits more by the machinery that supersedes labour, than that of the labourer himself, at last. Sometimes, however, the evil of initiation may last the generation; but that generation, unfortunately, the only one in which he has an interest. Could not this be looked to?

In speaking of anaesthesia, I feel it my duty to refer to an operation originating here with Dr. Wm. Murray of this town, and which, as I believe, does honour to the locality. I mean the one for compressing the internal vessels in deep-seated aneurisms, for periods that could be borne only under anaesthetics, until the circulation ceases in the part; until, in short, the aneurism is cured. Dr. William Murray operated on a middle-aged man, a pavior, in April 1864. The patient had aneurism of the abdominal aorta; the tumour lying opposite the third lumbar vertebra. Pressure was applied under chloroform between five and six hours. The aneurism was completely blocked up. The patient had an epileptic fit in October 1864; but is now quite well and at work. Dr. G. Heath, assisted by Dr. W. Murray, and in the presence of Drs. Taylor and Gammage of Sunderland, some time afterwards, at that town, operated on a basket-maker, who had a large inguinal aneurism. Pressure was made on the aorta under chloroform from 9.30 A.M. till 7.30 P.M. Pulsation entirely ceased in the aneurism; the swelling was gradually absorbed; and the man is now quite well and at work.

Nothing shows me so completely the progress of medical education, as my experience of the parties I have been called upon professionally to meet in the various outlying districts within the last thirty years. Now I see a well-educated man, perhaps an *alumnus* of our Newcastle School, or a former pupil of our infirmary. He is cognisant of all the medical topics of the day; he can, if need be, tell you the morbid changes of the urine, or discuss the signification of some auscultatory sign. He can converse on passing occurrences abroad and at home; he shows himself a gentleman; with possibly as much of scholarly acquirement as the laborious occupations of a country practitioner gives him the leisure to cultivate and keep up. How was it when I commenced my visits to these parts, as I have said, now thirty years ago? I met probably a shrewd hard-headed man, with little or no elementary medical education whatever; his knowledge being derived from a practical experience picked up in hurrying by day and by night from one sick bed to another, probably miles of uncertain roads asunder, with few books, and without the time, perhaps without the inclination, to read even these. The little glimmering of professional knowledge he had gained, served rather to confuse than to guide him. There was no British Medical Association in those days, sending post-free to hand, even to the remotest districts, swifter than the swiftest horse, a journal laden with the latest professional information, gathered from every quarter, on payment of an annual guinea. The habits of the man were generally social; probably too much so for his patients or himself. Can it be wondered at? Look at the life he led, and the customs of the times. Take a common case. He was called to a distant cottage, comfortless and unfurnished, perhaps from his bed

at night, and compelled to wait till Nature acted. Too far from home to leave, he must face the wearying hours; and, in such a place and in such companionship, need we be surprised that too often the whiskey-bottle, always prominent on such occasions even among the poorest, should soothe the time away? Was it better among the class still higher, the farmer or the small proprietor? No; for here he was among his friends. Here he found, after mirth and jollity, an accommodating and convenient home. He was a Hamiltonian, and purged accordingly. The liver was the grand offending organ, and the alvine excretion the general indication of future treatment; not that it mattered much, for, if the evacuations were light, mercury was necessary to restore the bile, for lightness was deficiency of bile; and if dark, it was equally necessary to carry off the excess. How strange it is, the tendency that medicine has at certain periods to throw on special organs every good or every evil. One time the brain, at others the spine, the stomach, the liver, the womb in females, and even the teeth! Latterly, the skin has been gaining an ascendancy, and its habitual stimulation by temperatures unknown to Nature in her hottest moods has been deemed advisable, as conferring the highest vigour and enjoyment; but I cannot bring myself to think, however prone certain maladies may be to fix on certain organs, but that, in ordinary health, the undue excitation of any one of them, and that too in the very ratio of its importance, must in the long end prove detrimental to a well balanced organisation. Great talent concentrated by enthusiasm on a cause makes powerful special pleading. Time and experience, however, balance all. The budget of remedies is added to or diminished; they take their places in the list; and they find their level accordingly. To recur to the country practitioner of other times; he believed that inflammation was the root of all diseases. For this he sought in every case, and seldom ceased until he found it. Then out came the lancet. Collapse perhaps ensued; but when the hour of visit had recurred, the pendulum had again swung back, reaction had set in, and once more the little deadly instrument was in his grasp. The records of bleeding in that day were frightful. It was not only a remedy in sickness, but a resource at certain seasons; and to pass the chosen season without a loss of blood, was by many deemed a gross improvidence, and the casting aside a safeguard for which they would suffer afterwards. Armed with this potent spell to explain the meaning of diseases, inflammation, the practitioner of those days bled, blistered, purged, and starved; gruel and barley-water being the only diet. In that little word diet, how much in the present day remains yet to be done! Who will give us a treatise on diet in disease and in recovery, where vitiated or altered secretion may demand the altered pabulum? Who will explain to us how it is that a piece of cheese, a red herring, or a lobster-salad, shall stay upon the stomach and be digested, whilst the food of the dietarian, innocent and pure, shall be rejected with loathing and reproach? Whoever changed, he stuck to gruel and barley-water; and these, with bleeding, blistering, and purgation, were the panacea. The grand antidote consisted in calomel and Glauber's salts. If the malady resisted these, it was beyond the reach of art; and if the patient died, he died of the disease; and if he recovered, he was cured by the doctor. That exquisite humorist Molière, in his *Malade Imaginaire*, with that characteristic respect for the profession that ever distinguished him, has given a medical examination, developing opinions, that really so little exaggerate those of these fossils of a day gone by, that I feel

sure you will excuse a short quotation here. How strange that in another land, and that, too, distinguished for its civilisation two centuries ago, these practices should form the theme of public satire, and yet survive the ridicule till almost now! The reaction here, however, has now fully set in. May not the pendulum be swinging to the other side? Our rural brethren had also practices superadded, which have escaped the lash of Molière. Every prominent symptom that presented, no matter what it indicated, was at once knocked down. If hæmorrhage from engorgement of a lung set in, it was checked; if a vomiting or a diarrhoea in a congested brain, it was arrested; if a bleeding at the nose, with every threat of apoplexy, it was stopped; and if a running fistula in the last stage of consumption, it was operated on and

* The parties speaking are—the President, the examining Doctors, and the candidate. After the President's address, the examination begins.

Primus Doctor.

Si mihi respondent doctus Præses,
Et tanti docti Doctores,
Et assistentes doctores,
Tressavanti Bacheliers,
Quem exitum et honorem
Domitabile causam et rationem, quare
Opium facit dormire.

Bachelierus.

Mita à docto Iovete
Domitabile causam et rationem, quare
Opium facit dormire?
A quod respondeo?
Quia est in eo
Virtus dormitiva.
Cuius est natura
Sensus assopire.

Præses.

Bene, bene, bene, bene respondere.
Iovetas, doctores, assistentes
In nostro docto corpore,
Bene, bene respondere.

Secundus Doctor.

Cum permissione Domiti Præsides,
Doctissimi bacheliers,
Et totius huius nostris docti
Compauis assistentis,
Domitabilem, docti Bachelierus,
Que sunt remedia,
Quæ in Maladia,
Dittæ hydropisia,
Convent facere?

Bachelierus.

Clysterium donare,
Footæ reargare,
Eusuta purgare.

Præses.

Bene, bene, bene, bene respondere, et.

The same answer is always given by the candidate until the

Quintus Doctor.

Mais si maladia
Opuiatria
Non vult se garire,
Quid illi facere?

Bachelierus.

Clysterium donare,
Pistocæ signare,
Lusuta purgare,
Reseignare, repurgare, et reclysteriare.

Præses.

Bene, bene, bene, bene respondere, etc.

Permission to practise is given to the candidate.

Præses.

Ego cum isto homine
Venerabili et docto,
Domitabilem concedo
Virtutem et puissanciam
Medicandi,
Purgandi,
Sanguinandi,
Piscicandi,
Lusutandi,
Footandi,
Et ceterum
In hac parte tibi potest.

And he comes to the end of the examination, and says,

Vive l'art, vive l'art, vive l'art,
Nunc est tibi, nunc est tibi
Mille, mille annis et manget et bibat,
Et seignet et tuat!

cured. The result of such treatment may easily be inferred. As we know that in disease every excretion, every eruption, or even every spasm or convulsion, may prove a derivative and a benefit, and only injurious when it passes into excess, the effects of this constant interference may easily be judged of. A consultation, as far as the practitioner of past days was concerned, consisted generally of his description of the disease, and the remedies with which, time after time, he overcame the various symptoms as they arose, until, at length, the resources of the art exhausted, after all and in spite of all, the patient was, as I should find him, worn out, dying—and hence the aid required. Nature was exhausted on all occasions; and the debility engendered by the malady was aggravated by the treatment undergone. Peace to their memories! They did their best, according to their light; and passed an industrious and most laborious life, too often amidst toil and privation, in the conscientious belief that they were alleviating human suffering and benefiting their fellow-men. They, however, spread vaccination through their distant wilds wherever they were allowed; and if they were the means of hastening occasionally some poor confiding mortal from the nether world, they made some compensation by bringing a mightier number in.

Ere I finish, I would, as promised, say a few words relative to the Medical Provident Society in connection with the British Medical Association. The object is to enable certain duly registered medical practitioners, assisted by philanthropic persons in or out of the profession, to provide by mutual assurance for sickness or casualty which shall disable them from following their occupation. I heartily approve the object, and think the scheme well suited for the purpose. I need not enter into details, as every member of the Association has been furnished with the tables. The premium is the lowest possible consistent with security; and to concentrate all the benefits possible upon the ordinary members, there are superadded honorary members, as alluded to above, donors of ten guineas or more, who may or may not be of the profession, but who, if not, cannot obtain office or have a voice in the management of the Society. Considering that this gift confers the right of voting and the eligibility to office for life upon the medical honorary member, to such as can give—and there are many within the limits of our district—I really know not how such sum can be laid out with a surer prospect of unalloyed utility, nor one more likely to confer satisfaction and consolation to the giver than this one offers. How many are there who, having safely reached the shore, have now the power to cast their aid to those who still are on the waters! To such as know the profits gained by those great associations of capitalists, the leading insurance-offices of the day, as shown by the costly advertisements periodically appearing in the newspapers, it is quite superfluous to point out the benefits that must accrue to the contributing member, when it is considered that to the ordinary advantages of an insurer he joins that of a shareholder. It only wants support to become a mighty good. To illustrate loosely, it may be stated that a medical man of 28, who would insure for life to obtain £2 per week in sickness and disability for twenty-six weeks in any year, and £1 per week afterwards under certain limitations, pays £4 *per annum*; to insure to only 65, £3. To all this I would earnestly call the attention of our members, especially of our younger ones, and still more especially of such of them as with light purses have young ones clinging round their knees. Two pounds a week when there might be little coming in, would

be a ray into the darkness; for there is gloom in the household when the bread-winner is on his back. Two pounds a week would more than obtain a first-class assistant, to keep together in the time of exigency what thrift and anxiety had gathered, or save from being scattered what may never be regained. Let no young man, proud in his talents, and acquisitions, assume to himself that success must always be the attendant on desert. This may or may not be. There are things to be done, and things to be not done; and there are modes of not doing things seeming to do them, and of doing things seeming to not do them. Some cannot acquire this art, others will not. By joining this Society, the medical man will, or at least he should, save many an anxious hour; and when he reflects on the aid which some have given without participating in the advantages, he can solace himself with the determination that, if brighter times arrive to him, he will do likewise.

In concluding my address, gentlemen, honouring our profession as I do, believe me I estimate the situation in which it has placed me; and, without repeating the too common boast of the extent of our charity in gratuitous attendance at the various medical institutions (for I think much of this might be consistently omitted, seeing that it may originate in motives not altogether philanthropic), I still believe that in no profession is so much exertion taken, without the chance of a remuneration, as in our own. Some of our body, situated in contiguity with the dwellings of the poor, scarcely know a night of undisturbed repose. All honour to them, for slight is often their reward. To all of us, however, in whatever rank, there are duties that specially belong to us—duties we should not evade. Callous must his heart be, who, seeing as he must the strugglings that surround us, can walk through life without an effort to relieve what he must know he can relieve the best; and certain it is that all of us must feel that every week—nay, every day—even in the midst of a laborious profession, there are miseries we should strive to lighten—afflictions we should endeavour to ameliorate. The day, I trust, will soon come when, among titles and distinctions, the physician and the teacher will take the highest; for to preserve the well-being and to instruct mankind must be ultimately the noblest efforts of man; and education, dispelling prejudice, will elevate the real benefactor, and give the honour where the honour is justly due. Then will it be found that man's heart will act with an expansive charity; and, not selfishly limiting it to his human associates, will feel a kindly sympathy with everything that lives and breathes and has a being, however lowly. Adoring the Creator in his creatures, and worshipping him in his works, he will feel it wrong to desecrate or abuse those works; and, the ruder tastes of earlier days now passed away, he will show at last that real refinement, the only perfect civilisation, consists not so much in erecting mighty engines and raising splendid palaces, as in the having in the heart that true instinctive sympathy for everything that feels, which will prevent him from ever causing unnecessary pain—not from the cold sense of duty, but because, in inflicting pain on other beings, he will inflict it upon himself.

CHOLERA IN ITALY. The fleet left Naples just in time. On board British merchant vessels a captain and three sailors have fallen victims to cholera. A Sanitary Commission, under the direction of Dr. Tommasi, after visiting the district of the Porto, went last week to Torre del Greco, where the pestilence is carrying off great numbers.

Illustrations

OF

HOSPITAL PRACTICE:

METROPOLITAN AND PROVINCIAL.

LONDON FEVER HOSPITAL.

TYPHOID FEVER: PROFUSE HÆMORRHAGE FROM THE BOWELS: PERFORATION OF THE APPENDIX VERMIFORMIS.

Under the care of CHARLES MURCHISON, M.D.

[From the Notes of MR. SQUAREY, Resident Medical Officer.]

MARY ANN B., aged 13, was admitted on September 11th, 1865. She was confused, and could not say how long she had been ill. Her skin was hot; and there were some typhoid spots on the abdomen. The pulse was 120, small and feeble; the tongue moist, and brownish in the centre; the bowels loose; the abdomen tender and tympanitic. She was ordered a draught containing sulphuric acid and laudanum, and four ounces of wine daily. Until September 16th, fresh typhoid spots were noted daily; but from that time they faded. For five days after the 14th of September, she obstinately refused to take drinks, and was chiefly supported by injections of beef-tea and brandy. Her skin was very hot throughout, and her tongue soon became dry and rough. The abdomen continued to be tense and tender. Her pulse was constantly weak, and ranged from 120 to 144.

After the 16th of September, she was troubled with cough, and occasional rales were heard over the chest. The diarrhoea was controlled by astringents and opiates, and, when she could not drink, by opiate suppositories and the addition of seven or eight drops of laudanum to each enema. The motions were of a light ochrey colour, and were free from blood till the night of September 23rd, when she had four copious stools, containing a large quantity of dark clotted blood; the last two consisted almost entirely of blood. The patient was ordered five grains of compound soap pill at once, and the following draught every four hours.

R Acidi gallici gr. x; tincturæ opii m x; aquæ ʒi. M.

The bowels did not act again till the following morning, when there was a small quantity of blood in the motion.

For some days before the hæmorrhage, the patient's condition had improved, and hopes were entertained of her recovery; but she did not rally from the prostration following the hæmorrhage, and on September 25th she died.

AUTOPSY. There were some patches of recent lymph scattered over the surface of the intestines, especially in the neighbourhood of the cæcum. In the interior of the vermiform appendix there were four ulcers, in one of which, about three-quarters of an inch from the apex, two small perforations were observed. The contents of the intestines had not escaped into the peritoneal cavity. Extensive ulcerations were found in the ileum, which (most of the sloughs having separated) had commenced to heal. A few ulcerations were found in the large intestine near the valve. There was pneumonia at the upper part of the lower lobes of both lungs, especially the right; and a deposit of old tubercle and a small vomica were observed at the apex of the right lung.

TYPHOID FEVER, WITH PERFORATIONS OF THE LARGE INTESTINE: SYMPTOMS OF PERITONITIS A FORTNIGHT BEFORE DEATH.

Under the care of CHARLES MURCHISON, M.D.

[From the Notes of MR. SQUAREY, Resident Medical Officer.]

JOHN S., aged 19, was admitted on August 23rd, 1865. He had been ill for fourteen days, and, on admission, had all the symptoms of severe typhoid fever with peritonitis. The skin was hot and moist, and there were numerous rose-coloured spots scattered over the trunk. The pulse was 120, small and feeble. The tongue was dry, cracked, and covered with sordes. The abdomen was enormously distended, tympanitic, and tender; and the motions were frequent and watery. The breathing was entirely thoracic. There was a sloughing bed-sore on the sacrum. The patient was ordered stimulants, opium, and astringents; and turpentine stupes to the abdomen. The typhoid spots were not seen after August 25th.

The greatly distended and tympanitic state of the abdomen continued throughout; and on the 31st there was an uneven nodulated appearance, which continued till his death, as if the intestines adhered to the abdominal parietes. On the same day, there was retention of urine, which continued for a few days. In spite of treatment, the diarrhoea continued profuse; but there was no blood passed, except small quantities in the motions of August 29th and September 2nd and 3rd. His mind was heavy almost from the first; but he was always able to take drinks, and could generally answer questions till the day he died. The pulse varied throughout from 100 to 140, but was generally about 120, and always small and feeble. The bed-sores extended, and caused him much pain. After September 1st, his evacuations were passed involuntarily. He died on September 7th.

AUTOPSY. The whole surface of the peritoneum was coated with a thin layer of lymph, which could be stripped off with the knife. There were three perforations in the large intestine, one about three and a half inches below the valve, and two in the sigmoid flexure. There were no contents of the bowel in the peritoneal cavity. Extensive atonic ulcers were found in the ileum, with loose fringes, but no perforation. There was lobular pneumonia of the bases of both lungs, especially the right.

PERFORATION OF THE BOWEL AFTER APPARENT CONVALESCENCE FROM TYPHOID FEVER.

Under the care of CHARLES MURCHISON, M.D.

[From the Notes of MR. SQUAREY, Resident Medical Officer.]

JOHN B., aged 43, a labourer, was admitted on October 20th, 1865, with all the symptoms of acute peritonitis. He was confused, and unable to give any account of his illness, except that he had been suddenly seized while at work, four days before, with acute pain in the abdomen; and that his bowels had been confined for four days. He was extremely prostrate. The surface of his body was generally warm, but his extremities were cold. There was no rash on the skin. The lower part of his abdomen was much distended, tympanitic, and tender. A distinct thrill, as if from a thin film of fluid, was perceived on gently tapping this region. Pulse 120, counted with difficulty; respirations 48, thoracic. The urine contained a decided cloud of albumen. He died a few hours after admission, death being preceded by urgent vomiting.

AUTOPSY. There were extensive typhoid ulcerations found in the ileum, with a perforation, two lines in diameter, situated three inches above the

valve. There was extensive peritonitis; and the peritoneum contained about three-quarters of a pint of purulent fluid, confined to the lower half of the cavity by adhesions of the great omentum.

After the patient's death, it was ascertained by inquiry from his friends, that he had been ill for three or four weeks with fever; and that, four days before admission, having already for several days been permitted to eat meat, he was told by his medical attendant that he might return to his employment as a labourer. He had been working for a few hours when he was suddenly seized with the acute pain above referred to, and was obliged to return home.

The case illustrates the extreme caution necessary during convalescence from typhoid fever.

Original Communications.

ON THE DIFFERENT FORMS OF HÆMORRHAGE WITHIN THE EYE. PRODUCED BY INJURY.

By GEORGE LAWSON, F.R.C.S., Assistant-Surgeon to the Royal London Ophthalmic Hospital, Moorfields, and the Middlesex Hospital.

Traumatic Intraocular Hæmorrhage must be clearly distinguished from those hæmorrhages within the eye which are so commonly associated with, but secondary to, some special disease, or from that which is seen occasionally in patients who, without suffering from any actual disease, have manifestly a peculiar hæmorrhagic diathesis. It is dependent solely on an injury causing rupture of the vessels of one or more of the vascular coats of the eye, and a consequent effusion of blood. It may occur *with or without* rupture of the external coats of the eye. For convenience of description, and also with reference to the severity of the results, intraocular hæmorrhage may be divided into anterior and posterior hæmorrhage.

Anterior intraocular hæmorrhage is the effusion of blood from the more superficial structures of the eye into the chambers anterior to the crystalline lens. It is generally induced by a less severe injury than that which gives rise to the deep or posterior hæmorrhage, and its results are far less detrimental to the eye.

Although hæmorrhage within the eye is very frequently limited to the chambers anterior to the lens, yet anterior hæmorrhage is also very often associated with the deep or posterior form.

Anterior hæmorrhage may take place from an injury to the iris or the ciliary processes; it may be confined solely to the anterior chamber, or the posterior chamber between the iris and the lens may also be occupied by the clot. Thus, if the bleeding commences from the ciliary processes, the blood usually trickles through the pupil, and occupies more or less of the anterior, as well as the posterior chamber.

Bleeding into the vitreous body may and frequently does happen from a laceration of the ciliary processes; but this is a more severe injury, and at present we are only considering the anterior form of hæmorrhage.

1. *Hæmorrhage into the Anterior Chamber.* This is the most common form of intraocular hæmorrhage, and at the same time the least severe. It may vary in extent from a few drops of blood to a quantity sufficient to fill both the anterior and the posterior chambers. Generally, however, when the bleeding arises from an injury to the vessels of the iris, it is confined to the anterior chamber; for, as the blood

flows, the iris is pushed backwards towards the lens, and the blood, rapidly coagulating, does not pass through the pupil into the posterior chamber, even though the hæmorrhage be sufficient to form a clot large enough to fill the whole of the anterior space. This, however, is not generally the case when the hæmorrhage occurs from the ciliary processes; for the anterior chamber of the eye is so much larger than the posterior, that the blood soon finds its way through the pupil, and gravitates to the bottom of the space in front of the iris.

The most usual causes of hæmorrhage into the anterior chamber are either rupture of one or more of the superficial vessels of the iris, or a distinct laceration of its structure, or a detachment of a portion of the iris from its ciliary circumference (coredialysis). The blood, as it is effused from the lacerated vessels of the iris, sinks at once to the bottom of the anterior chamber, quickly coagulates, and, if not much in quantity, may be seen as a small clot occupying its lower part, and moulded as it were to it. If, however, the bleeding be more severe, the whole anterior chamber may be filled with one large coagulum, which will entirely occlude the pupil and iris. This more extensive hæmorrhage is usually owing to a detachment of the iris from its ciliary border, when, on account of the number of vessels necessarily torn through, and also of their larger size, the quantity of blood which is poured out is considerable.

Prognosis. If the patient be first seen within a few hours, or even on the day following the injury, the clot of blood in the anterior chamber, according to its size, will mask more or less the immediate cause of the hæmorrhage; but after a few days, when the blood has been absorbed, a rent in the iris, or a separation of it from its ciliary connexion, will indicate the site from which the blood has been effused; unless, indeed, the hæmorrhage has proceeded from the simple rupture of some superficial vessel of the iris, in which case the interval of time necessary for the absorption of the blood will probably have obliterated nearly all trace of the injury.

If, on examination, the injury be found to be limited to a detachment, or to a laceration of the iris, and none of the deeper parts are involved, and there is no rupture of the external coats of the eye, the prognosis is favourable; and this, even though the detachment of the iris from its circumferential margin be as much as one-sixth or even one-fourth of its entire extent. But if, in addition to the laceration or detachment of the iris, there be a wound of the sclerotic or cornea, the danger of the injury is greatly increased, and the prognosis is much more unfavourable.

The bleeding from a coredialysis, or separation of the iris from its ciliary border, is generally extensive, even though the detachment is small; and it often goes on until the anterior chamber is filled with blood, when the clot seems to arrest the continuance of the flow by pressing on the vessels from which it is being effused. Shortly after the injury, it is very probable that the eye may become inflamed and painful, partly from the contusion which all the tissues of the eye must have suffered from the blow, and partly also from the special injury to the iris itself; but if the external coats of the eye have been uninjured, or but slightly contused, and the hæmorrhage is limited to the anterior chamber, the prognosis will be favourable.

The clot of blood in the anterior chamber will be first macerated by the aqueous humour, and then become rapidly absorbed; and in from three to eight days after the accident, according to the quantity of blood effused, sufficient progress will have been made to allow the surgeon, by a visual examination, to

ascertain the exact extent of the injury. For a long but variable time after the clot has disappeared, the iris presents a greenish appearance, owing to the aqueous having become stained a little yellow from the blood; but this ultimately disappears; and, although a rent in the iris or a coreodialysis remains, yet the patient may have a good useful eye. The separation of the iris from its ciliary attachment may be so extensive as to form another pupil, through which, by an examination with the ophthalmoscope, the fundus of the eye may be clearly seen; still, if the posterior parts of the eye are sound, good single vision will remain: the second image which will be formed on the retina will not be appreciated.

Treatment. When the hæmorrhage is confined to the anterior chamber, and there is no rupture of any of the external tunics of the eye, the case generally does well. In this, as indeed in all cases of injury, rest to the eyes is essential: all work should for a time be forbidden, and the eyes should be shaded from strong light. If the anterior chamber be occupied by a large clot of blood, great care for the first few days after the injury must be taken of the eye, as, until it has been absorbed or nearly so, a correct diagnosis cannot be arrived at. As the cause of the hæmorrhage is always some violence, it is reasonable to anticipate some contusion; and to guard against any untoward after-results, such as iritis or ophthalmitis, it is a wise precaution to apply two or more leeches to the temple; and, if the eye should continue painful, to repeat them in twenty-four or thirty-six hours. Cold applications are the best suited, and afford the most comfort to the eye. A double fold of linen, wet with cold water, may be laid over the eye, and kept in its place with a single turn of a light roller, and moistened from time to time with a little fresh water from a sponge; or, if the eye be painful, a cold lotion of belladonna may be used in the place of the water-dressing.

A moderate diet and a limited amount of stimulants should be enjoined, as placing the patient in a condition favourable to recovery; and the bowels, if necessary, should be acted on with some gentle purgative. The administration of mercury is not necessary, and will do harm; it will not promote absorption, but will depress the patient.

The treatment formerly recommended, of puncturing the anterior chamber to let the blood escape, is wrong both in theory and practice. The object of the puncture is to let the blood escape; but this it must generally fail to do, as the blood, within a few minutes after its effusion, forms a coagulum, and will not run from the eye through an incision in the cornea. Even if the eye could be seen by the surgeon immediately after the infliction of the injury, and before the blood has coagulated, still the treatment would be prejudicial, as it is not the presence of the blood in the anterior chamber which is likely to give rise to untoward symptoms, but the contusion or laceration of the iris which has produced it. The mere removal of the blood will not benefit the eye, whilst the attempt to do so may injure it.

CASE I. *Hæmorrhage into the Anterior Chamber, from Coreodialysis occasioned by a Blow on the Eye with a Cork from a Bottle of Soda-water.* T. W., aged 45, came to the hospital on May 23rd, 1865, having half an hour previously received a blow on the right eye from the cork of a soda-water bottle. He was about to open a bottle of soda-water; and, whilst speaking to a person near him, the cork unexpectedly flew out and struck him on the right eye. There was some hæmorrhage into the anterior chamber, sufficient to form a thin clot between the lower third of the iris, but not to occlude the pupil. At the upper and outer circumferential margin, there was a separation of the

iris from its ciliary attachment to the extent of about one-quarter of an inch. The pupil opposite the detachment was paralysed. He was ordered to have two leeches applied to the temple; and a fold of linen, wet with the belladonna lotion, to be laid over the eye.

May 26th. The blood was quite absorbed. The portion of iris which had been torn from its ciliary border was loose and tremulous. The lower margin of the pupil acted well, but the upper and outer was paralysed. The case did well.

CASE II. *Hæmorrhage into the Anterior Chamber from a Blow on the Eye with the Fragment of a Rivet.* Francis P., aged 31, a shipwright, came to the hospital on the morning of June 27th, 1865, having, about four hours previously, met with an injury to the left eye. Whilst cutting a cold rivet, a fragment, about one-fourth of an inch in size, flew off and struck the left eye. On examining the eye, the lower half of the anterior chamber was seen to be occupied by a clot of blood. The eye was red; but there was no abrasion of the cornea, or wound of the conjunctiva. The upper border of the pupil could be seen, but the lower half of it was concealed by the blood. He was ordered fifteen grains of purgative powder at bedtime; and to apply a fold of linen, wet with the belladonna lotion, over the eye.

June 30th. The blood was nearly absorbed. The pupil could be seen widely and evenly dilated. There was no pain in the eye. He was ordered to continue the lotion.

July 4th. The blood was now absorbed, and the eye free from all pain. No detachment of the iris from its ciliary border could be seen.

It is probable, in this case, that the hæmorrhage was caused by the rupture of some small vessels near the greater circumference of the iris, but that there was no absolute separation or coreodialysis.

The man ceased his attendance as an out-patient, having fully recovered the use of his eye.

CASE III. *Hæmorrhage into the Anterior Chamber, following a Blow on the Eye.* William N., aged 34, a shipwright, came to the hospital on January 18th, 1864. He stated that on the previous evening, whilst striking a rivet, a fragment of the size of a pea flew off and struck the eye.

Present State. At the lower and inner margin of the cornea there was a small jagged abrasion; and corresponding with it was a small clot of blood lying at the bottom of the anterior chamber, and resting against the iris, but not of sufficient size to reach the pupil. The upper half of the pupil acted well and rapidly; but the lower half was quite stationary, and unacted on by the stimulus of light. The sight was slightly dim. He was ordered two leeches to the temple, and a belladonna lotion to the eye.

Jan. 22nd. All the blood was absorbed. The eye was quiet and free from pain.

Jan. 25th. The eye was now well, and the patient was discharged.

In this patient, the hæmorrhage probably took place from a rupture of one or more of the vessels of the iris at its ciliary circumference. The temporary paralysis of the lower portion of the iris was due either to the pressure of the blood-clot, or to some contusion of the ciliary nerves which supply its inferior border.

CASE IV. *Extensive Hæmorrhage into the Anterior Chamber from a large Detachment of the Iris from its Ciliary Circumference, occasioned by the Bursting of a Squib close to the Eye.* Eliza B., aged 21, was sitting in her garden on the 5th of November, 1861, when a squib, thrown over the wall by a child, burst within a few inches of the right eye. The eye was struck as it exploded. Immediately she suffered great pain in

it; and very shortly afterwards she found that with it she was quite blind. She came under my care on the following day. The eye was then very painful; the anterior chamber entirely occupied by a clot of blood, so as to render it impossible to distinguish any of the internal structures; and the whole eye was inflamed. Leeches were applied to the temple; and a fold of linen, wet with cold water, was laid over the eye.

Under this treatment, the pain and redness of the eye subsided; and, after eight days (on November 14th), the blood was sufficiently absorbed for an exact examination to be made. It was then found that, at the lower and inner part, an extensive detachment of the iris from its ciliary attachment (coredialysis) had taken place; but, as far as could be then ascertained, the lens was clear. The case progressed most satisfactorily. The blood, in a fortnight, was quite absorbed; but the aqueous continued of a yellow colour for many weeks afterwards, giving to the iris a greenish tinge. The hæmorrhage, as the result proved, was limited entirely to the anterior chamber; and the coredialysis was the only injury the eye sustained. The patient, three months after the accident, was able to read No. 1 of Jager's test-types. The detachment of the iris from its marginal circumference was so extensive that a distinct second pupil was formed, through which, with the ophthalmoscope, the fundus of the eye could be clearly seen. The vision, however, with that eye was single.

[To be continued.]

Reviews and Notices.

THE MALFORMATIONS, DISEASES, AND INJURIES OF THE FINGERS AND TOES, AND THEIR SURGICAL TREATMENT. By THOMAS ANNANDALE, F.R.C.S. Edin., Lecturer on Surgery; Assistant-Surgeon to the Edinburgh Royal Infirmary. The Jacksonian Prize Essay for the Year 1864. Pp. 285. Edinburgh: 1865.

In this comprehensive treatise, Mr. ANNANDALE has collected a large amount of both curious and practical information regarding the pathology and surgery of the digits, and has arranged it in seven chapters; viz.: 1. Congenital Affections of the Digits; 2. Inflammatory Diseases; 3. Tumours; 4. Injuries; 5. Non-congenital Contractions and Distortions; 6. Excision of the Joints and Bones; 7. Amputations.

In the first chapter, the author considers Congenital Affections under the following heads: Hypertrophy; Deficiencies; Supernumerary Fingers and Toes; Union; Contraction; and Tumours. These deformities, he says, may either be hereditary, or may occur in a single member of a family independently of any hereditary tendency.

Many interesting instances of various forms of congenital hypertrophy and deficiency are noticed. In cases of the latter class, Mr. Annandale says that the deformity may consist in a diminution of the number of fingers or toes, or of their constituent segments—these conditions being generally combined, and the deficiency of segments being generally also a characteristic of supernumerary digits. A deficiency, in number or in development, of the digits is also occasionally found connected with other congenital deficiencies of the extremities. Some-

times, also, as Drs. Simpson and Montgomery have pointed out, portions of the digits and extremities are amputated *in utero*, and in some cases rudimentary digits sprout out from the stumps thus formed.

Supernumerary Fingers and Toes are classified by the author as follows.

"1. As a deficient organ, attached loosely or by a narrow pedicle to the hand, foot, or another digit.

"2. As a more or less developed organ, free at the extremity, and articulating with the head or side of a metacarpal, metatarsal, or phalangeal bone, which is common to it and another digit.

"3. As a fully developed organ, having its own metacarpal or metatarsal and phalangeal bones distinct.

"4. As a more or less developed organ, intimately united along its whole length to another digit, and having either an additional metacarpal or metatarsal bone of its own, or articulating with the head of one which is common to it and the other digit." (Pp. 26-7.)

The number of supernumerary digits is generally confined to one; but cases, to which reference is made by Mr. Annandale, have been recorded in which two, three, or four, and even as many as eight, supernumerary digits have been found in one or more of the extremities.

The treatment varies according to the nature of the case. In the first and second varieties described by the author, the digit is to be removed by operation; but, in the second variety, more care is required, in consequence of its being sometimes unavoidable to open a synovial capsule belonging both to the supernumerary and to the normal digit.

"If the additional digit be very intimately connected with another finger at its articulation, and especially if this be a thumb, it is, I think, very questionable whether it should be removed; for the operation is almost sure to damage more or less the usefulness of the remaining digit, and thus the efficiency of the hand may be sacrificed in order to get rid of a deformity which is merely unpleasant from its unnatural appearance." (P. 43.)

He would, however, remove the additional thumb when, as in a case which came under his care, it is "distorted and immovable".

The third variety very rarely requires surgical interference, as the supplementary digits usually have independent and useful movements. Cases of the fourth variety must be treated like those of union of the fingers or toes.

In speaking of Union of the Digits, Mr. Annandale describes three varieties or grades of the deformity—union by loose folds of skin, by connection of the skin and deeper soft textures, and by union or fusion of bones. Sometimes, also, the digits of a hand or foot may be compressed together into one lump.

In the treatment of the first variety (the true webbed condition), Mr. Annandale recommends, in order to prevent reunion of the divided parts, a modification of an operation proposed by M. Nélaton. The French surgeon makes a longitudinal incision along the centre of one finger on its dorsal aspect, and along the other on its palmar aspect; in this way forming an anterior and a posterior flap, and so preventing the cut surface of the fingers from being placed in apposition. Mr. Annandale considers this extent of flap unnecessary; and that the object

NEW IMPORTANT FACTS RELATING TO CANCER.

DOORE, F.R.C.S.,

Sex Hospital.

5. Especially the exact relationship of other members of the family who may likewise suffer from Cancer, should be given, the more distant family connexions being distinguished as on the father's or the mother's side; and the locality of the primary Cancer in each relative should be mentioned. On the contrary, it would obviously be advantageous to know if any member of the family have outlived the age at which the patient became affected with Cancer, and yet have escaped that disease. On this, as on other heads, information as to the age, sex and peculiarities of the exempted individuals, could not fail to be of value.

6. A brief inquiry will easily obtain the ages of the parents of the patient; and the causes of their death, if pertinent to the enquiry, may be stated.

7. On the subject of the supposed cause of the disease, there is room for careful and renewed enquiry. In the instances of external Cancer, local injuries and prolonged irritation would of course be mentioned. Of less obvious antecedent influences, I may especially invite attention to Rheumatism, which Dr. Jeaffreson has seen associated with Cancer; and to a period of mental anxiety or depression just preceding or coincident with the first symptoms of the disease, which Dr. Paget informs me he has ascertained in at least nine out of ten of his cases of internal Cancer. All these facts can be supplied by merely filling up the appended table.

A particularly valuable subject for a separate report, would be the characteristics of any family in which, and among the whole connexions of which, Cancer has been known not to occur. Even the fact itself, without any explanation, would be important. Remarks also could not fail to be interesting, which were directed to explain an increase of Cancer in a district where the total mortality is diminishing; as well as that rarity of Cancer amongst the women of particular districts, or else the excessive prevalence of it amongst the men, which in some places reverses the usual proportion of the disease, and leads to its being numerically more common in the male sex.

Attention is particularly drawn to the propriety of returning the table, whatever number of cases it may contain. The fact is of equal value whether a particular district have yielded little Cancer or much; since the comparative prevalence of the disease is one of the principal objects of the enquiry. Moreover, the absence of particular facts will not detract from the value of those furnished in other columns of the table. It should in fact be returned in every instance.

With the view, nevertheless, of making the comparison of places as complete and as accurate as possible, it is certainly desirable that every case of Cancer which may occur in practice during the next half-year, should be entered in the Table. Cases which have occurred before this period should be returned, but returned apart. On the 1st of June, therefore, it is requested that the papers be sent to me at the address printed on them. Should they in any instance prove to be too small for the records it is requested that additional paper should be pasted on, at the bottom of the table, and that the writing should be confined to one side of it. Additional tables will be sent, if required, whether for members of the Association, or for other medical gentlemen who may be disposed to join in the enquiry.

Town or Distr

This Sheet to be detached from the Journal, and, with the Cases recorded on it, to be

[illegible]

SES OF CANCER.

Its prevalent Diseases

to C. H. MOORE, Esq., 102, PICCADILLY, LONDON, W., on the 1st of June, 1866.

Cancers in Family.	Other Diseases in Family.	If Parent be dead, prefix <i>d</i> to the age. Age of Father. Age of Mother.		Supposed Cause of Primary Disease.	Remarks, explanations, additional information.

SUGGESTIONS FOR THE REGISTRATION OF A

CHARLES H.

Surgeon to the

In preparing the paper on the Antecedents of Cancer, which I read at the Annual Meeting at Leamington,* I had ample materials for those parts relating to the pathology and the surgery of the disease. But for questions concerning the social, geographical, and relative conditions of the persons liable to it, comparatively little information was at hand. The kind assistance of a few friends added so much to the facts which I had collected, and so far confirmed the conclusions at which I was arriving, that I was able to present them with confidence at the Annual Meeting. But they are capable of a much more extensive investigation, and they appear to me of so great importance that I venture to hope they will obtain it.

It is in the power of the Association to verify or confute the allegations which I then made, as well doubtless as to add to them. Its members are dispersed over the many distant and unlike districts in which Cancer appears to occur so unequally, and are in positions to contribute, at the cost of very little trouble, the requisite facts. All that is necessary is that they should make a general and uniform record of a few facts relating to all the cases of Cancer which may occur to them within a limited time. From the nature of the investigation, it is evident that it can only be carried out by a great number of persons living apart, but acting in concert, and by an arrangement of their information in as concise a form as possible.

For this purpose it is desirable that the facts should be furnished in a tabular form, which combines convenience with brevity and exactness. This is not intended, however, for the exclusion of other circumstances, whether relating to the history, the family history, the progress, or the results of operations in Cancer, which the informant may be disposed to relate. For such facts a special communication is invited; but for those which claim the first attention as having been stated at Leamington, I have prepared the following table.

The subjects of enquiry which are embraced in this table are:—1. The actual prevalence of Cancer in the district or town from which the report is furnished. This appears to vary greatly. It has consequently been a matter of surprise, when the attention of medical men has been drawn to it, that in some places there has proved to be so little of the disease, whilst in others it has presented itself with such frequency.

2. The prevalent diseases of the locality, and any striking exemption of the inhabitants from particular maladies.

3. The parts of the body in which Cancer is most noticed. This appears to vary to some extent with social or geographical position, Cancers of the uterus being in excess in one place, and those of the rectum, for instance, in another.

4. The personal peculiarities of the affected individual, and those by which he may be distinguished from other members of his family. His previous health may be briefly designated as good, or ailing. His place in order of birth among the whole of his mother's children, including those who did not attain adult age, and the diseases to which he or they may have been subject, should here be noted.

* BRITISH MEDICAL JOURNAL, August 26 and Nov. 4, 1865.

would be gained by making the incisions along the sides of each finger instead of along the centre, or, when the web is very loose, to divide it along the centre and split up each half so as to form flaps. He does not say, however, that he has performed the operation in this way.

In the second class of cases, where the union is more intimate, Mr. Annandale speaks favourably of a plan mentioned by Mr. Liston, but apparently not practised until lately, when it was employed by Mr. Lister of Glasgow.

"The operation consists in making a perforation through the proximal end of the web or band of union, introducing some foreign body into the wound, and retaining it there until the edges of the opening are cicatrised or nearly so; the remainder of the union is then to be divided, and the wounds carefully dressed. By a proper employment of this treatment there is little chance of the separated digits reuniting; and Professor Lister informs me that the result of a case on which he operated after this manner has been most successful. . . .

"Introduce a trocar and cannula (a No. 4 cannula answers very well) through the web or union which connects the two digits, at a point where the cleft between these two organs would naturally be. Having thus made an opening completely through the web, the trocar is to be withdrawn, and a piece of India-rubber cord, about the thickness of a No. 8 catheter, passed through the cannula. The cannula may now be removed, leaving the cord in the wound. One end of the cord is to be carried along the dorsum of the hand, and secured to a band passed round the wrist; the other end is to be carried along the palm of the hand, and secured at the wrist in the same manner." (Pp. 58-9.)

In the second chapter, the Inflammatory Diseases are considered according as they affect respectively the Soft Parts, the Bursæ and Joints, or the Periosteum and Bone. The subject of Whitlow is very fully discussed; and the author draws attention to the fact that, when the disease attacks the areolar tissue on the ungual phalanx, it is more likely to be attended by serious consequences, and by extension of the inflammation to deeper parts, than when it is situated over the first or second phalangeal bones.

"The sheath of the flexor tendons in these latter situations in most instances prevents inflammation, originating in the areolar tissue, from spreading to the deeper texture. . . . I have found that whitlow attacking the areolar tissue over the first and second phalanges usually recovers under proper treatment, without the slightest extension of the inflammation to the deeper textures; while the same form of inflammation, treated in the same manner, and at as early a stage, when it affects the extremity of a finger, is not unfrequently followed by the destruction of the tendon or bone. . . . As another proof that the fibrous sheath resists the extension of the inflammation from the more superficial tissues, I would mention the fact that, in many of the worst forms of the second variety of whitlow—namely, that which attacks the sheaths of the tendons—the phalangeal joints remain unaffected." (Pp. 79-80.)

In the treatment of whitlow, Mr. Annandale advocates free incisions at an early period—even before suppuration has manifested itself. A clean free incision, he says, can never do harm, and is always useful in checking the inflammatory process and relieving the painful symptoms.

In other parts of this chapter, the author describes diffuse cellular inflammation, chronic inflammation of the tendons and their sheaths, affections of the nails, inflammatory affections of the bursæ and joints, etc.

The third chapter contains a description of Tumours of the Soft Textures, comprising warts, corns, epithelioma, fatty, cystic, fibrous, and other tumours, painful subcutaneous tubercle, and neuromatous and aneurismal tumours; and Tumours of the Periosteum and Bone—viz., fibrous tumours, melanosis, enchondroma, myeloid tumour, medullary cancer, and exostosis.

In the fourth chapter, the Injuries are described under the same primary divisions as were inflammations in the second chapter. An interesting section of this chapter is devoted to a description of the results which may follow bruises and other injuries of the nerves of the fingers and toes. Paralysis of the fingers and thumb, as has been observed by Mr. Paget, and by Drs. Mitchell, Morehouse, and Keen, may result from a blow or fall on the lower part of the neck or the shoulders; it may also occur from dislocation, from the application of a tight ligature, or other causes interfering with the nerves. The paralysis is generally of motion more than of sensation; it may come on immediately, and be either temporary or permanent, or it may be gradual in its development. Wounds of the digital nerves have been known to be followed by epilepsy and hysteria, by changes in the nutrition of the tissues, and by other troublesome symptoms. Mr. Annandale describes an interesting case which came under the notice of Mr. Syme, in which the wound of a digital nerve was followed by paralysis, burning sensations, and other abnormal symptoms.

Mrs. —, aged 64, applied to Mr. Syme, June 28th, 1865. Nine months previously, the patient accidentally inflicted with a knife a wound over the palmar and lateral aspect of the first phalanx of the ring-finger of the left hand. The wound healed quickly, and without any inconvenience. One month after the accident (the wound being then perfectly healed), she first began to suffer from pain in the cicatrix and round about it. This part became very sensitive, so that the slightest touch caused great agony. Some swelling of the fingers and hand then took place, and a burning sensation passed up into the hand, forearm, and elbow, occasionally also shooting up into the arm. . . . An incision near the cicatrix . . . was followed by only very slight temporary relief. . . . The burning sensation was now not only confined to the affected arm and hand, but was also very severe in the right arm and forearm, and also sometimes in the soles of both feet. . . . On examination of the left arm by Mr. Syme, the elbow, wrist, and digital joints were stiff and painful. The fingers were tapered, and their skin (as also that of the dorsal surface of the hand and part of the forearm) was glazed or glossy. . . . The left hand and all its digits were very sensitive, especially the injured one. Great pain was produced by pressing over the cicatrix of the wound. . . . The right hand was slightly stiff; its palmar aspect had a shrivelled appearance, but was not tender. The patient suffered much from the pain and burning sensation. . . . But her general health was apparently good. Mr. Syme proposed amputation of the affected finger . . . which was willingly agreed to; and it was therefore removed at its metacarpophalangeal joint. (Numerous local applications, as chloroform, belladonna, aconite, etc., had

been tried in vain before the patient came under Mr. Syme's care.) Six weeks after the operation, the burning sensation was less severe in the left hand; but it had increased in the right hand, which had become somewhat swollen and its joints stiffened. On examining the removed finger, Mr. Annandale found that the nerve running along the radial border of the finger had been partially divided and had become reunited. It was enlarged at, and for about an eighth of an inch above and below, the seat of injury; and appeared here more vascular than other nervous tissue. The Pacinian bodies were particularly well developed.

The fifth, sixth, and seventh chapters—on Non-congenital Contractions and Distortions, Excisions, and Amputations—contain a collection of much valuable practical information.

The value of the book is increased by the addition, at the end, of twelve lithographic plates containing one hundred and twenty-seven figures, which, with four exceptions, have been taken from original cases and dissections.

MANUAL OF MATERIA MEDICA AND THERAPEUTICS. Being an Abridgement of the late Dr. PEREIRA'S *Elements of Materia Medica*, arranged in conformity with the *British Pharmacopœia*. By FREDERIC JOHN FARRE, M.D. Cantab., F.L.S., F.R.C.P., Honorary Member of the Pharmaceutical Society of Great Britain, etc.; assisted by ROBERT BENTLEY, M.R.C.S., F.L.S., Professor of Botany in King's College, etc.; and by ROBT. WARINGTON, F.R.S., F.C.S., Chemical Operator to the Society of Apothecaries, etc. Pp. 614. London: 1865.

THE *Elements* of the late Dr. PEREIRA must always be the standard work on *Materia Medica* among the English medical classics of its day; but its size and expense place it rather in the category of works useful to those who desire to possess a complete book of reference, or to study the subject in the same comprehensive manner as the author, than among those works which the student or the working practitioner would find most useful. Such a consideration has led the editor of the present volume to undertake the task of pruning down Dr. Pereira's volumes, without diminishing their utility. He has done this by omitting all notice of remedial agents which are not strictly pharmacological—such as the influence of the mind and of hygienic agents, to the consideration of which Dr. Pereira devoted a large part of his work; by omitting all remedies which are not official or contained in the *British Pharmacopœia*; and by omitting all classifications of medicines—on which subject Dr. Pereira gave full information—except those which the author himself adopted; viz., one founded on chemical and botanical and zoological classification, and the other based on their physiological effects. There has also been considerable interstitial removal from the descriptions of the various remedial and pharmaceutical agents; the expressed opinions of the author being interfered with as little as possible, except where they appeared to Dr. FARRE to be "decidedly erroneous."

At the same time, much new matter has been introduced; and the substance of the *British Pharmacopœia* has been embodied in the work.

The Physiological Classification of Medicines,

which Dr. Pereira placed in the beginning of his work, is transferred to the end of this *Manual*. Dr. Farre has also considerably modified the classification. The following is his arrangement.

I.—Medicines Employed for their External Topical Effects.

Class 1. Mechanico-topical medicines = dentifrices.

Class 2. Chemico-topical medicines = caustics, topical astringents, and disinfectants.

Class 3. Dynamico-topical medicines = irritants and emollients.

II.—Medicines Employed for their Internal mostly Remote or General Effects.

Class 4. Celiacs (influencing the digestive organs) = stomachics, carminatives, antacids, emetics, ant-emetics, cathartics, astringents, demulcents, antidotes, antheimintics, cholagogues, sialagogues, and antiseptics.

Class 5. Hæmatics (influencing the blood) = hæmatincs, spanemics, and diluents.

Class 6. Cardiacs (influencing the circulating organs) = stimulants, sedatives, and styptics.

Class 7. Pneumatics (influencing the respiratory organs) = expectorants, contraptitants, paregorics, and asthmatics.

Class 8. Neurotics or cerebro-spinals (influencing the nervous system). This class is divided into four subclasses: phrenics (influencing the mind) = exhilarants and narcotics; hypnics (influencing sleep) = hypnotics and antihypnotics; esthetics (influencing sensation) = hyperæsthetics, anæsthetics, and anodynes; and cinetics (influencing motion) = tonics, relaxants, spastics, antispasmodics, mydriatics, and myosotics.

Class 9. Uretics (influencing the urinary organs) = diuretics, ischærotics, urino-genitals, lithics, and lithonitics.

Class 10. Genetics (influencing the reproductive organs) = aphrodisiacs, anaphrodisiacs, emmenagogues, and ecbolics.

Class 11. Hidrotics (influencing perspiration) = diaphoretics and antihidrotics.

Class 12. Temperators (influencing the temperature of the body) = calefacients and refrigerants.

Class 13. Resolvents (influencing inflammatory deposits).

Those numerous readers who are acquainted with Dr. Pereira's classification will readily see in what respects Dr. Farre has modified it. He specially mentions in the preface that he has introduced some new terms; and that he has broken up one of Dr. Pereira's large classes—that of *eccritics*—so as to distribute the medicines contained in it according to the functions which they influence. He intimates that he has aimed at making the classification more purely physiological—founded on functions—than that of Dr. Pereira; which, he says, "is, in fact, rather anatomical than physiological, being constructed, for example, not on the *functions* of digestion, but on the digestive and respiratory organs."

Dr. Farre acknowledges much valuable assistance rendered to him by Professor Bentley, in the description of the organic bodies and of the plants and animals producing them; and by Mr. Warington in regard chiefly to the inorganic substances. With their able co-operation, he has succeeded not only in reducing Dr. Pereira's work to a convenient size, but in producing a very reliable and instructive work on the authorised British *materia medica*. We must say, however, that we somewhat regret that

he has so strictly confined himself within official bounds, and has not introduced any notice of such universally recognised and indispensable articles as the Calabar bean, etc. It is the authority of professional experience, quite as much as of *Pharmacopœias*, that decides on the introduction and establishment of new remedies.

We offer this remark as a friendly suggestion for the consideration of Dr. Farre and his colleagues in the preparation of another edition; the demand for which will, we trust, be the early reward of their labours. In the meantime, for what they have done, we offer them hearty thanks.

THE PRESCRIBER'S ANALYSIS OF THE BRITISH PHARMACOPOEIA. By J. BIRKBECK NEVINS, M.D.Lond., Lecturer on Materia Medica in the Liverpool Royal Infirmary School of Medicine; etc. Third Edition. Pp. 295. London: 1865.

THIS little work has been written by Dr. NEVINS with the view of relieving the prescribing practitioner from the perplexities consequent on the changes introduced into the *British Pharmacopœia*; and the fact that it has already reached a third edition gives *prima facie* evidence that it has been found useful. The plan which the author has adopted is simple and methodical; he points out facts, and for the most part leaves comment to others.

The book begins with a General Outline of the Changes in the *British Pharmacopœia*; in which the alterations in nomenclature, and the changes among the various infusions, tinctures, solutions, and other preparations, are so described as to be readily comprehended at a glance.

Next comes a description of Weights and Measures, both of the British and the French systems. There is an useful table, in which the approximative English value of the various French weights and measures is given.

Dr. Nevins next arranges concisely the Important Alterations in Strength or Composition of Preparations which still retain their Old Names; and also gives a List, with their Doses and Properties, of Substances and Preparations that have been added to the *British Pharmacopœia*.

He then gives a detailed account of the New Substances and Preparations; and also a similar account of several Medicines in Modern Use which are not contained in the *Pharmacopœia*—e.g., *actæa racemosa*; bromide of ammonium; aniline and its compounds; carbonate, ammonio-citrate, and solution, of bismuth; Calabar bean; carbolic acid; aerated lithia water; mercurial cigarettes; pepsin; peroxide of hydrogen; sumbul; veratrum viride; etc. This part of the work occupies ninety-three pages, or nearly one-third of the whole.

The next section contains a General List of Differences between the *British Pharmacopœia* and those of London, Edinburgh, and Dublin. The author here arranges all the preparations in the four *Pharmacopœias* in alphabetical order, noticing with regard to each whether it has been omitted, added, or altered in name, in strength, or in the nature or proportion of its ingredients. The dose of each preparation retained in the *British Pharmacopœia* is also given.

To this there follow General Rules for Prescribing,

mostly taken from the *Pharmacologia* of the late Dr. Paris, and *L'Art de Formuler* of MM. Trousseau and Revel; and a number of Prescriptions are added in illustration both of these Rules, and of the changes in nomenclature, etc., made in the *British Pharmacopœia*.

Dr. Nevins next gives a List of the Substances and their Preparations which have been omitted from the *British Pharmacopœia*. Of these, there are about sixty substances and about one hundred and fifty preparations. The list, however, contains some preparations which have only undergone a change of name.

Next comes an useful Table of Doses and Incompatibles, both of Pharmacopœial preparations and of some others which are not included in that work. The author has not considered it necessary to insert any incompatibles but those which are likely to cause doubt to the prescriber.

The book is concluded with a section on Volumetric Analysis; in which Dr. Nevins explains, step by step, the process in some of the more simple cases, so as to give a clue for arriving at a knowledge of its more complex applications.

Dr. Nevins's *Analysis* is a small book; but it contains much useful information, and is excellently adapted for its purpose of removing the difficulties in which a practitioner may find himself placed when he desires to use the *British Pharmacopœia*.

THE SCIENCE AND PRACTICE OF MEDICINE. By W. AITKEN, M.D.Edin., Professor of Pathology in the Army Medical School, etc. 2 vols. Fourth Edition. London: 1865.

THIS valuable work has passed fairly beyond the bounds of criticism, and has established for itself the reputation of one of our standard medical works. A fourth edition of it, following so quickly upon the previous one, bears ample testimony to its utility and value. Dr. AITKEN, however, very properly does not allow the medical knowledge of the day to steal a march upon him. Even this last edition has undergone considerable revision; it has been curtailed in some parts, added to in others, and again in others re-written. The author is evidently determined to show that he appreciates the favour of his professional brethren, and will continue to repay it in this wise. Most glad are we to see that all the great and honest labour involved in the production of this work meets with its fitting reward.

SUPPLY OF MEAT. The agitation against the butchers has not been long in producing its effect. A prospectus is issued of a national cattle and meat company, with capital of a million, to establish a central system for the supply of meat, with agents in the various districts.

THE GENERAL HEALTH. The health of the country is improving. According to the return of the Registrar-General for last week the deaths in the eleven chief towns were twenty-nine in the thousand. As usual, Liverpool reaches the highest number, or 41, in which, however, it is joined by Manchester. London and Dublin are lowest, or 25. It is noteworthy, too, that in Liverpool and Manchester the deaths for the week above are higher than the births. The total number of deaths in London is 1471, or 93 below the ten years' average. The births are 1296, which is also slightly below the average.

British Medical Journal.

SATURDAY, DECEMBER 2ND, 1865.

THE ROYAL COLLEGE OF SURGEONS.

To give the country Fellows the power of voting by paper, is plainly an act founded on reason and justice. The body of Fellows was created to form an elective constituency. The chief, if not the only, function, in fact, of Fellows is to elect the Council of the College. But the country Fellows, for obvious reasons, are at present practically debarred from the exercise of this function, and are, consequently, deprived of the use of the special prerogative attaching to their Fellowship. That no practical difficulty attaches to voting by papers is proved by the success of the process in the case of the Oxford University election; and the dread lest this voting should create canvassing is very superfluous, after the notorious fact of the canvassing which has characterised late elections of Councillors. Nor, again, are country Fellows in the condition of Mr. Bright's unwashed specimens of the manhood suffrage sort, requiring better education in order to enable them properly to exercise the privilege. Country Fellows can assuredly take the measure of the merits of a candidate for the Council with as true an eye as, and probably with a more unbiassed eye than, a town Fellow can.

The truth of all this has, we may assume, been already impressed on the sense of the Council; and we may, therefore, confidently trust that proper steps will at once be taken to give effect to the proposal made to the Council by the British Medical Association. No doubt, to carry out the proposal, a new Charter must be obtained. But this will surely never stop the Council; for, if no other end were gained than the one we speak of, the trouble and expense of obtaining it would be well repaid. But are there not many other evils affecting the College which admit of cure only through an alteration of the Charter? And might not the occasion be seized upon to remedy the defects of the existing Charters? For example, would it not be well that the Charter should in future enforce that which it has hitherto only recommended? Is it not time that the Council should be compelled to carry out the spirit of the Charter, instead of evading that spirit and sheltering itself under the letter of the law? As we have so often shown in these pages, the Council have never, in a single instance, done one of those acts of liberality and justice for which the last Charter was expressly framed to provide; never has it elected as Examiner a Fellow who was not a member of the Council; never has it elected as its

President or Vice-President a Councillor who was a member of the Court of Examiners; never has it ceased to re-elect its Examiners to office—*i. e.*, virtually to make its Examinership a life office, although the quinquennial term of office was introduced into the last Charter for the very purpose of doing away with the life-holding system. All the world knows that this negating, ignoring, and violating the spirit of the Charter, goes on now just as it did of old. The very last election of Examiners shows how little respect the Council has for its Charter, or rather how much more regard is paid to the interests of individuals than to the interests of the College.

And what has all the infusion of new blood into the College, from which so much was expected, done to remedy the evils? As yet, absolutely nothing. And the reason is obvious. Councillors are, after all, only men; and *humanum est errare* is a very old adage. Who is there of us who, if he were placed in a similar position, dare boast that he should not fall into a similar groove of action? No man ought to be put in a position where self-interest draws strongly against public duties. A man must be a saint who could resist temptation under such conditions. Councillors are too sorely tempted, and therefore, and very naturally, Councillors fall.

What, therefore, is required is that, by Charter, they should be put beyond the pale of temptation. By Charter, Examiners should not be permitted to sit in the Council. By Charter, Examiners should not be permitted to assist in their own election. By Charter, Examiners should not be allowed, under any circumstances, to hold office for more than five years. By Charter, Examiners should obtain the power of carrying on their examinations at the bedside in hospitals; which, as we understand, they are unable legally to do at the present moment. By Charter, again, the Council should be compelled to elect as Examiners in Anatomy and Physiology a certain number of Fellows actually engaged in the teaching of anatomy and physiology.

Will any member of the Council deny that the radical changes here inferred would be made to the immense benefit of the College? Every member of the Council must admit that such reforms are needed; and admit also that they have hitherto not been carried into action solely on account of that unfortunate system; which, though tacitly forbidden, is permitted by existing Charters, and brings private interests to clash with public duty. For this only are to blame the framers of the present Charters. By making permissive that which should have been obligatory, they have enabled the Council of the College to carry on up to this very day the old system, for the removal of which the Charters were actually obtained. The present Charters, therefore, have been not only a failure, they have been worse than a failure. They have been a positive delusion.

They have enabled an antiquated system to be carried on far into the second half of the nineteenth century, under the pretence of their being the expression of reform and liberality. Well, therefore, may the Council seize upon the occasion of a New Charter required for giving country Fellows a paper vote, to allay for once and all the evils above referred to. At all events, we cannot believe that the Council will refuse to do this act of justice simply through a dread, lest that in applying for a new Charter, the question of other serious required alterations may arise. And yet we can imagine no other reason for a refusal than this.

THE CATTLE-PLAGUE AND HOMŒOPATHY.

THE medical adviser of the *Times* is in ecstasies at the announcement that a corps of homœopaths are to try their hands at curing the Cattle-Plague. The Cattle-Plague is on the increase. The danger is pressing on us. At this conjuncture, as we are solemnly informed,

"A new agency is appearing on the scene. It is proposed to treat the Cattle-Plague by homœopathy, not casually or obscurely, but on a large scale, by skilled practitioners, and in the light of day. The programme is certainly characteristic of the science, and many persons may think that the poor cows are having a hard time of it..... If quite well and not troubled with any complaint, they are to take a good dose of arsenic every morning by way of preservative; and if, notwithstanding this judicious precaution, they should still fall sick, they are to be drenched with deadly nightshade."

The conclusion, of course, being that, if the arsenicated cows get not the disease, the arsenic preserved them from it.

The *Times* then goes on to say, that at all events this practice is as good as that of "the Faculty". Arsenic cannot do more mischief than the poleaxe. Besides, homœopathy has been practised with advantage in Holland. Homœopathy, therefore, may well be allowed to compete with the poleaxe.

The *Times* proceeds to give us the benefits of its learning touching the history of homœopathy. "This curious system of medicine" is as old as most others. "Like cures like" is a maxim of remote antiquity. Nor is this the whole of the "science"! It professes "to work by such infinitesimal dilutions, that it is hard to see how it acts"; yet even here, in its very obscurity, it has a foundation. *Ignotum* stands for *magnificum*. "Nature acts by infinitesimal doses." It is thus we feel changes of air and seasons. And, after all, the most legitimate form of medicine rests on no better foundation. Homœopathy, besides, has this advantage, that, if it do no good, it leaves the business to Nature. Here, then, is just the very job for homœopathy. The legitimate science is beaten; the regular practitioners have retired from the field; so in comes, very appropriately and at the right

moment, the *Deus ex machinâ*, homœopathic "science"! The *Times* agrees with one of its correspondents, "that 'the Faculty' would 'probably rather see all the cattle in England die outright of the plague, than be cured by homœopathy'"; but rather unnecessarily adds, that the rest of the world will not be of that opinion. So, *vive* arsenical homœopathy and down with poleaxe medicine!

We will venture to say, that more ignorance, untruth, calumny, and contradiction and shameless abuse of a learned and self-sacrificing profession, were never crammed into a column even of the *Times*, than is to be found in the article from which the above is taken. It is false to say, that medicine has nothing but the poleaxe to offer by way of cure. The very columns of the *Times*, which published the recommendations for cure—the actual cures—of Dr. Smart and others, bear witness to this. Besides, no one knows better than the *Times*, that the poleaxe was recommended not to cure the disease, but to prevent its spread. To tell this truth, however, would have been to take the sting out of its slander.

The statement, that homœopathy has been practised with advantage in Holland rests on not one single shadow of proof beyond the mere assertion of an individual. This bare assertion, however, is accepted as a positive fact, whilst the accurately detailed experiments of treatment by Dr. Smart of Edinburgh are silently ignored. Then, again, we are told that the gentlemen who have got up this homœopathic experiment are "perhaps not very hopeful"; notwithstanding the fact of the advantages asserted by the *Times* to have been gained by it in Holland.

The calibre of this calumniator's mind, as a man of science, we can readily measure by his own words: "Nature acts by infinitesimals. It is thus we feel change of air or season." We have no barometer to gauge the pressure of the one, or try the temperature of the other! Nature acts by immeasurable infinitesimals! Again, says this daily father of truth: "Science is beaten, and says so." Let the homœopaths have a turn. "They think their doctrines worth something, and, what is more to the purpose, they say their value has been actually proved in Holland." He next actually has the wickedness to endorse with his "probably so", the remark of one of his correspondents, that "the Faculty would rather see every ox in England die of the plague than be cured by homœopathy."

This statement it endorses after it has been proclaimed in its own pages that the Cattle-Plague Commission had positively denied the accusation that they refused facilities for the homœopathic treatment of diseased cattle.

The respect which the *Times* has for the intelligence of its readers is remarkably exhibited in the conclusion of this article; where a complete contra-

diction is given to all the statements previously made touching medical treatment. We are there told that those whose only prescription (according to the *Times*) is the poleaxe, have actually been engaged in the successful treatment of the plague.

"The last return looks cheering. The recoveries do seem to be bearing a greater proportion to the deaths than before. They have been 768 in Scotland alone, where the disease appears to have been treated with more patience, as well as more success, than in other places. We hope this may be a sign of more promising times, and that either regular or irregular practitioners, or both together, may contrive to show us some way out of the difficulty. When contagion seems so subtle, and sickness so fatal, we are driven to quarantines as the only remedy; but if effectual antidotes can be discovered, we may regard the chances of infection with less alarm."

And faithfully to finish off this most shameless production, the *Times*, after previously setting the regular doctors down as worse than imbeciles, and telling us that they had wholly given the thing up as a bad job, winds up with a hope that either they or the irregulars will find out a cure; and, with the subtlety of a well known historical animal, concludes with recommending one of the remedies prescribed by the doctors; viz., quarantine.

Since the above was written, we find it stated by a contemporary—"on authority"—that the applications of homoeopathy in Holland have been much exaggerated; and that the reported success of the treatment is unfounded. In this country, we also learn that a veterinary surgeon and homoeopathic practitioner have been trying conclusions with the disease at Norwich, and that their success is exactly what every reasonable person would judge beforehand that it would be.

We may pass over the ignorance which calls homoeopathy a "science", and talks of "drenching cows" with infinitesimal doses of belladonna!

THE CATTLE-PLAGUE.

PROFESSOR WILSON of Edinburgh points out the fallacies in the Report of Mr. McClean, the chief dissentient Cattle-Plague Commissioner. Mr. McClean tried to make out that, by the importation of foreign beasts, the gain to the country has been one hundred and sixty-six sound cattle for each one that has died of disease. Professor Wilson, however, shows that, instead of being 1 to 166, the gain is but little more than 1 to 1; or, giving exact figures, 1 to 1.33.

"Indeed," he adds, "I am strongly of opinion that if the published returns of the Commission could give us a correct statement of the entire losses sustained, it would be found that the increased importation would not even equal the number of victims the disease has already made."

A new Order in Council has been issued; by which, if an animal become diseased, the owner shall keep it separate from other animals, and only on condition of this Order being disobeyed is the Inspector to have power to order its slaughter.

Dr. J. W. Ogle makes suggestions touching a scientific inquiry into the nature, etc., of the Cattle-Plague. He suggests

"That the authorities should avail themselves of the services of gentlemen, graduates in medicine as well as in surgery, who, not having yet committed themselves to any walk of life, are what is termed 'hanging about' the hospital, and form a corps, who, out of London, should assist them in their efforts at the Camden Town Veterinary College, to elucidate the question of the cattle-plague. From the extreme diversity of the suggestions made on all sides regarding the disease, all speculation regarding the exact nature of the disease must begin *de novo*; and all considerations as to treatment, etc., must rest on data which we have not arrived at. At the same time, investigations should be pursued on a large scale and in various places contemporaneously. We should multiply our *foci* of research. Armed with instructions, these gentlemen would be in a position to furnish a large number of trustworthy observations, which, being compared, would prove an invaluable foundation for further inference and conclusions."

We recommend to the consideration of the wise the two following statements. The men of science were listened to in France, and were laughed at in England. Here are the results.

"The *Cambridge Independent* of Saturday reports the extension of the cattle-plague in the Cambridge-shire and Huntingdonshire parishes. The *Hertford Mercury* records cases between Hitchin and Stevenage; and the *Bucks Advertiser* says the disease is making alarming progress at Adstock, Thornbury, and Thornton. In Yorkshire, the disease continues its fatal ravages; the York papers give more serious accounts than ever. The cattle trade is completely paralysed. In Cornwall, in the neighbourhood of Truro, there is hardly a farmer or dairyman whose herds are not affected."

"The total number of animals of the ox species," says the *Constitutionnel*, "slaughtered up to this time on account of typhus, or suspicion of the same, in the two departments of the Nord and the Pas-de-Calais amounts to exactly forty-three. Owing to this considerable sacrifice, we may now be permitted to affirm that France will be preserved from the scourge which afflicts the farmers of England, Belgium, and Holland."

THE annual meeting of the Herefordshire Medical Association was held at Hereford, on November 8th; Mr. Lingen in the chair. Mr. E. Y. Steele of Abergavenny was elected president, and Mr. Cam of Hereford vice-president, for the ensuing year. The following resolutions were unanimously carried.

"That a copy of the Rules of the Medical Provident Society, in connection with the British Medical Association, be forwarded to every member of this Association.

"That the system of gratuitous medical advice and assistance has outgrown all necessary and reasonable limits: with all its acknowledged benefit—and may the full extent of its true charity never be lessened—in the excess to which it is now carried, it is largely productive of the serious evil of checking those habits of providence, forethought, and independence, which it is always so desirable to encourage among the

working classes; and that it will, therefore, be of great advantage to introduce the self-supporting principle in whole, or in part, in the formation of all new dispensaries, and in those already existing, wherever it may be practical to do so."

The Annual Report of the Association observes that no very startling facts have occurred in medical politics during the past year. The General Medical Council rather gives hopes for the future than satisfaction in the present. The position of the profession has somewhat improved in matters of state policy; but it remains for medicine, "by a strict attention to the purely professional and scientific view of each case that may arise, to avoid that appearance of partiality which is so injurious to its true dignity." The few cases of medical persecution which have occurred, have so terminated as "to serve as a just warning for the future". Indecent advertising and druggists' practice have received severe blows. A further proof of the success of legitimate medicine in holding its own, is, the Report says, afforded by the attacks of the *Times*.

"It has pleased the *Times* to attack the profession, because it cannot cure the cholera, nor stay the cattle-plague. As well might it reproach Divinity for the existence of crime, or the Law that disputes the mortality from these diseases; but the secret has been given us to rob small-pox of its victims; and it may be that we may rejoice hereafter in being able to meet other pestilences in an equally successful manner. The *Times* unfortunately neglects no opportunity of attacking the profession; but as long as its articles display such ignorance of the first principles of medicine as they have lately done, they certainly can do us but little lasting injury."

L'Union Médicale says that, happily for the critic, the Introductory Addresses at English Schools of Medicine this year require no notice.

"They have a purely local colouring, and are dull and monotonous enough. An uniform tone prevails throughout them, and their diapason is very feeble. But what does John Bull care about the discourses, if the entries of students are good? And excellent they are, says the Registrar's report."

We are glad to see that in different parts of the country Boards of Health are listening to the wise instructions of their medical officers, and making preparation for the probable advent of cholera. An excellent report on the wretched sanitary state of Merthyr Tydfil, has been addressed by Mr. Dyke to his Board. In conclusion, he warns them:

"You will bear in mind that you are to prepare for the possible advent of epidemic cholera. The dry summer of 1864, the still more dry autumn of 1865, have given rise to typhus fever, and to autumnal diarrhoea, in their epidemic forms throughout England. This, coupled with the other fact, that true epidemic cholera has during the last twelve months generally spread from Arabia through Egypt to Turkey, Italy, Spain, and France, makes it necessary that men who are entrusted with the care of the lives of others, should use every precaution which

common sense dictates, and the law allows, to prevent the spread of that deadly disease among the people."

We are sorry to hear that the patient from whom Mr. Spencer Wells removed the enlarged spleen died on the seventh day after the operation, of pyæmia. She had quite got over the shock of the operation, and all who saw her had become very hopeful as to the result, when rigors and all the characters of the surgeon's greatest enemy developed themselves. At the autopsy, effusion into the pericardium and both pleural cavities was observed; but no peritonitis beyond the locality of the wound, and no hæmorrhage. Surgically, therefore, it may be taken as proved, that a very large spleen may be removed without hæmorrhage, that the patient may get over the shock, and that there need be no great fear of peritonitis. The medical and physiological questions raised by the operation are, however, of equally grave import; and we trust that they will be fully discussed when Mr. Wells brings the case before the Royal Medical and Chirurgical Society, which we hear it is his intention to do as soon as possible.

DR. HUNTER, as we anticipated, has been found innocent of the infamous charge brought against him. Some of the remarks of the *Times* (which, at all events, has indirectly derived benefit from Dr. Hunter's method of curing consumption) are amusing.

"Dr. Hunter was not exactly a regular practitioner, either in standing or method. According to English law, he was neither qualified nor registered; but he had qualified himself in America, and had actually practised in New York. He had been in this country four or five years, had largely advertised his system for the cure of consumption, and appears to have established a considerable practice. We are told of a waiting-room full of patients, and of a staff of 'visiting doctors,' who were commissioned by Dr. Hunter to attend his patients at their own houses when that attention was necessary. No detailed evidence was given as to the nature of the system or specific actually employed; but it was stated that Dr. Hunter treated the disease by inhalation, and that in his diagnosis he relied much upon a minute examination of the surface of the skin, neither proceeding being without precedent in regular practice. We should add, too, that Dr. Hunter's fees were not exorbitant. He took a guinea from his patient on the first visit, and then charged five guineas a month for his subsequent attendance, medicines included."

IN consequence of services during the cholera epidemic, M. Horteloup, head physician of the Hôtel Dieu, has been raised to the grade of Officer of Legion of Honour; and MM. Gubler of Beaujon, Duplay of Lariboisière, Boucher of St. Antoine, and Arnaud and Imard, nominated Chevaliers.

The Medical Faculty of Paris is deliberating as to the propriety of establishing a chair of clinical ophthalmology in the Faculty. It is supposed to be at the instance of M. Liebrich that the question is raised. M. Liebrich's position may be gathered from the fact of his being one of the special guests of the Emperor at Compiègne.

FOREIGN BODIES IN THE AIR-PASSAGES OF CHILDREN.

M. GUERSANT writes as follows on this subject in the *Bulletin Général de Thérapeutique* for September 15th, 1865.

Foreign bodies in the air-passages may come from without or from the interior of the body; they are met with in the larynx, the trachea, or the bronchi. It is especially in children that they are observed; and they are of different kinds. The foreign bodies which come from the interior may be worms, which, ascending by the œsophagus, may pass into the larynx, and sometimes cause sudden death; or pus may come from an abscess in the neck; or a tuberculous product, first developed in a ganglion in the lungs, may penetrate into the larynx.

Foreign bodies may also come from the interior, having been first introduced from without; thus wounds in the chest sometimes give passage into the pulmonary tissue, to pieces of dressing, such as lint, etc., which then pass into the respiratory tubes; in the same way, pieces of necrosed bone may penetrate into the pulmonary tissue, to be expelled through the bronchi and trachea. A ball may follow the same path, in consequence of a wound in the chest. All such foreign bodies are often present without producing symptoms which may cause their existence to be presumed: still, when an abscess in the neck opens into the trachea, when retro-pharyngeal abscesses threaten to empty themselves into the larynx, or when foreign bodies enter from a penetrating wound in the chest, there are circumstances which put the surgeon in the way of forming a diagnosis.

Foreign bodies which come from without may be either fluid, soluble, soft, or hard. The fluids are water, wine, spirits, and all drinks. The soluble bodies are sugar, pieces of gum, pieces of sweatmeal of different kinds, pills, etc. The soft bodies consist of food more or less masticated. The solid bodies are raw beans, nuts, pearls, teeth, pieces of bone, money, etc.

Symptoms. The foreign body lies in the larynx, or rather in the trachea. The signs which it presents are serious in proportion with the youth of the child and the narrowness of the tubes.

If the foreign body be fluid, the phenomena that it causes are a sharp irritation, a convulsive and suffocating cough, a kind of suffocation and *rôle*, which disappear quickly on the expulsion of the fluid.

If the foreign body be soluble or soft, it causes nearly the same symptoms. Immediately after the accident there is suffocation, and the patient may die upon the spot; but ordinarily there is a violent, harsh, convulsive cough, with threatening of suffocation, appreciable by the patient and by the physician. The voice is hoarse or inaudible; there are anxiety, a feeling of fear on the part of the patient, with pain in the respiratory passage, sometimes localised by the patient, at other times of uncertain seat.

If the foreign body be solid, these accidents persist and even augment in intensity; but they vary according to the consistence of the body introduced. Substances which are soluble, such as sugar, gum, barley-sugar, and other *bombons*, sometimes only cause symptoms of short duration; they dissolve, diminish in size, and are quickly expelled by the efforts of

cough. The same may occur, but more slowly, with pieces of masticated meat and of soft bodies in general. M. Guersant has seen a child eject, for several consecutive days, pieces of masticated meat, and thus relieve itself by fits of coughing. He has also seen the same thing occur in a child who had eaten a sugar-plum with the almond, of which the pieces had entered into the larynx and trachea.

But it is not the same with hard foreign bodies; the symptoms already described not only persist, but cause other symptoms. A pin or a fish-bone may implant itself in the larynx and produce very severe inflammation; bodies of this nature may remain fixed at one point. Round solid bodies have a tendency to change their place; and these bodies pass from the larynx into the trachea, or remain in the ventricles of the larynx when they are small, or descend into the bronchi. It is in cases of this nature that foreign bodies change their places, giving rise to intermissions of the symptoms, leading to the belief that no foreign body is present, because the most frightful paroxysms of cough and of suffocation are succeeded by a perfect calm.

When the foreign body is in the larynx, the symptoms vary less, because the body does not become displaced; but when it is in the trachea, it may ascend or descend. On placing the hand in front of the neck, a sensation is felt of a body which rises and descends in the trachea. Sometimes these bodies descend into the bronchi, and do not move. M. Guersant has had an opportunity of ascertaining the presence of a bean in the left bronchus; in this child, the respiration was heard in the right lung only, while in the left there was an absence of respiratory sound. An attentive observation of the respiration ought to throw light on the nature of the case.

When foreign bodies are left to themselves, either in the larynx or in the trachea, they may be expelled by natural efforts if fluid or soft; but when they are hard, and remain of the same size or even increase in size (as kidney-beans), the symptoms increase in intensity; the paroxysms of suffocation are renewed; the patient is sometimes convulsed; the face becomes livid; there is lacrymation; the veins of the neck are distended, and the trachea projects more than in the normal state; the child makes very energetic efforts at expulsion. Air accumulates in the lungs, and distends their parenchyma. In consequence of rupture, the air penetrates into the cellular tissue above the clavicles, and into the chest, producing pneumothorax, and death may follow slowly; but, all other things being equal, more quickly in children than in adults, because of the smaller size of the organs.

The *diagnosis*, by aid of the means pointed out, is often easy enough; but too much attention cannot be paid to all the symptoms described. It is necessary, also, to attach the greatest importance to the information furnished by the persons who were near the child at the moment of the accident, and who have been witnesses of the first symptoms, as these are sometimes followed by the expulsion of the foreign body; in which case the symptoms which persist admit of delay.

It is very important not to confound the introduction of a foreign body into the pharynx with the introduction of one into the larynx. Ordinarily, in the case of a foreign body in the larynx, the pharynx and œsophagus are permeable to drink; but not so in the other. A bulky foreign body, however, such as a portion of a morsel of food, may enter into the trachea, compress the œsophagus, and thus obstruct the passage into this tube, so that the patient cannot swallow without regurgitating. In a case of this kind, the trachea being distended by the foreign

body, it is necessary to ascertain that the œsophagus is free, which may be done by introducing a gum-elastic sound into the alimentary tube; the substance, if in the œsophagus, may thus be pushed into the stomach, and the difficulty will be overcome, and the diagnosis rendered certain. If, on the contrary, this cannot be done, there will only be found in the œsophagus an obstacle, which cannot be pushed on; and it will be recognised that the trachea is distended, and compresses the alimentary tube.

Prognosis. The severity in the case of foreign bodies in the air-passages varies with certain circumstances.

1. *Age of the Child.* Very young children, a year old for instance, may meet with the most serious accidents, because of the narrowness of the larynx and trachea.

2. *State of the Health of the Child.* A state of disease is unfavourable.

3. *Consistence of the Foreign Bodies.* Fluids cause temporary symptoms only. Soluble bodies are less dangerous than soft; and hard bodies, which cause permanent symptoms, all present more or less danger. Those which have a smooth surface do not cause the same dangers as those which are pointed or rough.

4. *Size of the Foreign Bodies.* They may, by their size, intercepting more or less quickly the passage of air, cause more or less rapid asphyxia.

5. *Duration of their Stay.* When foreign bodies remain a long time, inflammatory or other complications are to be feared; but these may be prevented if they are removed at an early period. It is, however, known that foreign bodies have remained for months, or for years, in the respiratory tubes, and have been expelled by the efforts of nature.

Treatment. When a child has a foreign body in the larynx, if the patient can be examined with the laryngoscope or Labordette's speculum, the foreign body, if at the entrance of the larynx, or even between the vocal cords, may possibly be seen with the aid of this last instrument, and seized with polypus-forceps. If this means be not at hand, the child should be placed with its head downwards, struck on the back, and caused to cough and cry. After this, emetics and sternutatories may be used, but without great hope of success; and finally, most frequently without delay, recourse must be had to laryngotomy, if it is thought that the substance is in the larynx, or else to tracheotomy, if it is believed that the foreign body is in the trachea or in the bronchi. In these operations, the rules must be followed which are laid down for the performance of tracheotomy in croup; and the surgeon must not forget to have at hand the small crane-bill forceps, as the foreign body may be impacted in a bronchus. Tracheotomy should be all the sooner decided on, as there is not such danger of failure as in croup, where the patient rarely recovers; indeed, in case of tracheotomy for foreign bodies, death is the exception, and recovery the rule. M. Guersant has had occasion to perform tracheotomy in five cases for the extraction of beans from the trachea; four patients recovered, and one died of pneumonia, who was operated upon sixteen hours after the accident. M. Guersant always applies simple dressing to the wound on the first day, and produces only gradual union. It may be united at once if the foreign body be expelled; and left open, and even kept open by a cannula, if the foreign body still remain, and there be hope that it may yet be removed. After this operation, the surgeon ought to be on his guard against bronchitis and pneumonia; he should examine the chest daily, so as to be able to meet the earliest symptoms.

Reports of Societies.

WEST KENT MEDICO-CHIRURGICAL SOCIETY.

FRIDAY, NOVEMBER 10TH, 1865.

MEDICAL MISSIONS. BY WILLIAM LOCKHART, ESQ.,
F.R.C.S., F.R.G.S.

MR. LOCKHART, who had laboured for more than a quarter of a century among the Chinese as a medical missionary, brought before the meeting a few details of the results of his observations.

The Chinese have practically no knowledge of anatomy or surgery: they have, however, some little knowledge of medicine. They consider diseases under five classes: those proceeding from heat, cold, dryness, dampness, and wind—being conditions of the atmosphere which induce or vary the various forms of disease. In practice, however, these crude notions are, among the better educated, very much set at naught; and they apply their remedies to the symptoms, discovering by experience what relieves or cures, and giving the same medicine when a like set of signs of illness appears. Theoretically, they are bad practitioners; but practically they manage simple diseases very well; and the results are, on the whole, satisfactory as far as ordinary medical ailments are concerned.

They know nothing of practical human anatomy; and their surgery is really barbarous. The little anatomical knowledge they possess is derived from the lower animals, which they apply to the altered conformation of the human body. Still, as they are well educated on many subjects, and have to pass through long courses of study, the ordinary class of medical men are to be considered as among the best informed; which doubtless enables them to apply principles in keeping with keen observation, and thus become really useful practitioners of the healing art to all cases except surgery, to which branch of medicine a lower grade of men is attached. Their failures in surgery are very marked and painful. Having no knowledge of the courses of the arteries, they cannot apply a ligature; consequently, many cases of simple wounds, where vessels are divided, perish. The same want of knowledge of the bones is fraught with like sad results in their treatment of fractures. All they do with the fracture, simple or compound, is to bind it up tightly with a kind of dextrine consisting of pitch and gum, with plaster of Paris, etc., without having previously adjusted the fracture; consequently, one sees limbs distorted in every possible way, and often, too, extremities sacrificed to injudicious pressure. Similar plasters are not unfrequently made to treat injuries and disease of the trunk, or, in some cases, purely medical complaints—hiding, as it were, from observation the indications of illness! Gun-shot wounds, of which Mr. Lockhart had seen many, are covered with the same compound, and often left unexamined until the most frightful consequences ensue—gangrene, etc. Of eye-diseases, they have no knowledge.

Such was the state of the whole Chinese empire when European medical men visited it in 1820. Previously to this period, Mr. Alexander Pearson, in 1805, introduced the practice of vaccination at Canton; and when he left the country, in 1832, he had the satisfaction of seeing his efforts crowned by the establishment of a large vaccination hospital in that city.

In 1820, the Rev. Dr. Morrison, in conjunction with Mr. Livingston, of the Hon. East India Com-

pany's service, opened a dispensary for the relief of the Chinese, which was conducted by native practitioners. At Macao, in 1823, Dr. Colledge opened a hospital, which was supported partly by the Hon. East India Company, and partly by merchants—chiefly for ophthalmic cases. It was followed by the most marked success, exciting throughout the vast provinces the deepest interest. Upwards of six thousand cases were cured or relieved in this hospital. Dr. Colledge, seeing the good effects of European skill, urged on the work of Christian medical missions as one great means of opening out the vast empire of China. The immediate follower in this field was Dr. Peter Parker from America, who arrived in 1834. His success was very striking; and many of his remarkable cases were sketched, and portraits sent to London, some of which are now in the museum of Guy's Hospital.

In 1839, Mr. Lockhart proceeded to China, being the first medical missionary sent from this country. He opened a hospital at Tinghai, in the island of Chusan, to which, after a time, great numbers (3,500 in two years), from remote parts, flocked to obtain relief from the "foreign surgeon". About the same time, Dr. Benjamin Hobson of the London Missionary Society, and Dr. Diver from America, took charge of the hospital at Macao. For many years Dr. Hobson laboured at Canton, and succeeded in publishing five important medical works, translations into the Chinese language of some of our best manuals on anatomy, medicine, surgery, midwifery, and natural science. These books are so highly appreciated, that they have been reprinted by the natives not only in China itself, but also in Japan and Corea.

The great object of all these labourers has been to "heal the sick"; and happily, although both Mr. Lockhart and Dr. Hobson have returned home, the latter in enfeebled health, the work in China goes on, and is well supported and well sustained.

On first arriving among a people jealous of foreign interference, and regarding Europeans as barbarians, intercourse was not easily obtained. As soon, however, as a cure—say the removal of a large encysted tumour—was effected, the news spread far and wide, and many tumour-cases came for advice. In like manner operations on the eye told; the enabling a blind man to see excited the wonder of a whole district or province, and ophthalmic cases came in to the hospital. And what increased the astonishment of the natives was, that foreign surgeons took no fees! Such intercourse, so beneficial to these poor people, induced a very kindly feeling towards the medical men, and gave them free access to all classes; "and the opportunity," said the lecturer, "otherwise denied us, of doing good to the body, while at the same time we preached unto them Jesus."

The following simple case will show the utter inability of the native surgeons to treat surgical diseases. A child, suffering from a tumour on the head, had a ligature tied round its base by a Chinese surgeon. Bleeding followed, which could not be stopped by the ordinary means possessed by the native operator. In this state the poor child was brought into hospital. Mr. Lockhart removed the dressings, cut off the tumour, and secured the bleeding vessel; giving back the child to its parents, who received it as one saved from death. Their gratitude knew no bounds, and their talk of the barbarian's skill knew no limits. In another case, where a tumour of considerable size was removed from a man (for which operation, in keeping with the custom, no fee was taken), the grateful patient requested to be allowed to place a tablet in the hospital; and, on being allowed to do so, had it inscribed, "Following the doctrines of Christ."

An opposite class of patients was found among the victims of opium-smoking; a form of intemperance much more degrading than gin-drinking. On commencing the vice, a scruple a day is consumed in order to obtain the full sedative effect; after which it requires a drachm, then two drachms, passing by gradual advances up to an ounce in the day; it may require an indulgence of from fifteen to twenty years to reach this maximum. The time required to consume this, or even a less amount, is so considerable, that the day is wasted; the bodily and mental powers prostrated; and the means, too, so that the slave to this vice soon becomes a beggar and an outcast. So low does opium-smoking bring a man, that he cannot give evidence legally in a civil case in court. The relations of our government to this monster evil are by no means such as could be desired; obtaining, as we do, something like £4,000,000 as revenue. British India produces 100,000 cwts., all of which reaches China, notwithstanding that the Chinese authorities have forbidden its introduction; and about the same quantity is produced by China itself; making in all 200,000 cwts. of this drug as the amount consumed in this most demoralising practice.

We did not teach the Chinese to smoke opium; consequently, the entire sin does not rest with us.

The inebriate of opium will sometimes, as with the sot of our own country, seek medical advice with the hope of cure; and some patients were admitted into hospital with the object of curing the smoking habit. Partial at first, and then total, abstinence from opium was practised; with quinine as a tonic. After considerable treatment, some cases have recovered; the emaciation and blackened features, the marked characteristics of the smoking sot, gradually passing away.

During the rebel disturbances, the Shanghai Hospital received wounded Imperialists as well as rebels, along with the more peaceful inhabitants; all living amicably together. Amid this time of activity, the entire work fell on Mr. Lockhart. In cases of operative surgery, including amputations, etc., he had to give chloroform, use the knife, tie the vessels, dress the case, and carry the patient to bed. He never lost a patient after chloroform. After considerable painstaking, he taught some few laymen to tie the vessels; thereby getting some little assistance.

In 1857, he returned to England, leaving his hospital work in full operation.

Returning to China in 1860, Mr. Lockhart took up his residence in Peking, with the consent of our ambassador, who regarded his services as eminently calculated to favour European admission among the people, who were found badly nourished and cared for. Cutaneous diseases and carbuncles were very prevalent. Fractures and dislocations were treated, as in Southern China, without knowledge. Thecal and palmar abscesses were totally neglected; and, as a consequence, the hand or some of the digits were lost. Here the foreign surgeon displayed his knowledge; and, by merely opening the abscess, relieved the case, and recovery followed. A widely spread reputation was thus obtained, and cases came from all surrounding districts. Gratitude and wonder filled the minds of the people, who took every opportunity of spreading his fame, and of thus establishing the reputation of the hospital. From the poor, information soon reached the rich; these are, as a rule, very secluded, yet they came, bringing with them their wives and daughters, who were treated for various maladies. The result of all this was that, through the influence of the hospital, much good was done, and European intercourse with the Chinese people much promoted.

Our profession has, in this way, made great in-

roads on the prejudices of this far-off people; has won their confidence and affection; and thus has used the advance of civilisation, and the spreading of a true and sound Christianity.

Correspondence.

ARREST OF HEMORRHAGE IN AMPUTATION.

LETTER FROM JAMES SYME, ESQ.

SIR.—In noticing a groundless statement of my intention to try some nonsensical contrivance for the suppression of hæmorrhage, you express disapproval of newspapers as vehicles of professional instruction, and yet no longer than a week ago you quoted an expiring puff from this source to show that acupuncture was fully established in Scotland. Should any Edinburgh or Glasgow student happen to stumble on so remarkable a piece of information, he would certainly rub his eyes in astonishment at the credulity of its author. The truth is that, in a few operations, and more especially amputations, it is sometimes possible to arrest the bleeding by means of needles instead of ligatures, although without any advantage, and not without the risk of very serious bad consequences. But when an obscure practitioner cuts off a leg or an arm in the ordinary way, he has no pretext for sounding his little trumpet; while, if he deviate from established usage and run counter to sound surgical principle, he may send the result to a learned society, or even have the happiness of seeing his name fairly printed in the newspapers.

I am, etc.,

JAMES SYME.

Edinburgh, Nov. 24th, 1865.

[Our words were: "We know not what credence is to be given to the following taken from an Edinburgh paper; but, if it be correct, it would seem to indicate that acupuncture was just superseding the ligature with the majority of surgeons in Scotland." Mr. Syme will admit, we are sure, that, unless the paragraph he speaks of had been inserted in our pages, the students of Edinburgh and Glasgow who read it in the newspapers would not have had the benefit of his comments upon it. EDITOR.]

POOR-LAW MEDICAL REFORM.

LETTER FROM RICHARD GRIFFIN, ESQ.

SIR.—I shall feel obliged for space to lay before the Poor-law medical officers a list of the subscriptions received since the last report was published in July. I need scarcely say that, with a debt of nearly £20 still existing, I am powerless for any active exertion; which I much regret, as the annexed letter, received with the last few days, clearly proves that there is great need of an improvement in the position of the Poor-law medical officers.

I am, etc.,

RICHARD GRIFFIN.

12, Royal Terrace, Weymouth, Nov. 24th, 1865.

Subscriptions received since July 3, 1865.

West Somerset Branch of the British Medical Association, £2; J. H. Dowling, Cerne, 5s.; W. R. Loveless, Stockbridge, 5s.; J. L. Jardine, Dorking, 5s.; W. Prowse, Amersham, 5s.; G. Faithorne, Amersham, 5s.; G. F. Smethman, Amersham, 5s.; B. A. Brickwell, Amersham, 5s.; Clarke and Elliott, Barnstable, 10s.; H. Rees, Amersham, 5s.; R. Willis, Tavistock, 5s.; W. Jeston and R. P. Jeston, Henley, 20s.; T. Jackson, Gateshead, 10s.

"My dear Sir,—I forward post-office order towards expenses of your praiseworthy endeavour to promote and increase the payment and better the standing of Poor-law medical officers. In most unions, remuneration for services cannot be worse. The relieving-officer appears to have entire control over the medical officer. Whoever makes application, he gives an order, and frequently when none is wanted. Two cases occurred with me lately, both about nine miles from my residence (of course, within my district). When I visited Case No. 1, I found my "patient" working at a mangle. On asking why they requested my services, the mother coolly said the relieving-officer asked how they were; her reply was that the daughter was not very well; he forthwith gave an order. Case No. 2. The woman had gone from home two days previously to my visit (her daughter informed me) to help her sister to kill and salt a pig, and would not return until the end of the week. Thus you will observe, by the double journey, I travelled a distance of thirty-six miles for no purpose.

"If, by your perseverance, you can do anything for us in the forthcoming session of Parliament, the profession will have great reason to rejoice. If need be, I shall not object to a further donation. I may mention, my salary is £30 per annum for a very large district.

"I am, etc.,"

THE CATTLE-PLAGUE. An association has been formed for the trial of preventive and curative treatment in the cattle-plague by the homœopathic method, under the chairmanship of the Duke of Malborough. It comprises the names of many distinguished agriculturalists, and without pledging the public to an acceptance of the principles of homœopathy, and has put forth instructions, chiefly for non-professional persons. The report of the Cattle-Plague Commission (with the minutes of evidence) has been printed; and may be had at the Queen's printers, Messrs. Eyre and Spottiswoode, East Harding Street; and at Messrs. Hansard's, Great Queen Street, Lincoln's-inn Fields, for 2s. 6d.

SHEEP AND RINDERPEST. About five weeks ago, two of the sheep which had been kept about three weeks in the Edinburgh sanatorium in contact with diseased cattle, but without taking the infection, were handed over to Dr. Smart for further experiment. The sheep were placed in a stall in which two cows had just died from the most virulent type of the disease, and they were also allowed to go about the cowhouse, in which several diseased animals were under treatment. Both the sheep remained perfectly well until about a fortnight ago, when one of them became sickly. The animal, from showing loss of appetite, went through all the usual stages of rinderpest, though in a modified form. On the eighth day, it showed the first signs of recovery, and has since made continuous advance in convalescence. The other sheep has continued quite well during the whole period. The result of the experiment would seem to show that while the sheep do not enjoy an absolute immunity from the disease, they are liable to its attacks in a much less dangerous form. In the present case, the attack was a mild one, even after being subjected to contagion for a protracted period. In Dr. Smart's opinion, the disease is not likely to assume an epizootic character among sheep, although, during its prevalence among the cattle, a few isolated cases may occur among the sheep. We understand that Dr. Smart continues his experiments in the treatment of cattle suffering from rinderpest, and with encouraging results. He estimates the proportion of recoveries among the animals treated at about 70 per cent. (*Edinburgh Courant*.)

Medical News.

APOTHECARIES' HALL. On November 23rd, 1865, the following Licentiates were admitted:—

Chaffers, Edward (late Confederate States Army), St. Thomas's Hospital

Land, William John, St. Mary's Hospital
Taylor, Theodore Thomas, Cricklade, Wilts

Whitehead, John, Park Place, Liverpool Road

At the same Court, the following passed the first examination:—

Ewbank, Francis, St. Bartholomew's Hospital
Fagge, Herbert William, Guy's Hospital
Loane, Joseph, London Hospital
Willan, Thomas Henry, St. Bartholomew's Hospital

APPOINTMENTS.

PARSON, Edward, M.D., appointed Lecturer on Midwifery and the Diseases of Women and Children at the Charing Cross Hospital.

ROYAL NAVY.

DANN, Edward, M.D., Assistant-Surgeon, to the *Medusa*.
HOGG, Abraham, Esq., Assistant-Surgeon, to the *Oberon*.

VOLUNTEERS, (A.V.=Artillery Volunteers; R.V.=Rifle Volunteers):—

HUMPHREYS, F. W., Esq., to be Assistant-Surgeon 26th Middlesex R.V.
MITCHELL, T. R., M.D., to be Honorary Assistant-Surgeon 22nd Norfolk R.V.

DEATHS.

ANDERSON. On November 19th, at Tunbridge Wells, Jessie, wife of Frank Anderson, M.D., Deputy Inspector-General of Hospitals, Indian Army.

RAYFIELD, Samuel J., Esq., Staff-Surgeon, on board the ship *Moulton*, aged 34, on October 22.

BURROWS, Edward, Esq., Surgeon, at Ruddington, Notts, aged 75, on November 22.

DAVIES, William Thomas, Esq., Surgeon, at York Town, near Bagshot, aged 25, on November 22.

*GOULD, Henry M., Esq., Surgeon, at Wateringbury, Kent, aged 61, on November 20.

NICOLSON, Thos., M.D., late of Davies Street, London, at Brighton, aged 69, on November 25.

PETTIGREW, Thomas J., Esq., F.R.S., F.S.A., at Onslow Crescent, South Kensington, aged 74, on November 23.

WARREN. On November 22nd, at Basingstoke, Penelope, wife of Pelham Warren, M.D.

THE BROMPTON CONSUMPTIVES are reported to have arrived at Madeira on the 17th ult., all well.

CHOLERA IN PARIS. The *Union Médicale* publishes an account which shews that the deaths from cholera in Paris and in the department of the Seine to Nov. 17th amount to about 6000.

GREENWICH HOSPITAL. Fifty of the female nurses, who have been for years engaged at this establishment, have been discharged by order of the Admiralty upon pensions varying according to length of servitude.

BEQUESTS. Mr. Robert Lewes, of Surbiton Park, has left £400 to each of the following metropolitan hospitals: St. George's; the Middlesex; Charing Cross; Royal Free; and the Brompton Consumption. Mr. Henning leaves £500 to the Dorset County Hospital; and Mr. John Lowe, of Birmingham, leaves £100 each to the General Hospital, the Queen's Hospital, and the Dispensary of that town.

THE PLYMOUTH NAVAL CLUB has been lately wound up, and the balance of the funds divided among the local charities; viz.: Devon and Cornwall Orphan Asylum, £5; Devon and Cornwall Hospital, £5; Plymouth Dispensary, £5; Plymouth Royal Eye Infirmary, £3; Royal Albert Hospital, Devonport, £5; Royal British Female Orphan Asylum, Devonport, £5; Royal Naval and Military Free Schools, Devonport, £5.

AMERICAN MEDICAL SERVICE. Army medical officers are being rapidly and on a large scale mustered out of the United States army. Where will they all find employment?

SANITARY STATE OF NEW YORK. The miserable sanitary and very crowded condition of New York has excited serious dread as to what ravages may be committed there by an advent of cholera.

FEVER IN MANCHESTER. A Manchester paper speaks of a late report of Mr. Greaves on the sanitary state of the town, as "a document the most startling that has appeared in Manchester for a long time." From that report, it appears that typhus and typhoid fever, after slowly creeping on, have within the last few weeks become so prevalent as to have almost attained to the dimensions of a pestilence which threatens to extend over the whole of the city.

A GOOD MOVE. Sir W. P. Wood has granted a writ against the Banbury Board of Health for disobeying a former injunction and continuing to empty their sewage into the Cherwell. It was shown that the Cherwell had been converted from a clear stream, full of fish, into a black, poisonous, open sewer, and caused sickness to the inhabitants. The defendants stated that they were taking measures to deodorise the sewage. Sir W. P. Wood does not accept that excuse. Till it is recognised that, whatever may be done with sewage, the rivers of England are not to be poisoned by it, there will be little hope of bringing local boards of health and other authorities to see that something else can be done with it, and to ask what that something else may be.

ACCIDENTALLY POISONED. Last week a painful sensation was created at York Town, Sandhurst, by the death of Mr. W. Davies, the son of a medical practitioner in that village, from accidental poisoning. It appears that on Tuesday night the deceased was suffering from indisposition, and went to his father's surgery to prepare a medicine which he had frequently used. He mistook a bottle containing chloroform for chloric ether. With this he withdrew to his bedroom, and it is supposed that he shortly afterwards partook of the preparation. Not making his appearance as usual on Wednesday morning, his father proceeded to his bedroom, the door of which he found locked, and on effecting an entrance by forcing it open, he discovered his son insensible, with the medicine bottle beside him. Drs. Bradford and Collins, surgeons at the Royal Military College, were sent for, and were unremitting in their exertions to save the life of their patient, but without avail. He expired on Wednesday evening. Much sympathy is expressed in the neighbourhood towards Dr. Davies, who two years ago had a daughter accidentally burnt to death.

CHARGE OF FRAUD AGAINST A DOCTOR. Dr. T. Whalley has been committed for trial, from the Dewsbury Police Court, on the charge of obtaining assurance policies under false pretences from the British Nation and the British Prudential Assurance Companies. It appears that certain documents were found in a public road indicating that the accused, who is the local medical assurance adviser, had effected an insurance on the life of one of his patients named Hannah Hepworth, then deceased. He had in the certificate of the death stated that she died of inflammation of the bowels, when, in fact, she had died of cancer in the same locality. Her friends were quite startled when the facts of this assurance came to light and had the body exhumed, but a scientific examination showed that death had not been brought about by any unfair means. The disclosures of these circumstances led to inquiries

and investigations by the assurance offices and then to the legal proceedings against the doctor. Evidence was given tending to show that the prisoner assured the life of Hannah Hepworth, and certified it in the usual way, when he knew the disease must soon carry off the woman.

OPERATION DAYS AT THE HOSPITALS.

MONDAY..... Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 9 A.M. and 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

TUESDAY. Guy's, 14 P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.

WEDNESDAY.... St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.

THURSDAY.... St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopaedic, 2 P.M.—Royal London Ophthalmic, 11 A.M.

FRIDAY..... Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

SATURDAY.... St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.—Royal Free, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY. Epidemiological Society, 8 P.M. Dr. Hermann Weber, "On Pettenkofer's Theory of the Mode of Propagation of Cholera"; Deputy Inspector-General Lawson, "On the Epidemiology of Cape Colony and Natal in 1864"; Dr. Alexander H. Rowe, "On the Laws of Epidemics"—Medical Society of London, 8 P.M. Dr. Broadbent, "Cases illustrative of the effect of Hemorrhage into different parts of the Cerebral Nervous Centres, with an attempt to explain the Exemption of the Abdominal, Facial, and other Muscles, from Paralysis in the Common Form of Hemiplegia."—Royal Geological—Entomological.—Odontological.

TUESDAY. Pathological Society of London, 8 P.M.—Anthropological Society, 8 P.M.

WEDNESDAY. Obstetrical Society of London. Council Meeting, 7 P.M.; Papers, 8 P.M. Dr. R. U. West, "On a variety of Placenta"; Dr. Greenhalgh, "On Merits of Cæsarean Section"; and other papers by Drs. Eastlake, Meadows, etc.—Geological.

THURSDAY. Harveian Society of London, 8 P.M. Dr. J. Burdon Sanderson, "On the Relations between the Cattle-Plague and Similar Diseases in Man."—Linnean.—Chemical.—Royal.

FRIDAY. Astronomical.

REGISTRATION OF DISEASE.

MONTHLY RETURN of new cases of disease coming under treatment at Pauper and Public Institutions. (a.) Manchester and Salford (Sanitary Association). (b.) Preston (E. C. Brown, Esq.). (c.) St. Marylebone, London (Dr. Whitmore). (d.) Birmingham (Dr. Alfred Hill).

4 weeks ending October 28th, 1865

Diseases.	A.	B.	C.	D.
Small-Pox	10	26	—	3
Chicken-Pox	1	2	4	8
Measles	27	—	57	31
Scarlatina	46	11	40	68
Diphtheria	—	—	1	8
Whooping-Cough	131	2	55	120
Croup	1	1	2	13
Diarrhoea	285	32	519	413
Dysentery	12	7	4	15
Frysipelas	26	1	23	14
Insanity	24	2	8	1
Bronchitis and Catarrh	705	125	624	350
Pleurisy and Pneumonia	44	9	31	29
Carbuncle	—	—	8	3
Accidents and other diseases	412	584	3452	2532
Totals	6121	815	4825	3608

TO CORRESPONDENTS.

*. All letters and communications for the JOURNAL, to be addressed to the EDITOR, 37, Great Queen St., Lincoln's Inn Fields, W.C.

COMMUNICATIONS.—To prevent a not uncommon misconception, we beg to inform our correspondents that, as a rule, all communications which are not returned to their authors, are retained for publication.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

ANDRAL'S DESCRIPTION OF CHOLERA, given thirty years ago, appears to be equally applicable now. His summary is:—"Caractères anatomiques, insuffisants; causes, mystérieuses; nature, hypothétique; symptômes, caractéristiques; diagnostic, facile; traitement, douteux."

S. P. writes:—"According to an advertisement in the *Leicester Advertiser* (an agricultural journal), sixteen doctors have recently been shorn of corns most successfully. Several parsons, lawyers, and other top-sawyers of the town, have also been deprived of corn or corns, without feeling the loss. The advertisement announces that a young practitioner is the happy chiropodist, memorialised by the sixteen medical men. By card privately circulated, 'the fee is 5s. each corn.'"

VILLAGE HOSPITALS.—SIR: Allow me to request such of your readers as are acquainted with the working of Village Hospitals, to kindly forward me Reports, Rules, etc., of successful undertakings of the class; and any other information which their courtesy may suggest. I have obtained particulars of one or two such institutions; but, as in the multitude of council is wisdom, I am induced to make this appeal. Believing that a Cottage Hospital could be very advantageously established in this peculiarly healthy village, in the centre of a beautiful and rich neighbourhood, some gentlemen are anxious to try the experiment, and we desire the advice of those qualified to give it.

I am, etc., "F. M.", Surgeon, etc.,

Post-Office, Bishop's Lydeard, near Taunton.
November 25th, 1865.

CHANGE OF TYPE IN DISEASE.—SIR: The following was written in 1763; when, I presume, no change had taken place in the type of disease. "Lobbus vero pleuritidem veram in adultu viginti duos annos aut similiter absque plebhotomia curabat sudorifica, cardiacis, emplastris, vesicatoriis ulnis applicatis. Videtur ejus observatio 49 et 50, tom. 2, et maxime in aphorismis quibus terminatur opus, quibus ascribitur morbus omnes febres inflammatorias, ardentis, putridas, malignasque acutissimas, sine cathartici, emetici et plebhotomici curari posse, et pluries a se ipso curatos esse." (*Savage, Nos. Method.*, tom. iv, p. 31.) I am, etc., R. W. F.

COMMUNICATIONS have been received from:—Mr. RICHARD GRIFPIN; Mr. J. BIRCHALL; Dr. J. F. ANDERSON; Mr. GEORGE LAWSON; THE HONORARY SECRETARY OF THE EPIDEMIOLOGICAL SOCIETY; Mr. H. LOWDES; Mr. G. GREATER; Dr. RANSOME; Dr. W. T. CAIRDNER; Dr. WHITE; Mr. SYME; THE HONORARY SECRETARIES OF THE ROYAL MEDICAL AND CHIRURGICAL SOCIETY; Dr. CARR; THE HON. SECRETARY OF THE OBSTETRICAL SOCIETY; Mr. T. M. STONE; THE HONORARY SECRETARY OF THE HARVEIAN SOCIETY OF LONDON; Mr. F. METCALFE; Dr. SMART; Dr. E. PARSON; THE REGISTRAR OF THE MEDICAL SOCIETY OF LONDON; and Mr. G. J. SYMONS.

BOOKS RECEIVED.

1. Reports to the Lord Provost and Magistrates of Edinburgh, on the Pathological Appearances, Symptoms, Treatment, and Means of Preventing Cattle-Plague. Edinburgh: 1865.
2. Manual of Materia Medica and Therapeutics being an Abridgement of the late Dr. Pereira's Elements of Materia Medica. By F. J. FARR, M.D., assisted by R. Bentley, F.L.S., and K. Warrington, F.R.S. London: 1865.
3. St. Bartholomew's Hospital Reports. Vol. 1. London: 1865.
4. On the Means employed for Correcting the Inverted Image in the Retina of the Eye. By J. Swan. London: 1865.
5. A Theoretical Inquiry into the Physical Cause of Epidemic Diseases. By Alexander Hamilton Rowe, M.D. London: 1865.
6. Essay on the Nature and Treatment of Cholera and Fever; with Medical Remarks on the Treatment of Cattle-Plague; also an Appendix on Public Health. By James Tucker, M.D. Dublin: 1865.
7. Cholera Prospects. By Tilbury Fox, M.D. London: 1865.
8. Mortality among Infants and Children. By J. I. Ikin. Leeds: 1865.
9. Brief History of the Norfolk and Norwich Hospital. By E. Copeman, M.D. Second edition. Norwich: 1865.
10. Dictionary of Science, Art, etc. Part vii. London: 1866.
11. The Science and Practice of Medicine. By William Aitken, M.D. Edin. Two Volumes. Fourth edition. London: 1866.

12. A Complete Treatise of the Diseases of the Skin. By Thomas H. B. C. S. 1st edition. London, 1865.
13. A Practical Treatise on Urinary and Renal Diseases, including the Diseases of the Prostate, Bladder, and Uterus. By Thomas H. B. C. S. 1st edition. London, 1865.
14. The Principles of Pathology. By Thomas H. B. C. S. 1st edition. London, 1865.
15. Memorandum of the Chairman of the Sanitary Committee of the Medical Officers of the Army. By Thomas H. B. C. S. 1st edition. London, 1865.
16. The Principles of Pathology. By Thomas H. B. C. S. 1st edition. London, 1865.

ADVERTISEMENT.

University of London.—Notice

is hereby given that the next Half-yearly Examination for Matriculation in this University will commence on Monday the 10th of January, 1866.

Every Candidate is required to transmit his Certificate of Age to the Registrar (Burlington House, London, W.) at least fourteen days before the commencement of the Examination.

Candidates who pass the Matriculation Examination are entitled to proceed to the Degrees conferred by the University in Arts, Science, Laws, and Medicine; and are exempt (1) from the Entrance Examination otherwise imposed on Candidates for admission to the Royal Military College at Sandhurst; (2) from those Examinations of which every medical student must commence his professional studies is required to have passed some one; (3) from the Preliminary Examination otherwise imposed by the College of Surgeons on Candidates for its Fellowship; and (4) from those Examinations of which it is necessary for every person entering upon an Article or Clerkship to pass. Matriculation is also necessary for admission as Matriculate in the First Degree in Laws, and for the additional exemption from one year's course.

WILLIAM B. CARPENTER, M.D.,
Registrar.

Nov. 25, 1865.

CORRESPONDENCE.

Varicocele: its Radical Cure.

A Clinical Lecture, delivered at the Lock Hospital. By WALTER COULSON, F.R.C.S., Surgeon to the Lock Hospital.

By the same Author, in French.

ON SYPHILIS: a Course of Clinical Lectures delivered at the Lock Hospital.

London: ROBERT HARDWICKE, 192, Piccadilly.

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On Flooding after Delivery, and

its Scientific Treatment, with a Special Chapter on the Puerperal Treatment. By LUMLEY FARLE, M.D., Obstetric Surgeon to the Queen's Hospital, Birmingham.

London: ROBERT HARDWICKE, 192, Piccadilly.

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containing nearly 800 engravings of Surgeons' Instruments and Apparatus, classified for their various purposes. Price 5s.

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Illustrations

OF

HOSPITAL PRACTICE:

METROPOLITAN AND PROVINCIAL.

MIDDLESEX HOSPITAL.

COMPRESSION AND LACERATION OF THE BRAIN: CONVULSIVE TWITCHINGS OF THE LIMBS, BUT ONLY PARTIAL PARALYSIS.

Under the care of C. DE MORGAN, Esq., F.R.S.

[From the Notes of Mr. WORTHINGTON, House Surgeon.]

JOHN H., aged 23, a blacksmith, was admitted on January 29th, 1865. Three days before admission, whilst screwing up some piping, his pincher slipped, and he fell about three feet, his head striking on the corner of an open door. He was stunned by the fall, but in about a quarter of an hour recovered sufficiently to order a cab, in which he was driven home. On arriving there, he again became unconscious, and continued so till he was brought to the hospital. On admission, his expression was dull and heavy, and he was in a state of almost complete insensibility, from which it was difficult to rouse him. The tongue, which he was with difficulty got to protrude, was moist and slightly furred. Pulse 56, full, and sometimes irregular, rising occasionally about twenty or thirty beats, and subsiding when he became quiet again. Pupils dilated—the right rather more than the left. There was no paralysis of the limbs or of the muscles of the face, but the right limbs moved convulsively. There were reflex movements of all the limbs. The left eyeball was drawn slightly upwards. The temperature of both sides of the body was equal. His urine was passed involuntarily. Bowels confined. A blister was applied to the back of the neck; and the bowels were moved by a turpentine enema and five grains of calomel.

On the day after admission, he was in much the same state; but there was ptosis of the right eyelid, and the tongue was protruded slightly to the left side. There was no irregularity of the muscles of the face.

Feb. 1st. He passed a restless night; had violent convulsive movements of the limbs, especially of the right.

Feb. 2nd. He was roused with more difficulty. The bowels had not acted for three days. He could not grasp with the left hand quite so strongly as with the right. There were no other signs of paralysis. The pulse (which had hitherto been about 50) had risen to 90.

On February 3rd, he was moribund; his pulse was 104, full and throbbing; and his breathing stertorous. He could not be roused to answer questions. After lying in this state for twelve hours, he died.

Autopsy, fifteen hours after death. On the right side, an oblique linear fracture was found extending across the lower part of the squamous portion of the temporal and the parietal bones, about three inches in extent. It passed across the groove of the middle meningeal artery. Corresponding to the site of the fracture, and between the bone and the dura mater, there was a dark circular clot about three inches in diameter, extending upwards to within an inch and a half of the middle line, and reaching below to the tentorium. The clot was three-quarters of an inch thick in the centre; and the dura mater was not lacerated. Corresponding to the effusion, a deep de-

pression was found on the side of the hemisphere; and the convolutions were much flattened. Below the centre of the clot, the brain and arachnoid were much lacerated; and a large clot extended from that point nearly to the right lateral ventricle. Around the extravasation, the cerebral substance was softened, and, under the microscope, showed large numbers of compound granular corpuscles. Superficial lacerations were found at the anterior extremity of the left lateral lobe, and on the under surface near the commencement of the fissure of Sylvius.

REMARKS. The absence of any marked paralysis (which might have been expected with such extensive cerebral injury) was a singular feature in this case. There were convulsive movements of the limbs—chiefly the right—on the day of admission; but voluntary and reflex motion was complete till the day before he died, when the grasp with the left hand was a little less firm than with the right.

INJURY OF HIP SIMULATING FRACTURE OF THE NECK OF THE FEMUR.

Under the care of C. H. MOORE, Esq.

[From the Notes of Mr. REEVES, House Surgeon.]

JOHN B., aged 16, a servant, was admitted on August 19th, 1865, having fallen from a height of about thirty feet on a stone pavement. He was perfectly conscious. There was much contusion and swelling around the left hip-joint. The left leg, as measured from the anterior spine of the ilium to the internal malleolus, was shortened by three-quarters of an inch; and the left foot was everted. The limb, which was immovable by the patient, could be moved in all directions by the surgeon.

On examination, a fracture was found to extend from the middle of the crest of the ilium obliquely forward to the ilio-pectineal eminence. The anterior fragment was loosened from the rest of the bone, depressed from the surface, and so tilted that the line of the crest was interrupted for an inch, and not continuous on the same level.

The patient was placed on his right side; and the left thigh was carried in a semiflexed position in front of the right, in which position it was fixed by bandages.

A slight bed-sore appeared on the right hip on August 28th. This was dressed with collodion and cotton wool; and the patient was put on a spring bed. He progressed favourably; and on September 11th the fracture was found to have united, and he was soon after able to walk without assistance.

Before he was discharged from the hospital, on October 6th, it was noted that, from the back of the iliac crest to the internal malleolus, the left limb was equal in length to the right; but from the anterior superior spine of the ilium to the internal malleolus, it was an inch and a half shorter than on the sound side. The distance between the anterior superior spine of the ilium and the pubic spine was, on the left side three and a half inches, and on the right five inches. In consequence of this, Poupert's ligament was looser on the left side than on the right, and the fold of the groin was obliterated.

REMARKS. This case, at first sight, presented all the signs of fracture of the neck of the femur; but, as this is a very rare lesion at such an early period of life, Mr. Moore at once looked for another cause.

By the treatment adopted, the muscles attached to the anterior fragment were relaxed; which, it is obvious, could not have been effected by the straight splint.

Mr. Moore pointed out that the relaxation of Poupert's ligament might prove a predisposing cause of hernia.

FARRINGTON DISPENSARY.

CASES OF INFANTILE SYPHILIS.

Under the care of R. WILLIAM DUNN, Esq.

The following table shows the result of fifty-three cases of infantile syphilis which have come under my notice at the Farrington Dispensary. The red ointment referred to in the treatment of the first five cases was composed of six grains of nitric oxide of mercury, three drops of creasote, and an ounce of lard. Chlorate of potash, it will be observed, was given in every case except three.

Case.	Age.	Appearance.	Treatment.	Duration.	Remarks.
1	6 mos.	6 mos.	Pot. chlor. Ung. rubr.	50 days	Both parents syphilitic.
2	3 mos.	5 wks.	Ditto	40 days	Father syphilitic only.
3	1 mos.	3 mos.	Ditto	50 days	Father syphilitic only.
4	11 wks.	10 wks.	Ditto	200 days	Both parents syphilitic.
5	4 mos.	4 wks.	Ditto	21 days	Mother syphilitic.
6	3 mos.	2 mos.	Pot. chlor.	42 days	Mother syphilitic.
7	2 mos.	6 wks.	Ditto	50 days	Mother syphilitic.
8	1 mos.	3 mos.	Ditto		Both parents syphilitic.
9	1 wks.	2 mos.	Pot. chlor. Ol. morrh.	10 days	Nurse-child. No history.
10	10 mos.	3 mos.	Pot. chlor.	27 days	No signs of syphilis till vaccinated.
11	1 mos.	3 mos.	Ditto	25 days	Mother syphilitic.
12	3 mos.	3 wks.	Ditto	60 days	Had been under mercurial treatment.
13	6 mos.	4 mos.	Ditto	25 days	Mother syphilitic.
14	15 wks.	10 wks.	Ditto	35 days	No history of syphilis.
15	4 mos.	2 mos.	Ditto	1 day	Had been under mercurial treatment. Died.
16	5 wks.	2 wks.	Ditto	30 days	Lost two children by the same disease.
17	3 mos.	3 mos.	Ditto	21 days	No signs of syphilis till vaccinated.
18	2 mos.	6 wks.	Pot. chlor. Ol. morrh.	30 days	Mother syphilitic. Lost four children.
19	7 wks.	3 wks.	Pot. chlor.	2 days	Died in convulsions.
20	7 wks.	5 wks.	Ditto	20 days	No history of syphilis.
21	6 mos.	4 wks.	Ditto	51 days	Mother syphilitic.
22	6 wks.	4 wks.	Ditto	150 days	Both parents syphilitic.
23	6 mos.	5 mos.	Ditto	19 days	No signs of syphilis till vaccinated.
24	14 wks.	4 wks.	Ditto	37 days	No history of syphilis.
25	10 wks.		Ditto	25 days	Mother syphilitic. Six children, four born dead.
26	3 mos.	2 mos.	Ditto	21 days	First child died; second and third healthy; and fourth syphilitic.
27	5 mos.	3 mos.	Ditto	50 days	Both parents syphilitic.
28	6 mos.	4 mos.	Ditto	30 days	Father syphilitic.
29	7 mos.	5 wks.	Ditto	25 days	Father syphilitic.
30	4 mos.	3 mos.	Ditto	20 days	Nurse-child.
31	3 mos.	2 mos.	Ditto	200 days	Both parents syphilitic.
32	14 wks.	3 wks.	Ditto	41 days	No syphilitic history.
33	16 wks.	10 wks.	Ditto	100 days	Father syphilitic.
34	11 wks.	2 wks.	Ditto	3 days	Died. Parents lost all the previous children.
35	2 mos.	2 wks.	Ditto	31 days	Mother syphilitic.
36	2 mos.	6 wks.	Ditto	40 days	Mother syphilitic.
37	1 mos.	5 wks.	Ditto	22 days	Mother syphilitic.
38	6 wks.	3 wks.	Ditto	25 days	Mother syphilitic.
39	6 wks.	3 wks.	Ditto	45 days	Mother syphilitic.
40	5 wks.	3 wks.	Ditto	20 days	Father syphilitic.
41	16 mos.	5 mos.	Ditto	7 days	Case of relapse. Ulcer at anus.
42	3 mos.	2 wks.	Ditto	21 days	Father syphilitic.
43	9 wks.	6 wks.	Ditto	25 days	No syphilitic history.
44	4 mos.	3 wks.	Ditto	200 days	Both parents syphilitic.
45	6 mos.	4 wks.	Ol. morrh. vin. ferri.	85 days	Mother syphilitic. Syphilitic ecthyma.
46	2 mos.	5 wks.	Ditto	85 days	Mother syphilitic.
47	4 mos.	6 wks.	Pot. chlor.	30 days	Mother syphilitic.
48	8 wks.	5 wks.	Ditto	40 days	Mother syphilitic.
49	3 mos.	6 wks.	Ditto	51 days	Both parents syphilitic.
50	4 mos.	3 mos.	Ditto	51 days	Father syphilitic. Lost two previous children.
51	6 mos.	3 mos.	Ditto	81 days	Both parents syphilitic.
52	3 mos.	Birth.	Ditto	25 days	Both parents syphilitic.
53	3 mos.	10 wks.	Ditto	25 days	Mother syphilitic.

made its Appearance. In 17 cases, during the first month of the infant's life; in 21 cases, during the second month; in 10 cases, during the third month; in 2 cases, during the fourth month; in 1 case, during the fifth month; in 1 case, during the sixth month.

II. *Influence of the Parents.* Father: in eight cases the father was syphilitic only. Mother: in eighteen cases the mother was syphilitic. Both parents were syphilitic in ten cases.

III. In three cases, the syphilitic disease did not exhibit itself till the child was vaccinated; but in all three the taint could be traced, and the vaccination only appeared to bring the latent syphilis into activity.

IV. All the cases were treated without mercury; chlorate of potash in three-grain doses being chiefly used; but sometimes cod-liver oil and steel wine were also ordered. The longest period of treatment was sixty-three days; the shortest, eighteen days.

V. *Rate of Mortality.* Three deaths occurred in fifty-three cases. One child died in a convulsive fit; another was dying when brought to the Dispensary, and had been under mercurial treatment; and the other child died on the third day of treatment: it also had been under treatment elsewhere.

Original Communications.

REMARKS ON THE DIET SUITABLE AFTER CHILDBIRTH.

By HENRY LOWNDES, Esq., Liverpool.

[Read before the Liverpool Medical Society in November 1863.*]

I was in hopes that we should have been favoured this evening with a paper from another member, and I had not intended to read this until late in the session. I commenced writing it last session; and as I had it now lying by me unfinished, I thought I might venture to finish it in haste, and bring it before you.

I should observe, that Dr. Graily Hewitt read a paper this autumn at one of the Branch meetings of the British Medical Association on the same subject; and held much the same views that I have endeavoured to bring forward. No doubt it is a subject that must have engaged the attention of many of us; and it will be a matter of great interest to know what is the practice now generally adopted by those who have had much experience.

I shall shew you briefly what has been said on the subject of diet suitable to females after childbirth by Celsus, by some of the older English writers on midwifery, and by some of the leading authorities of the present day. I shall then venture briefly to state the practice which I have for some time adopted; and I shall be glad to learn whether the present general practice is in accordance with that taught in the medical works of the day.

Celsus directs the woman to be treated after confinement as if she had suffered from some severe wound. She is to be lain in an inner chamber kept at a moderately warm temperature, and free from draught. "Super imum ventrem ejus imponenda lana succida in aceto et rosâ tincta. Reliqua curatio talis esse debet, qualis in inflammationibus, et in iis vulneribus, quæ in nervosis locis sunt, adhibetur." (Celsus, lib. 7, sect. 29.)

* An abstract of this paper appeared at the time of its delivery; but, as the subject has since excited much attention, the author thought its publication *in extenso* might be of interest.

From these 53 cases, we can draw the following facts.

1. Period of the Infant's Life when the Disease first

The diet Celsus prescribes in inflammations and in wounds where inflammation is feared, is stated in lib. 5, sect. 25. If the wound be severe, the patient is to abstain from solid food as far as his strength will permit, and he may drink warm water until his thirst be quenched; or, if it be summer, and he be free from fever and pain, he may have his water cold.

We are not told how long the woman is to be condemned, after childbirth, to these light repasts and these refreshing beverages.

Above fourteen hundred years later, we find Maurice, the great French author on midwifery, in his work written in 1668—a splendid work for that period—giving the following directions (lib. iii, cap. 3, in Chamberlain's translation). "Although a woman be naturally delivered, yet notwithstanding she must observe a good diet, to prevent many ill accidents which may happen to her during her childbed; at the beginning of which she must be directed in her meat and drink, almost as if she had a fever, that so it may be prevented, inasmuch as she is then very subject to it; so likewise it often happens to her through the least neglect committed towards her in her tending. For this reason one must not be of the opinion of many nurse-keepers, who will have a new-laid woman to be well fed, as to restore her lost strength by the tediousness of the labour, and by the quantity of blood then evacuating, for which cause they believe the woman must be well nourished to make more blood, as also to fill up her belly, which is very much emptied by the birth of the child; but it is much better to follow in this the counsel which Hippocrates gives us in his tenth aphorism of the second book, where he says: '*Impura corpora quo plus nutritur, eo magis lasescit*;' the more you nourish impure bodies, the more you hurt them. Now it is certain, that a woman newly delivered is of this sort, as you may know by the quantity of cleansings and superfluities which flow from her womb at this time, when for this reason they must be very regular in their diet, especially the three or four first days; in which time she may be nourished with good broths, new-laid eggs, and jellies, without using more solid meats; but when the great abundance of her milk is a little past, she may with more safety eat a little broth at her dinner, or a small piece of boiled chicken or mutton, as she likes best; afterwards, if no accident happen, they may by degrees nourish her more plentifully, provided in the meantime that it may be a third part less than she was accustomed to take in her perfect health, and that her food be of good and easy digestion; not suffering her to eat any of those cakes, tarts, or other pasteries, which are usually provided at the child's baptism. As for her drink, let it be ptyisan (which is liquorish, figs, and aniseeds boiled in water). She may also (provided she be not feverish) drink a little white wine, well mixed with water, but not till after the first five or six days."

He goes on to say that very strong laborious women may be allowed a more solid fare. Good broths, new-laid eggs, and jellies are not things to be despised; and his regimen does not seem severe, though he says the woman is to be treated almost as if she had a fever.

As we are not every day looking into old midwifery works, I may perhaps be allowed here to digress for a moment, and read to you what this old author says as to the conditions that are requisite in a surgeon that would apply himself to operations in the art of midwifery.

"These conditions either respect his body or his mind; in respect of his person, he must be healthful, strong, and robust, because this is the most laborious and painful of all the operations of chirurgery; for it

will make one sometimes sweat, that he shall not have a dry thread, though it were the coldest day in winter, because of the great pains and difficulty he ordinarily meets with, as Fabricius of Aquapendente testifies; confessing that he hath often been so weary and tired, as that he hath been forced to leave the work for his men to finish. He ought to be well-shaped, at least to outward appearance; but above all, to have small hands, for the easier introduction of them into the womb when necessary, yet strong, with the fingers long, especially the forefinger, the better to reach and touch the inner orifice. He must have no rings on his fingers, and his nails well pared, when he goeth about the work, for fear of hurting the womb." Again, he says: "Above all things he must be no tippler, so that he may at all times have his wits about him. He must be discreet, modest, and secret. He must be sage, prudent, and judicious. He should be a good Christian, of a well regulated conscience, and do his best endeavour to bring the children alive. He must deliver poor women gratis, and treat them as tenderly and with as much humanity as the rich, extorting nothing from them, but be content with such reasonable satisfaction as they are willing and able to give; and not use them like a Turk or Arab as some do, who, as soon as they have done their work, whether well or ill, will be payed without delay, and that with so much ill manners and importunity that they force the poor people presently to borrow money, when they have not enough to satisfy their desires, and take from them to the last penny to satisfy their tyrannical avarice, which proceedings are very unbecoming an honest man."

In the fifth edition of Dr. Smellie's work, published in 1766, he says: "With regard to diet, women in time of labour, and even till the ninth day after delivery, ought to eat little solid food, and none at all during the first five or seven. Let them drink plentifully of warm diluting fluids—such as barley-water, gruel, chicken-water, and teas; caudles are also commonly used, composed of water-gruel, boiled up with mace and cinnamon, to which, when strained, is added a third or fourth part of white wine; or less, if the patient drinks plentifully, sweetened with sugar to their taste. This composition is called white caudle; whereas, if ale is used instead of wine, it goes under the name of brown caudle." "Her food must be light, and easy of digestion—such as panada, biscuit, and sago. About the fifth or seventh day, she may eat a little boiled chicken, or the lightest kind of young meat; but these last may be given sooner or later, according to the circumstance of the case, and the appetite of the patient."

Mr. Grigg, a practitioner in midwifery at Bath, in a book published in 1789, and called *Advice to the Female Sex in general, and particularly to those in a State of Pregnancy and Lying-in*, speaks rather vaguely, though judiciously, as to the diet to be used after delivery. He says: "When she first sits up, a small quantity of mild nourishment may be given, if she desires it, or is faint or languid; but no solicitation should be used to prevail upon her to take anything against her inclination. It would be much more advisable to adjust the quantity of nutriment, and the times necessary for it, by the patient's own choice; for, according to the stated and uninterrupted course of Nature, she will find her appetite, more or less diminished by the fatigue of labour, return at a time when the use of aliment is most beneficial, and produces that salubrious liquid which is best suited to the demands of her tender charge."

There is something in the style of this amiable writer, that led me to turn over leaves unconnected with this subject, and I find they shew a poetic taste

that even the unpromising subject of midwifery cannot crush.

Speaking of the advantage of allowing in the lying-in room a free circulation of that pure air which, he says, Virgil describes as one of the pleasures of Elysium; whilst Milton styles it "The breath of heaven, fresh blowing pure and sweet, with day spring born"; he adds in a note, "Without air and motion, no creature can thrive; even plants grow arid and die; 'the humble violet, as well as the lofty oak, delights to be agitated by the winds.'" Speaking of the propriety of mothers nursing their offspring, he quotes Dr. Downman's animated and pathetic language.

"O mother, let me by that tenderest name compare thee, still pursue the task begun; Nor, unless urged by strong necessity, Some fated, some peculiar circumstance, P, which thy health may suffer, or thy child Sick in disease, or that the ground food Too scanty flows, give to an alien's care Thy orphaned babe!"

Dr. Burns, writing in 1828, says: "If they be to nurse, the diet for the first two days should consist of tea and cold toasted bread for breakfast, beef or chicken-soup for dinner, and panada for supper; toast-water or barley-water may be given for drink, but malt liquor should be avoided, unless the patient be feeble, and wine should not be allowed for the first two days; a little may then be added to the panada, or sago, which is taken for supper, and a small glass, diluted with water, may be taken after dinner. A bit of chicken may then be given for dinner; and in proportion, as recovery goes on, the usual diet is to be returned to."

Dr. Gooch is a very emphatic writer. There is no doubt of the meaning of anything he says. He is despotie. Writing in 1831, he says: "During the first three days after delivery, the breakfast, dinner, and supper of the patient must consist of gruel and barley-water—no solid meat, no broth, no fermented liquor. The nurse must stand as sentinel, to exclude all intruders; no stimulating food must be given; for the constitution is now very easily excited. This irritability usually subsides in about three days. On the fourth day, provided all be well, the patient may take a little boiled chicken, or mutton, or broth. After the fifth day has passed, the patient should be quite well, and your visits are merely for the purpose of watching her. Women now generally wish for wine or porter. I usually mix good barley-water with milk (equal parts), making barley-gruel; and, presenting this beverage, I tell them—This is your wine, and your porter too; it will relieve your thirst and sinking at the stomach, and will manufacture milk better than anything else."

In Foster's *Principles and Practice of Midwifery*, we find: "The diet should be spare, light, and easy of digestion, and chiefly sorbile and vegetable, especially for the first few days, whence it may be gradually changed, as the body recovers its strength, to the proper diet of a healthy person."

Dr. Dewees, writing in 1825, says: "There is no vulgar error with which we are acquainted, so replete with mischief, as the one which supposes the woman to be in a state of great debility after delivery, and that she requires of course the most nourishing and the most stimulating things to overcome it." He very much dreads the nurse conspiring with the patient to evade his strict commands; and says the physician upon such occasions may most profitably employ his ears, his nose, his eyes, and his fingers'—

ends, in detecting the backslidings of the nurse. He says: "We desire the patient may not have any animal food or broth from any animal substance; that she may have liquor of no kind, neither distilled nor fermented; nor that she should be made to take any stimulating tea 'to dispel wind', or to 'allay after-pains', or to 'promote the lochia'. We direct she should have gruel of oatmeal, tapioca, sago, panada, mash and milk, rice and milk, tea, coffee, or very thin chocolate." He allows a little sugar, nutmeg, or lemon-juice, to flavour the above substances with. "We permit the use of toast-water, barley-water, molasses and water, or balm-tea, as common drinks; or what is very often extremely grateful to them, apple-water—that is, a roasted apple or more well beaten with water and afterwards strained. This diet is to be strictly observed until the fifth day, or until the milk has been freely and easily secreted and extracted. After this time, all being right, we allow the soft ends of four or five oysters, or a poached egg; a little chicken-water, or beef-tea, or vegetable-soup, may then follow until about the tenth day; then we indulge them with a little ale or porter and water with their dinner, and, if requested, a table-spoonful of white wine to flavour their gruel." No wonder that, under this system, the doctor complains that sometimes he could hear the smothered clatter of plates whilst he stood knocking at the chamber-door, or that his nose would detect the effluvia of some forbidden liquor, while the guilty nurse stood trembling by.

Dr. Blundell, who, I remember, was the great authority when I was a student, writing in 1834, says: "During the first three inflammatory days, and till the period of the milk-fever is passed away, it is best, according to the old practice, to keep the woman on very low diet, consisting of gruel, or arrow-root, or milk and water, in equal parts." Very delicate women, however, may be allowed beef-tea, or even meat; but this is exceptional. He goes on to say: "After the period of milk-fever is away, the patient may be gradually brought back again to her usual mode of living. Although it is certainly unwise, and especially when the puerperal fever is epidemic, to bring the woman too rapidly forward as to her food, yet, I am persuaded, we may sometimes err in not giving enough, and especially when the woman is giving milk to support the child."

Dr. Conquest says: "It is customary to compel a woman after delivery to live almost entirely on gruel or broths; and it is no uncommon thing for her stomach to be most inordinately distended with several pints of these articles daily. The practice seems to be extremely irrational, and is also highly injurious. It frequently not only enfeebles the stomach, but, by keeping up constant perspiration, debilitates the whole system, and renders it very susceptible of cold, and is one source of an immediate secretion of milk, which becomes a source of great distress to the patient."

Dr. Murphy, writing in 1852, and speaking of the first period after labour, says that toast and tea, barley-water, and gruel, are examples of the class of dietetics to which, as a general rule, she must be confined. The exceptions are women of feeble constitutions, who require a more nutritious diet.

Lastly, Dr. Ramsbotham, in his latest edition, says that "a plan of diet must be laid down for some days to come. Nothing should be allowed but tea, toast, or farinaceous food, until the bowels are freely opened; and, after the laxative, on the same day, a little beef-tea, mutton-, or chicken-broth, may be given. On the third day, the patient may take for nourishment some solution of animal matter"; the next day or so a light pudding in addition; and in a

* If one might venture to suppose the author of these sublime verses, we might express our regret that he did not select subjects more suitable for the house, or that Nature did not endow him with some slight sense of the ludicrous.

week a small quantity of solid meat. "Stimulants of any kind, unless there be an actual necessity for them, never should be permitted until near the end of a fortnight, and then a glass of wine and water or mild malt liquor may be taken."

We see, then, that the more recent of the eminent authorities I have quoted, with the exception of Dr. Conquest, seem inclined to go back to the severe regimen of Celsus, whereas in the last century there was a strong party in favour of a cordial and stimulating treatment. But we are able to avoid the old system of closed doors and windows, curtains, and warm sheep-skins applied to the abdomen, without going into the other extreme of cold draughts of air and icy applications; and I think, in matters of diet, we might follow that method which commends itself to our common sense without running into extremes.

When I began practice, and for some years, I used to go by these precepts that almost all agree in, giving gruel and other thin slops for the first few days; and I can remember what repugnance many patients had to this substance, which resembles no ordinary article of human food in this country. I had to preach sermons to them on the extraordinary virtues of this—I do not know what to call it. We are told by Edgar Poe of beings that are "neither man nor woman. They are neither brute nor human, they are ghouls"; and this material is neither food nor drink, it can only be described as gruel. It can neither satisfy the cravings of hunger, nor minister to the sense of taste or that of smell. It is unknown who first invented such an unlikely article of diet. However I found, in many cases, that patients would not be persuaded by my eulogies of this preparation, and would sometimes take broth, sometimes beer, and sometimes meat, and would confess to it, and certainly used to look all the better. Gradually, whether it was from this experience, or from something I had read, or from seeing some one else's practice, I cannot tell, I began to try a good diet, without over-stimulating. For at least three years, I have acted in nearly all cases, except after first labours or labours unusually severe, on the following system.

I give some stimulus, either wine or ale, directly after the labour is over. On the day of confinement, I restrict the patient to tea or (if she likes indeed) gruel, with toast or bread and butter.* On the following day, the same, with a large breakfast-cup of good strong broth for dinner. The third day, a small lean chop or a little chicken. The next day, the same, with a little wine and water or ale, if the patient be accustomed to these beverages. Of course, all cases cannot be treated alike, and a lower diet may sometimes be necessary; but I much more frequently find it useful to begin with stimulants rather sooner than I have indicated.

In first cases, and in cases of severe protracted labour, we know that the soft parts must have undergone great pressure and bruising; and I generally keep these patients a longer time without alcoholic stimulants.

I shall not trouble you with a series of cases and their results; but I can say with confidence, that I have met in no case with any ill consequences following the mode of diet I have mentioned. It is true, that I have seen mischief occur in more than one case where the patient has thought because she might have a chop for dinner she might therefore have one for supper also, and so forth; but the evil results of excessive indulgence are not to put a stop to all moderate use of good things. By this mode of

diet, I believe the patients escape, in a great measure, those muscular pains that are so frequent when a patient begins to move about, and also those affections of the breast and nipple, in which the pain is out of all proportion to the actual lesion.

As it is always agreeable to make one's theories and practice agree, I will submit a few considerations in favour of a more "feeding" system.

Supposing for a moment that we even take labour to be what it has been called, a severe traumatic lesion, do we condemn a patient that has suffered from a compound fracture to an immediate course of gruel and tea? and if we did adopt such a course, should we render him more likely to escape, or better able to bear, the inflammatory action that will sooner or later occur? Experience proves the reverse. I will speak again of a severe compound fracture. For some time after the accident, no change of any consequence takes place in the damaged parts; they, in common with the whole system, have received a shock. In a varying time, inflammatory action shews itself in the part, and if the external wound do not close at once, that action will be violent and the whole system suffer great febrile disturbance. Now, a cooling and restricted diet may be necessary; but the patient will be much better able to bear the shock of the inflammation, if that first interval of repose has been employed in overcoming, by suitable diet and stimulants, the shock of the accident. Indeed, nothing is so certain to bring on one evil, traumatic delirium, as too low a diet after a severe surgical shock.

There are, however, many points that sufficiently make a distinction between the process of labour and a severe traumatic lesion; and I need, I think, only refer to one—viz., the absence after labour as a rule of any inflammatory reaction.

Then, instead of considering labour as a severe surgical accident, let us consider it in the light of a great physiological process; one of those processes in which the voluntary and reflex nervous systems are both concerned. No one would think of calling the act of micturition or of defecation a traumatic lesion, and yet these acts seem hardly to differ from the act of labour except in degree and in frequency of occurrence. The frequency of these troublesome acts deprives them of the terrors that might perhaps invest them if, like labour, they came at distant intervals. The act of sneezing may be quoted as a most alarming convulsive phenomena to which we have got quite used.

Labour differs from these other actions in being generally of a much more severe character; it is often accompanied with much severe muscular effort, and it is necessarily followed by much fatigue. This fatigue, and the waste of tissue that has taken place, must be recruited by stimulants and nutriment; and these I believe, in moderate amount, may be given during labour when that is long continued, and immediately after labour, with the greatest advantage.

Puerperal fever is perhaps the only complication of an inflammatory character that we need have much fear of during the first few days; and this disease is of so low a type, and bears so much resemblance in its nature to typhus and typhoid fevers, that we may very well suppose that, like these, it will be more apt to attack those who are in a low feeble state than those who are in better condition. That good feeding does not conduce to this disease, my own limited experience would certainly show.

Beyond the evidences of its contagious nature, the causes of this insidious and fatal disease seem wrapped in obscurity; but we suppose that a good diet and a cheerful mind must be powerful prophylactics to those exposed to this contagion.

* In addition to these, I find a little bread and milk very desirable.

At one time, all the apertures for the entrance and exit of air from the lying-in room were carefully stopped up, on the idea of the patient being now especially liable to suffer from cold; bed-clothes were heaped on, and at one time spiced cordials were diligently given. Now we take pains to ventilate the room well; but, while we do not keep off the access of cool air, we are very apt, if we keep to another part of the old system, to have our patient in a very unfit state to bear the air. For a constant course of gruel in vast quantities and tea relax all the tissues, and the skin among the rest. The female acquires, after a time, a perfectly sodden appearance, which is quite characteristic. The flesh pale and soft and moist; the abdomen full of flatus.

But we are told that such a diet is good for the flow of milk. In the early period of lactation, however, there is likely to be too much rather than too little milk; and, with regard to the quality of that milk, if we compare it with other secretions, we must suppose that it will be most perfect in its character, and so most suitable to build up the child, when the general health of the mother is in its most perfect state. And here I would say a word of milk-fever, which perhaps I ought to have mentioned before. We read much of it; but I believe that, except in primiparae, the secretion of milk commences without any febrile phenomena whatever, and in the case of primiparae, I have already explained that other causes lead us to adopt a rather more severe regimen than in other cases.

The whole subject of diet is so extensive, for it must be adapted to the season, the constitution, and the habits of life, that I shall be excused if I have only on this occasion dipped a little into the matter; and I shall be glad to know from those who have a more extended experience in midwifery, what line of practice they adopt; and whether there are any who still adhere to the rigid rules that we seem to have learnt rather from Celsus, or some of his predecessors, than from Nature.

ON THE DIFFERENT FORMS OF HÆMORRHAGE WITHIN THE EYE, PRODUCED BY INJURY.

By GEORGE LAWSON, F.R.C.S., Assistant-Surgeon to the Royal London Ophthalmic Hospital, Moorfields, and the Middlesex Hospital.

[Continued from p. 584.]

Deep or Posterior Traumatic Hæmorrhage, as it is commonly called to distinguish it from the hæmorrhage of the more superficial structures into the part of the eye anterior to the lens, may occur—

1. Between the choroid and retina;
2. Between the choroid and sclerotic.

In the first, the retina is separated by the clot from the choroid; whilst in the second the choroid is detached from the sclerotic. Both forms may, however, be present in the same eye, when the hæmorrhage is caused by great violence.

3. Hæmorrhage may take place into the vitreous body.

In considering the first two forms of hæmorrhage, it is a fact of pathological interest to notice, that, though both may and often do occur together in the same eye after a severe injury, yet there are special circumstances which may cause the one kind of hæmorrhage to predominate over the other, and even the one to take place independently of the other. It must, however, be remembered that, in many cases of rupture of the globe, in which posterior hæmorrhage almost invariably occurs, the primary injury is so severe that all the vascular tissues

of the eye are included in it, and hæmorrhage from each at once ensues.

1. *Hæmorrhage between the Choroid and Retina.* This may take place either with or without rupture of the external tunics of the eye. It is generally caused by blows with the fist or from some large foreign body, or by striking the eye in a fall against a projecting object. The effusion of blood may be limited to a small clot, or it may be so extensive as at once to entirely destroy the eye for all visual purposes. The severity of the injury is very greatly increased when it is accompanied with a rupture of the sclerotic or cornea. Having had frequent opportunities of examining eyes which had been removed on account of their complete loss from deep intra-ocular hæmorrhage induced by injury, and in many cases accompanied with rupture, more or less extensive, of their external coats, I have noticed that the seat of hæmorrhage is influenced by the nature of the injury, and by the soundness of the eye at the time of its infliction.

a. When deep posterior hæmorrhage is due to a blow on a previously healthy eye, the external coats of the eye not having been ruptured, I have generally found that the principal hæmorrhage is between the choroid and retina. The blood has been effused from the anterior surface of the choroid, and has caused a separation of the retina from it, in some cases only partially, in others to its entire extent, from the entrance of the optic nerve as far forwards as the ora serrata. In the severe cases, there may be some hæmorrhage between the choroid and sclerotic, and small scattered clots may be seen; but, as a rule, this is not its chief seat, for the principal effusion is between the choroid and the retina. In occasional cases, instead of the retina being much detached from the choroid when hæmorrhage takes place between these structures, the blood bursts its way through the retina, and, if only small in quantity, forms a clot which will often at first appear as if it were lying on the retina; or, if the bleeding be more extensive, it may force its way through the hyaloid, and become extravasated into the vitreous body. The following case is an example of a limited hæmorrhage between the choroid and retina. The structure of the retina had been torn through; and the remains of, and the site occupied by, the blood-clot, were still easily seen by the ophthalmoscope ten months after the receipt of the injury.

CASE I. *Blow on the Eye Ten Months previously: Limited Hæmorrhage between the Choroid and Retina: Rent of the Retina immediately in Front of the Clot.* Wm. R., aged 39, a sailor, came to the hospital from Sunderland on July 12th, 1865. He stated that, ten months ago, he had received an injury to the right eye. One day, whilst on board ship, his foot slipped, and in his fall he struck the right eye against one of the stanchions of the ship. The eye had now recovered from the injury, but his sight was very much impaired. In the immediate axis of vision, he was blind; but by turning the eye either way, so as to look laterally, he was able to read letters of No. 16 of Jager. When he looked straight at an object, he was unable to see it; but he could discern bodies on either side of it. On examination with the ophthalmoscope, the cause of his defect of sight was manifest. In the immediate neighbourhood of the yellow spot, and almost in the axis of vision, there was seen a small rent in the retina, the edges of which could be distinctly made out; and lying upon what now represented the choroid in this site was a black deposit, evidently either the remains of a blood-clot with some pigment, or else a deposition of pigment, which had taken place either during or since the absorption of the clot.

In many instances, where hæmorrhage between the choroid and retina has followed as the result of an accident, and the structures in the front of the eye are still clear, and not masked by any anterior bleeding, a diagnosis of the extent of the injury and of the seat of the hæmorrhage may be made with the ophthalmoscope. The red clot may be seen at the fundus of the eye, bulging forward the retina; and oftentimes a careful examination will detect the retinal vessels running over its surface.

CASE II. *Limited Hæmorrhage between the Choroid and Retina, from a Blow with a Piece of a Rivet; the Blood-clot being clearly seen by the Ophthalmoscope a few Hours after the Accident.* James R., a boiler-maker, came to the hospital on September 9th, 1865, on account of an injury he had that morning received to the right eye. Whilst engaged in striking a bolt, a piece of iron flew off and struck his right eye. On the nasal side of the cornea there was considerable ecchymosis of the conjunctiva. The pupil was slightly more dilated than that in the other eye, but, within a limited range, acted sharply. A portion of the field of vision on the outer side was quite destroyed. The anterior chamber and the humours of the eye were clear. Examined with the ophthalmoscope, a blood-clot was seen at the upper and inner part of the eye, behind the lens, and bulging into the vitreous body. Another smaller clot was also seen on the same side, but nearer the fundus of the eye. The hæmorrhage was probably between the choroid and the retina, bulging the retina forwards. The outline of the clots was evenly defined.

This man continued for nearly five weeks under treatment. When last seen, the ecchymosis of the conjunctiva had quite disappeared, and all the blood within the eye had been absorbed; but the sight had in no way improved. There was a detachment of the retina on the inner side; and the outer part of the field of vision was quite destroyed.

b. *Deep posterior hæmorrhage is often associated with rupture of the external coats of the eye; the injury being frequently so severe as to cause at the same time a loss of the lens or a portion of vitreous body, or perhaps of both.* If the injury have been inflicted by a blunt or semi-blunt instrument, so that the external coats have not been cut, but ruptured by the force of the blow, and the eye have been previously healthy, the chief seat of the hæmorrhage will generally be found to be between the choroid and retina, although some small extravasations of blood will probably also have taken place between the choroid and sclerotic. As, in such injuries, an escape of more or less vitreous usually occurs, it is an interesting question to decide whether the hæmorrhage between the choroid and retina is due to a direct rupture of the choroidal vessels from the blow, or whether a primary separation of the retina from the choroid may have been occasioned by the sudden loss of vitreous, the hæmorrhage being consequent on, but secondary to, this detachment. I believe that, in nearly every case, it will be found that the hæmorrhage is due solely to a direct rupture of the choroidal vessels; and that the separation of the retina is brought about by the blood being poured out between it and the choroid.

In examining carefully into the history of these cases, we find that though, in many of the eyes which had been ruptured, the lens and a certain amount of vitreous had escaped through the wound, yet that the loss of vitreous was small at the time of the accident, and certainly not sufficient in a healthy eye to produce a detachment of the retina. In some of the cases of ruptured eyes which have come under my care, I am sure that the great bulk of the vitreous which had been lost did not happen at the time of the infliction of the injury; but it had drained away

afterwards from the pressure of the increasing blood-clot behind the retina, squeezing it out of the eye as it occupied itself the vitreous space.

The following is a very interesting case of traumatic hæmorrhage occurring first between the choroid and retina, and afterwards between the choroid and sclerotic in the same eye, but at different times and under different circumstances.

The eye, at the time of the original injury, was healthy; and hæmorrhage undoubtedly occurred between the choroid and the retina from a direct rupture of the anterior choroidal vessels. Nine months after the injury, the patient came under my care. The eye was then quite blind, with a large ciliary staphyloma, and excessively painful. I excised the eye; and, during the operation, the staphylomatous portion of the globe either gave way or was accidentally pricked by the scissors, and some fluid vitreous at once escaped. On examining the eye afterwards, an old blood-clot was seen between the choroid and retina; but recent hæmorrhage had taken place during the operation between the choroid and sclerotic, caused by the sudden withdrawal of vitreous from an eye in an unsound state.

CASE III. *Hæmorrhage between the Choroid and Retina from a Blow: Excision of the Eye Nine Months after the Injury: Rupture of the Staphylomatous Portion of the Globe during the Operation: Escape of Vitreous, and immediate Hæmorrhage between the Choroid and Sclerotic.* Susannah W., aged 40, was admitted into the hospital on May 22nd, 1865. She stated that, at the beginning of last September, she accidentally ran in the dark against the door, striking, she thought, the left temple, and inflicting a wound close to the outer edge of the orbit. For the first two months after the injury, she did not appear to have suffered very much pain. Since last January, she had suffered from pain in that eye, and during the last three months it had at times been very intense. It was on account of the pain that she came to the hospital, as the eye was quite blind.

Present State. The shape of the eye was altered in form. Along the upper portion of the ciliary region, behind the upper margin of the cornea, but in front of the insertion of the superior rectus muscle, was a large staphylomatous bulge, which had to the touch a sense of solidity. It extended laterally almost as far as the upper edge of the insertions of the external and internal recti muscles. The eye was quite blind; and the bulging, she said, was rapidly increasing. I recommended the removal of the eye; and she at once consented, on account of the great pain from which she was then suffering. During the operation, the staphylomatous portion of the eye was either pricked by the point of the scissors, or from some other accidental cause it gave way, and a portion of the semifluid vitreous escaped.

On examining the eye after its removal, the great bulging of the upper part of the ciliary region was seen to be entirely due to a deposition of lymph, nearly three-eighths of an inch in depth, at the most prominent part. It appeared as if the sclerotic had been ruptured, but perhaps not throughout the entire thickness of its structure; and that the film of tissue which had held externally its edges together had yielded before the pressure from within, and become staphylomatous; but that, as it bulged, lymph had been effused, which increased in quantity as the staphyloma increased in size.

On making a section of the eye, the retina was seen detached from the choroid throughout its entire extent by the remains of an old blood-clot; and the choroid was completely separated from the sclerotic by fluid and evidently recently effused blood. It was clear that the hæmorrhage between the choroid

and sclerotic had taken place during the operation, and was consequent on the giving way of the staphylomatous bulge and the sudden escape of vitreous in an unhealthy eye. The vitreous which remained was semifluid.

[To be continued.]

Transactions of Branches.

WEST SOMERSET BRANCH.

ON DROPSY AFTER SCARLATINA.

By WILLIAM LEGGE, Esq., Wiveliscombe.

[Read October 14th, 1865.]

I do not claim for the few observations I propose making this evening any originality, nor do I pretend to suggest anything novel, either in theory or practice, with regard to the treatment of a disease with which we are all so familiar as dropsy occurring after scarlatina; but I desire to elicit, by a discussion of the subject, the results of our individual experience, believing that the main object of our meetings will be thus attained, and our mutual advance in successful practice materially assisted.

At a former meeting of our Branch, when I ventured to draw attention to the treatment of scarlatina, I only cursorily alluded to the frequency of dropsy as a sequel of the disease. Since that time, I have had under my care one hundred and thirteen additional cases, making a total of one hundred and ninety-three, the results of which, while they served to confirm the conclusions then deduced, and to illustrate the necessity for the application of rational principles as opposed to mere routine practice in dealing with the various abnormal symptoms presented during the progress of the disorder, tended also to impress one with the grave significance of anasarca, that most frequent and fatal of the sequelæ of the disease. The results of my own experience showed that of 193 cases of scarlatina, 78, or just 40 per cent., suffered from dropsy afterwards, of whom 7 per cent. died; whilst the mortality from all causes was 14 per cent., thus exhibiting the fact that half the fatal cases were the result of dropsy.

I shall not occupy your time by the narration of individual cases, but shall briefly state the inferences derived from general results.

Dr. Watson, in his valuable *Lectures*, attributes this frequent occurrence of anasarca as a sequel of scarlatina (as also the fact of its being more common after a mild than after a severe attack) to the circumstances that, "less care and caution are observed in milder cases during the dangerous period of desquamation and convalescence." This explanation doubtless holds good to a certain extent; but how are we to account for the numerous cases of dropsy supervening in patients who have never incurred the danger of a check to the escape of the fever-poison through the outlet afforded by the skin—patients who have never left the sick room before the presence of anasarca has been recognised?

The answer to this question, and at the same time a reasonable explanation of the morbid phenomena, I first heard suggested by Dr. Basham, when attending his lectures, to the effect that in mild scarlatina the fever-poison is not all eliminated from the system during the eruptive stage, and therefore such an attack is more likely to be followed by dropsy. Dr. Basham has since discussed this pathological question, and the cause of impeded circulation in the

kidney with consequent non-elimination, in his interesting work *On Dropsy Connected with Disease of the Kidneys*. He there states that, "in the vast majority of cases, this secondary condition must be accepted as evidence of the imperfect elimination of the febrile poison during the antecedent exanthematous stage, arising either from the greater intensity of the poison, or the incompleteness of the processes by which it is released from or decomposed in the system." The same considerations have evidently led to the opinion which Dr. Hughes Bennett expresses in his *Lectures*, that the head symptoms so often accompanying severe cases of scarlatina probably depend, not so much upon inflammation of the brain as upon non-elimination and consequent absorption of, and poisoning by, urea, as manifested by the diminished quantity of the renal secretion, and its freedom from deposit.

Dr. Bennett's views as to resolution by cell-growth, are illustrated by these explanations of the cause of certain symptoms during the excretion of noxious matters from the economy; for the presence of degraded cells in the urinary deposit, as seen under the microscope, is a constant sign of progressive mischief.

It is unnecessary to enter minutely into all the symptoms of this form of renal disease; its evidently inflammatory origin has caused it to be assigned to the class of febrile dropsies; rigors, headache, pain, and tenderness in the region of the kidneys, all give evidence of a secondary febrile attack; the face and eyelids become puffy, general anasarca follows, and effusion of fluid into one or more of the serous cavities may ensue. The appearance of the urine soon indicates renal mischief; hematuria to a greater or less extent, from a mere smoky dusky colour, to a deep blood-red, is often present. As a general rule, the urine is highly albuminous, but this is not invariably. In more than one case I found albumen present at the first examination, and absent a day or two after. It is this non-persistent coagulability of the urine in conjunction with deposits of urates, etc., which Dr. Bennett considers evidence of the excretion of morbid products which have circulated in the blood.

Too much importance cannot be attached to the examination of the renal secretion (which is indeed the only safe method of insuring a correct prognosis). The microscopic appearances are very characteristic, and we may safely assert that the recent great advances in renal pathology, and consequently in the successful treatment of renal mischief, are mainly due to the revelations of the microscope, which is of even greater assistance in the diagnosis of kidney-diseases, than the stethoscope in pulmonary affections; for by the unassisted ear the chest may be satisfactorily auscultated, whilst to unaided vision the secrets lying hidden in the renal secretion must for ever remain undiscovered. The examination of the urinary sediment will demonstrate the presence of casts of the uriniferous tubes, epithelial cells, blood-corpuses, fibrinous blood-casts, and other indications of renal degeneration. Dr. Basham teaches that, as long as the epithelial cells remain unchanged, a favourable termination may be expected; but that "the foretoken of danger is the appearance of degraded or atrophic cells." As illustrative of this, I may instance the case of a child aged 7 years, who after a mild attack of scarlet fever, began to present the ordinary symptoms of dropsy. He had hematuria; the urine was diminished in quantity, specific gravity 1012, and albuminous; under the microscope blood-casts were evident, as well as free blood-corpuses and scattered epithelial cells. On the fourth day, he was seized with violent convulsions and delirium, he

with symptoms of effusion on the brain; after this he remained comatose for nearly twenty-four hours, when convulsions, but of a milder character, again occurred, which gradually subsided, leaving him greatly prostrated; the anasarca still remained, but the urine was more abundant, and the specific gravity 1020. Although still albuminous, the coagulum was less, and to my surprise the epithelial cells remained healthy; this circumstance alone enabled me to speak hopefully of the little patient, when otherwise the symptoms were of an unusually grave character. The sequel confirmed my opinion, as, when able to take the ammonio-chloride of iron, the child recovered rapidly.

As regards treatment—granting that scarlatina may be defined as an infectious and contagious fever of the exanthematous class, attended by certain symptoms, the result of the presence in the organism of a specific poison—the basis of our treatment ought to be, the endeavour to eliminate this poison; and it follows inevitably that failure to accomplish our purpose by the aid of the excretory functions will necessarily result in blood-poisoning from non-elimination. Yet, in our anxiety to rectify local mischief, we must not lose sight of the absolute necessity for constitutional remedies. Whilst, therefore, by the employment of salines and diaphoretics, we endeavour to procure rest for the harassed and congested kidneys, and (so to speak) throw the burden of their work on the more extensive outlet of the skin; and whilst by such purgatives as the combination of jalap with cream of tartar (which is a most efficacious hydragogue), we seek to get rid of the effused fluid, we must bear in mind that we have to deal with an impoverished state of the blood, and that, to remedy this, chalybeates are imperative, with a view to favour a more healthy cell-development for the renewal of the vitiated tissue. The very existence of this hydraemic condition of the blood is sufficient to negative the employment of venesection, although still advocated by some eminent authorities, apparently with the idea of thereby relieving an engorged and congested state of the kidney. This question has been so ably discussed by Dr. Basham, in his recent Croonian Lectures, that I cannot forbear quoting his words. After stating the unmistakable evidence that this form of disease represents a degeneration or decay, he goes on to say: "It is not a state to be represented by the organism *plus*—something which has to be taken away, but by the organism *minus*—something which is to be added. Now, that something is nutrition—nutritive elements of the nitrogenous series to supply the pabulum for fresh cells, and active reproduction. Will blood-letting supply this? Will the abstraction of blood-globules from a fluid already exhausted of them, and reduced to a minimum, give aid to renewed cell-growth? . . . With regard, then, to blood-letting, I unhesitatingly assert that it is injurious; it is manifestly hostile to the fundamental principle on which the treatment of these forms of disease should be based, the restoration to the organism of the powers of reproduction of those cells which are rapidly disappearing by processes of solution and decay." With these sentiments, my own experience leads me decidedly to concur.

To proceed with the treatment of scarlatinal dropsy, on the subsidence of febrile disturbance, some preparation of iron must be given without delay; it is often marvellous to see the promptitude with which nature responds, as it were, to the challenge, and how speedily the enriching effects of the chalybeate are manifested.

In the choice of the particular preparation, the practitioner must exercise his judgment; the tincture of the sesquichloride of iron is most valuable,

but I would again draw your attention to the combination recommended by Dr. Basham as more effective than when the sesquichloride alone is given, and as the one I have used most extensively, my confidence in its efficacy being proportionately increased. To a drachm of the liquor ammonie acetatis, first acidulated by twenty minims of dilute acetic acid, ten minims of the sesquichloride of iron are added: this forms an ammonio-chloride of iron, kept in solution by acetic acid, and makes a beautiful sherry-red mixture, which is palatable, not liable to decomposition, and may be kept any time; it is necessary that the saline be first acidulated, or an insoluble ammonio-chloride of iron is precipitated, which is with difficulty redissolved by an excess of acid. I have found, too, that children take the mixture as readily as steel wine.

As to the question of the administration of alcohol, setting aside the various theories as to its action, and regarding it as of very little importance if it pass through the system unchanged, so long as in its passage it exert an appreciable influence, I feel assured that practically it is of immense advantage when judiciously administered—that is, in small quantities and together with the food; never on an empty stomach.

It is unfortunate that the French light wines are not more frequently recommended by medical men; the alcohol they contain is of the finest quality, and free from the addition, or rather adulteration of the strong and rough spirit produced from grain, which is so often mixed with foreign wines in this country, in order to suit the English taste. Good sound claret, or Chablis, or (when it can be depended upon) champagne, is more adapted to the invalid than any other.

Since the above lines were written, a little pamphlet has, I believe, been published by Dr. Druitt on this subject, which, though I have not myself seen it, I understand strongly advocates the use of French wines.

Such then is a sketch, although brief and imperfect, of the principles of treatment, which, when carried into practice, will, I believe, insure as great an amount of success as we can hope to attain, with our present limited knowledge of the influence of remedies on the changes which disease produces in the human organism.

TESTIMONIAL TO DR. FETHERSTON. Dr. Fetherston, late resident surgeon to the Melbourne Lying-in Hospital, has had the following testimonial, beautifully engrossed and illuminated on vellum, presented to him by the Ladies' Committee of that institution. "To Gerald Henry Fetherston, Esq., M.D., L.R.C.P.E., L.F.P.S.G., etc. The Ladies' Committee of the Melbourne Lying-in Hospital and Infirmary for Diseases of Women and Children have much pleasure in conveying to Dr. Fetherston the high sense they entertain of the valuable services he rendered to that institution during the four years he performed the duties of resident surgeon. To his untiring assiduity and watchfulness they believe is due much of the success which has attended the treatment of the many difficult cases confided to his care, and of the uniform earnestness with which he devoted himself to the general management of the hospital, they cannot speak too highly. They desire to assure him of their best wishes for his future prosperity and advancement in the practice of his profession. March 1865. Signed on behalf of the Committee, FANNY PERRY, President."—Mr. Barrett of Emerald Hill, Dr. Fetherston's predecessor, has also been presented with a testimonial of similar design. (*Australian Medical Journal.*)

Reviews and Notices.

A PRACTICAL TREATISE ON URINARY AND RENAL DISEASES, INCLUDING URINARY DEPOSITS. Illustrated by numerous Cases and Engravings. By WILLIAM ROBERTS, M.D., F.R.C.P., Physician to the Manchester Royal Infirmary, etc. Pp. 523. London: 1865.

Books on the kidneys and their secretion have been so abundant in recent years, that one would almost think it impossible for an author to bring forth anything in the shape of a new work on these subjects. Yet Dr. ROBERTS has been very far from performing a mere work of supererogation in writing the present treatise. His design, he says, "is to give an account of the organic diseases of the kidney, and of those diseases and disorders of which the chief characteristic is some alteration of the urine;" and, in carrying out this design, he has not only made good use of his own practical knowledge, but has (with the able aid, as he acknowledges, of Mr. Thomas Windsor) brought together from various sources a vast amount of information, some of which is not generally possessed by the profession in this country.

The book is divided into three parts. The first part, which may be regarded as introductory to the others, describes the Physical and Chemical Properties of the Urine in Health and Disease; and Urinary Deposits. In the second part, the author speaks of Urinary Diseases—Diseases of which the Chief Characteristic is an Alteration of the Urine; and, in the third part, Organic Diseases of the Kidneys are described.

In the first part, Dr. Roberts introduces just so much description of the physical and chemical characters of the urine in health and disease as has a strictly practical bearing; referring those who wish for further information on purely physiological and chemical matters connected with the secretion, to the treatises in which these subjects are fully discussed—such as the works of Neubauer and Vogel, Parkes, Beale, Thudichum, and Hassall. The author describes the method of examining the urine for clinical purposes; and gives the naked-eye and microscopic appearances of urinary deposits, and of extraneous matters which are occasionally found in urine.

This part of the book contains four chapters. The first is Introductory, and contains a summary of the properties and composition of the urine; methods of examining the urine; extraneous matters; and changes in urine on keeping. In the second, the Physical Properties of the Urine are described. The third chapter contains a description of the Chemical Constituents of the Urine and their Variations, and Inorganic Deposits; and the fourth is devoted to the consideration of Abnormal Substances in the Urine—Organic Deposits.

Here, as in other parts of the book, we can take only a few of the more salient points for special notice—leaving it to be generally understood, that the remaining portions contain an useful practical exposition of the subjects of which they treat.

In speaking of the quantity of the urine, Dr. Roberts gives an epitome of the results of some

elaborate researches made by him several years ago on the variations in the quantity both of the urine and of its solid constituents at different periods of the day; and introduces tables of what he believes to be fair calculations of the average hourly amounts. In reference to these tables, it is to be observed that, while the numbers given may be taken as representing fairly the *relative* extent of the variations at the different periods and hours of the day, the *absolute* quantities appear to be too small; i.e., their aggregate sum represents quantities both of fluid urine and of solid urine below the ordinary daily average. We call attention to this point, because some readers of the book may consider the quantities given to express the *real* amount which may be expected to be met with. There is also another question which we would suggest to Dr. Roberts for consideration. An attempt to estimate, by a simple process of multiplication, the daily amount of urine and of solid matter from examination of a specimen passed at any given time—say from the urine passed in the night and early in the morning—is liable to lead to false results; and hence writers on urology insist on the importance of ascertaining the entire amount passed in twenty-four hours. To procure this entire amount is often difficult, if not impossible; and therefore we would ask Dr. Roberts whether it may not be found practicable, from an extensive series of observations, to give formulæ for determining, from the quantity and specific gravity of urine passed at any given time, the total amount of urine and urinary solids excreted during the twenty-four hours?

In speaking of the reaction of the urine, Dr. Roberts confirms the conclusions arrived at by Dr. Bence Jones, that the fluid frequently becomes alkaline after meals. From a series of experiments conducted several years ago, he found that

"A meal, whether of animal, vegetable, or mixed food, was found invariably to depress the acidity of the urine, and in most instances to render it actually alkaline. To this movement the name of *alkaline tide* may, for the sake of brevity, be given." (P. 23.)

After breakfast, the depression of acidity commenced in about forty minutes, and continued four hours; but the secretion was not usually alkaline for more than one hour, very rarely for three hours. Dinner did not produce diminution of acidity until the second hour; then an alkaline state was observed, usually lasting three hours. This alkalinity after meals is ascribed by Dr. Bence Jones to the withdrawal of acid to the stomach for the purposes of digestion; but Dr. Roberts, while admitting that an antagonism as regards the withdrawal of acid from the blood may exist between the stomach and the kidneys, ascribes the alkalinity of the urine to the entrance of the newly digested food into the blood.

"If, as is believed, the normal alkalinescence of the blood is due to the preponderance of alkaline bases in all our ordinary articles of food, a meal is *pro tanto* a dose of alkali, and must necessarily, for a time, add to the alkalinescence of the blood; and, as the kidneys have delegated to them the function of regulating the reaction of the blood, the urine immediately reflects any undue addition to, or subtraction from, the blood's proper alkalinescence. This hypothesis is mainly supported by the coincidence of time which exists between the passage of digested food into the

blood and the occurrence of the alkaline tide. The gastric juice is poured into the stomach immediately after a meal, but the acidity of the urine does not suffer depression for an hour or two afterwards—not, in fact, until the meal has been in great part absorbed." (P. 25.)

At another page (37) Dr. Roberts shows that the digestion of food has also a marked effect on the excretion of uric acid. As a result of seven days' observation on the effect of dinner, he found that, during the period of the "alkaline tide", the hourly excretion of uric acid was 0.36 grains; while, when the acidity of the urine was restored, it sank to 0.13 grains, and during sleep to 0.10 grains.

In speaking of oxaluria, Dr. Roberts takes occasion to express his disbelief in the existence of the special oxalic acid diathesis described by some authors. He gives, as reasons for his opinion, the facts that "intense oxaluria may exist persistently without producing the group of symptoms attributed to the oxalic acid diathesis;" conversely, that these symptoms may exist without the occurrence of deposits of oxalate of lime in the urine; and that most varied morbid conditions—as has been specially observed by him in the Manchester Infirmary—may coexist with oxaluria.

The second part consists of four chapters: Diabetes Insipidus; Diabetes Mellitus; Gravel and Calculus; and Chylous Urine. On all these subjects Dr. Roberts gives, as we believe, everything that is known at the present day, whether from the observations of others or from his own. In the chapter on Gravel and Calculus, he dwells at some length on the medical treatment, especially the attempts to dissolve gravel or calculi by acids or alkalies. The rules for the solvent treatment of uric acid, and the conditions which may modify its efficiency, are especially pointed out with great care. This treatment—for which the acetate or citrate of potash answers best—"is only applicable in those cases of vesical calculi where the urine is acid; the stone not large; and its composition known to be uric acid, or strongly suspected to be such." Of attempts to dissolve calculi by injections into the bladder, Dr. Roberts expresses opinions of which the following is a summary. 1. Little good is to be expected from any endeavour to act on uric acid calculi. 2. Cystine is more favourable than uric acid to the application of alkaline solvents. 3. On oxalate of lime calculi, neither alkalies nor nitric acid appear to produce any useful effect. 4. Phosphatic calculi are acted on by dilute nitric acid; which, as in a case under the care of Mr. Southam, where it was found impossible to clear the bladder after lithotomy of one of these calculi, may be injected with great advantage.

In the third part, which consists of fourteen chapters, the author treats of Congestion of the Kidneys; Bright's Disease; Acute Bright's Disease; Chronic Bright's Disease; Suppuration in the Kidney and Renal Embolism; Pyelitis and Pyonephrosis; Concretions in the Kidneys; Hydronephrosis; Cysts and Cystic Degeneration of the Kidneys; Cancer of the Kidney; Benign Growths in the Kidney; Tubercle of the Kidney; Entozoa in the Kidneys; and Anomalies of Position, Form, and Number of the Kidneys. The author has treated at some length of some of the more rare affections, regarding which but little is generally said in English systematic works—viz., hydronephrosis, cystic degeneration, can-

cer, tubercle, parasites, malpositions, and malformations.

In the chapter on Bright's Disease, Dr. Roberts adds a note on the recent advances in the anatomy of the kidney. He observes that

"The recent researches of Henle, Luschka, Krause, Chrzonszczewsky, Colberg, Ludwig and Zawarykin, Roth, Schweigger-Seidel, and other German inquirers, make it abundantly evident that the account hitherto accepted, on the authority of Mr. Bowman, of the course and structure of the uriniferous tubes, requires considerable modification." (P. 207.)

The subject is still *sub judice*; but, Dr. Roberts observes, there is good reason for believing that the following view, given by Schweigger-Seidel, is in the main correct.

"If the course of an uriniferous tube be followed in the direction taken by the urine, we shall find that, starting from a Malpighian body, it immediately falls into a knot of windings or convolutions. Emerging from these, it bends downwards towards the pyramids, and, following a straight course, descends into one of these to a varying depth; it then turns up again, and reascends into the cortical part; here it forms a second and smaller series of windings, and finally bends down once more, joins with others similar to itself, and passes straight into the pyramidal portion, where it unites, two and two, with other straight canals, and issues at length, greatly enlarged, in an open mouth on the surface of a papula. The looped section of the tube, which dips into the pyramids (that portion which interferes between the two knots of windings), undergoes, in a considerable length of its course, a remarkable narrowing of its diameter. This narrow part is only about one-third of the width of the remainder of the canal. The narrowing is due to a change in the epithelium, which, in this part, consists of perfectly clear small flat cells, with prominent nuclei; whereas in the wider portions the epithelium is composed of thick opaque granular cells, which nearly fill the lumen of the tube. The available bore of the narrow part appears to be as large as that of the wider portions. The narrow part generally forms the actual bond of the loop, and a certain length of its ascending and descending limb; but sometimes the narrowing begins and comes to an end in the descending limb of the loop." (P. 298.)

In the Chapter on Chronic Bright's Disease, Dr. Roberts, speaking of uræmia, indicates the views which have been enunciated as to the pathology of this condition; viz., that of Hammond and Richardson, that the special poison is uræa itself; and that of Frerichs, that the immediate cause of the symptoms is carbonate of ammonia, into which uræa has been transformed. There is also a modification of Frerichs' view, propounded by Treitz: that uræa is first thrown out into the alimentary canal, and there changed into carbonate of ammonia, which is absorbed and produces its poisonous effects. More recent researches, however, are regarded by Dr. Roberts as giving the *coup de grace* to all these theories.

"The recent experiments of Oppler, Schottin, Perls, and Zalesky indicate, in a very clear manner, that uræmic manifestations depend mainly and essentially on the accumulation in the blood and tissues of those primary products of tissue-metamorphosis (creatinine, creatinine, and other extractives), which, in a later stage of histolysis, are converted into uric acid. . . .

"It now appears that *urea* and *uric acid* are actually produced in the kidneys; and that any traces of them found in the blood are due to reabsorption from the urinary channels." (P. 359.)

The chapters which have been mentioned as treating of subjects which are generally passed over in a cursory manner, contain much very interesting matter. That on Cancer of the Kidney, for instance, is founded on an analysis of 54 cases, of which two were observed by Dr. Roberts himself. Of these, 19 occurred in children under ten years of age—all, except three, being under four years. The remaining 35 cases occurred in adults between the ages of 19 and 70. The species of cancer is almost invariably encephaloid (fungus hæmatodes), and frequently is the site of extensive hæmorrhage. Scirrhus is very rare; colloid has been occasionally found forming a part of an encephaloid kidney; epithelioma has been found, as far as Dr. Roberts knows, in one case only. The size which the tumour may attain is great. In 10 children, the weight varied from 2½ lbs. to 31 lbs.; the average being 8½ lbs. In 10 adults, the average weight was 9½ lbs.; the weight varying from that of the natural kidney to 27 lbs. In 47 cases out of 53, one kidney only was affected; and of the other 6, in two only the disease appeared to be primary in both kidneys. Of the unilateral cases, the right kidney was affected in 27, and the left in 20. In 26 out of 42 cases, there were secondary deposits in other parts—generally the lumbar, mesenteric, and vertebral glands, the lungs, and the liver; in four cases only was there deposit in the suprarenal capsules; and in the bladder, the uterus, and the penis, one each.

"The unfrequent association of primary renal cancer with cancerous deposits in the lower urinary passages is somewhat remarkable, and is scarcely what one would expect, considering the close anatomical and functional relation of these parts." (P. 441.)

As regards sex, 52 cases supplied 37 males and 15 females; but the preponderance of the male sex is much greater in adults (26 to 8) than in children.

The distinctive signs of renal cancer are, tumour in the abdomen and hæmaturia. Of these, the tumour is by far the most constant sign.

"It presents itself first in the anterior lumbar region, between the margins of the ribs and the crista ili; it then grows forward to the umbilicus, upwards into the hypochondrium, and downwards into the iliac and inguinal regions; in extreme cases it fills the entire belly." (P. 442.)

Hæmaturia, according to Dr. Roberts, is a symptom which must not be relied on too much. Of 49 cases, it was absent in 25 through their whole course. In several others, it was transient in its appearance. But, where present, it is a sign of much value. It is in general irregularly intermittent, occurring at intervals of days or weeks, with or without any appreciable cause. The hæmorrhage may be profuse, or may be so small as to require the microscope for its detection.

Regarding the presence of cancer-cells in the urine, Dr. Roberts says that its diagnostic value is doubtful; for these bodies may not be found, and it is difficult to distinguish them, when present, from the transitional epithelium of the pelvis and ureter. Further, says Dr. Roberts, cancer-cells, to be excreted with the urine, can only come from broken down

and degenerated portions of the growth; and, as he has found it impossible to identify cancer-cells in the detritus of external cancer, much more difficult must it be to do so in detritus that has been acted on by the urine.

The duration of the disease varied—in the cases recorded being shorter in children; among whom, in 14 cases, the disease had a mean duration of between seven and eight months. In 20 adults, the disease continued, on an average, two and a half years; but 8 died within a twelvemonth, and 7 under three years. Of the remaining 5, one patient survived seven years.

We must now bring our notice of this book to a close; regretting only that we are obliged to resist the temptation of giving further extracts from it. Dr. Roberts has already on several occasions placed before the profession the results of researches made by him on various points connected with the urine, and had thus led us to expect from him something good—in which expectation we have been by no means disappointed. He has produced a work which not only does honour to him as a provincial physician, but one which would be creditable to any physician placed in what are generally supposed to be more favourable circumstances; for, independently of the diligent observation and practical experience which he has brought to bear on the subject, he has manifested an acquaintance with its literature which, we believe, could be excelled by no one, even having at command all the resources which the metropolis places at disposal. The book is, beyond question, the most comprehensive work on urinary and renal diseases, considered in their strictly practical aspect, that we possess in the English language.

CONTRIBUTIONS TO DERMATOLOGY. No. III. PSORIASIS AND LEPRO. By T. MCCALL ANDERSON, M.D., Physician to the Dispensary for Skin Diseases, etc., Glasgow. Pp. 65. London: 1865.

In this work, Dr. MCCALL ANDERSON treats, in six chapters, of the characters and symptoms, causes, diagnosis, prognosis, and constitutional and local treatment of Psoriasis.

In commenting on the varieties of the disease described, he remarks that the several forms are not to be regarded as varieties, but as stages of the disease: Psoriasis punctata, guttata, nummularis, inveterata, and universalis, being advancing, and Psoriasis circinata (lepra) and gyrata declining stages. He describes also a condition which he has sometimes observed, and which he regards as an intermediate stage between so-called psoriasis guttata and psoriasis nummularis.

"In it the accumulation of epidermis takes place to an unusual extent, so that on many of the patches it assumes the shape of large conical crusts marked by concentric rings. In fact, they exactly resemble limpet-shells; and, from their likeness to crusts of rupia, I have called this variety Psoriasis rupioides. Except in the shape of the crusts, however, there is no connection whatever with rupia; and, on removing a crust, there is no ulceration beneath, but a slightly elevated dusky-red rounded surface is exposed to view, which sometimes bleeds a very little." (Pp. 4-5.)

In the constitutional treatment of Psoriasis, Dr. Anderson places most reliance on arsenic, and

next to it on cod-liver oil. Local treatment he allows to be useful when properly applied. Among these, soothing applications must be used when the patches are much inflamed, or hot and itchy; or a hydrotherapeutic plan may be tried, and is often found useful, not only in relieving acute inflammation, but sometimes also in removing the affection entirely. In the chronic form of the disease, the preparations of tar are most generally useful; but, for the face or head, Dr. Anderson prefers soft or potash soap, or a solution of this in water or spirit. Mercurial ointments are often valuable;

"But they are more applicable to the treatment of limited eruptions, as it would be unsafe to apply them for any length of time to an extensive surface, owing to the danger of their being to any great extent absorbed, thereby producing salivation—an occurrence which is not only to be avoided for its own sake, but which has the additional disadvantage of tending to produce a more copious eruption, owing to the depression of the general health which is thereby induced." (Pp. 56-7.)

The present volume is, like Dr. Anderson's other *Contributions to Dermatology*, a work of high practical value.

PHOTOGRAPHS (COLOURED FROM LIFE) OF THE DISEASES OF THE SKIN. By ALEX. BALMANNO SQUIRE, M.B.Lond., Surgeon to the West London Dispensary for Diseases of the Skin, etc. Nos. VI, VII, and VIII. London: 1865.

SINCE we last noticed Mr. BALMANNO SQUIRE's excellent series of photographic representations of skin-diseases, three additional numbers have appeared. Of these the first—the sixth in order in the series—represents Favus or Honeycomb Ringworm, typical of the Vegetable Parasite Diseases of the Scalp. The subject of the photograph was a boy aged 13, who had been affected with favus for three years; and the portrait gives a very good idea of the general appearance presented by the disease. The next photograph—No. VII—is a representation of Lupus, the type of Tubercule. The portrait selected, which shews the visible characters of an average case of lupus affecting the cheek, is one of a boy aged 12, in whom the disease had existed eight years. The eighth photograph represents the face of a man affected with Papular Syphilide. Each of the portraits is accompanied with a sheet of letter-press containing a plain practical account of the disease in general, and of the case represented in particular.

The three numbers before us are of equal merit with those which have preceded them. Four more parts remain, we believe, to complete the work; which promises to be, when finished, one of the most successful examples of the application of photography to the delineation of disease that has ever been placed before the profession.

SUPERSATURATED SOLUTIONS. M. Jeannel attributes the sudden crystallisation of supersaturated solutions to purely physical causes. M. Gernez asserts that the crystallisation is brought about by the contact of a solid particle, no matter how minute, of the substance held in solution. M. Gernez now says, that he has repeated all M. Jeannel's experiments, and has arrived at results which confirm his own views.

British Medical Journal.

SATURDAY, DECEMBER 9TH, 1865.

THE CATTLE-PLAGUE.

A LETTER in the *Times*, signed "Q.," is full of plain common-sense, and well represents the opinions of those whom we have ventured to call the scientific members of the Cattle-Plague Commission. Its insertion indicates that the *Times* will shortly enter upon a new phasis of Rinderpest faith, and (as is its wont) will presently put forth opinions and offer advice touching the disease precisely opposed to those which it has been hitherto earnestly, and reckless of all honesty and truth, attempting to force down the throats of its readers. The writer of the letter referred to, from its trenchant, plain, and forcible style, is, we should feel inclined to think, a well-known member of our profession sitting on the Commission, whose name commences with the letter Q. Be he who he may, he sums up in a masterly way the history of the Plague; and plainly tells us how we now stand in relation to it, and how only we can be rid of it.

"The disease is undoubtedly the Steppe Murrain; the most contagious of all maladies affecting either man or brute. It has never been known to originate spontaneously, and it is always propagated by contagion. It seems to be never absent from the Russian Steppes. During three years in the early part of the last century, Western Europe lost a million and a-half of cattle, whilst at a later period of the same century the losses amounted to three millions. Professor Jessen of Dorpat tells us that in the year 1846 the value of the losses in the Russian Empire was estimated at 10,000,000 of ducats; while, in the year 1862, 10,000 beasts were slaughtered and paid for in Russian Poland alone, and solely with the object of arresting the spread of the disease; and extraordinary measures have been adopted by all European Governments against its inroads. During twelve years in the middle of the last century, the British Government paid nearly a quarter of a million sterling by way of compensation for cattle slaughtered."

"The disease, commencing in the Metropolitan Cattle Market, in a point so small and so obscure that it can scarcely be discovered, has, in the short space of five months, spread throughout our island in lines so clear that nearly every one of them can be followed. With one or two exceptions, every county in England has been invaded; Scotland is suffering most severely; while only three counties in Wales have as yet been infected. It has been estimated that more than 4000 separate spots have received infection, thus forming 4000 separate centres for its propagation. In June there was but one. The deaths of the last four weeks have doubled those of the preceding four months."

For this most formidable evil, what is the remedy?

The advice of the optimists who hoped for better things from change of season or of weather, and of Mr. McClean who made light of the evil, is plainly

useless. The writer sees no remedy for this dire calamity which gives the least promise of success, except the suspension of the movement of all cattle, as recommended by the majority of the Royal Commission.

"To this remedy" (he says) "I believe we must come; it will not be, perhaps, till we have been driven to it by the loss of some half million of our stock. There are those who have said that the remedy is worse than the disease. We have seen what the disease is, and what it may become.

"The proposed remedy is, that the movement of all horned cattle should be suspended for a certain period; the object being to stop the spread of contagion. If this proposal were fully and fairly adopted, the plague must cease. It is said that the measure is impracticable, and that the price of meat would be so much enhanced that there would be danger of a riotous outcry. The price of meat is high now, and must become higher still if the present fear of infection and uncertainty as to cattle trade are allowed to continue. A single year of the present system will ruin the home trade in cattle, and cause infinitely more mischief than the suspension of traffic for three months. The chief objection to the proposal rests on the interference with the supply of the food of the people. The importation of fat cattle from abroad has increased to such an extent that in the metropolitan market two foreign beasts are now sold to one bred in England. If, therefore, at half-a-dozen ports of import, suitable markets, with slaughter-houses, were provided, the foreign stock would come for our supply in the like or in increased proportion. They would be killed under inspection, and the dead meat sent to market. Thus two-thirds at least of our food would still be provided. There might be some difficulty in providing the remainder, by killing fat animals on the farms of our graziers, and bringing the dead meat to market; but the difficulty would very soon disappear. Hundreds of tons of dead meat are weekly sent now to London and other markets by railway.

"No doubt, there would be inconveniences felt at first; but the benefit would soon counterbalance them. Under the present system, cattle on the railways are knocked about, exposed to all weathers, and allowed to remain frequently on the road for upwards of thirty or forty hours without either food or water. They are driven through our crowded streets, embarrassing traffic, themselves being frightened, fevered, and excited; they are then killed in close and filthy slaughter-houses, and the meat thus rendered far less wholesome than it would otherwise be.

"Each week about 600 tons of filth and offal which, if left in the country, would constitute manure, is brought into our crowded city, to be carried out again after polluting our atmosphere. The meat of animals killed when cool, healthy, and unexcited, in a clean farm-shed, would clearly be preferable to that killed under the circumstances above described. The carriage of dead meat would soon be provided for. There is scarcely a place in England so remote from railway that the body of an ox grazing this morning on its pasture may not be to-morrow morning in the London dead-meat market. A few years hence, people will wonder how the present horrible system of carriage and slaughter has been so long tolerated. A different system must inevitably be introduced for all foreign cattle, inasmuch as were the plague stopped here, to-morrow it would be brought back again by cattle imported, as they are now, from all parts of Eastern Europe."

Our readers will observe that, from the beginning to the end of this letter, of which we have given a full abstract, there is not a word said about the treatment of the disease. We believe, from this very fact, that only a scientific man of medicine could have penned the document. The writer has risen to the height of the occasion. He has thrown aside all the mischief and delusion touching arsenicum, prophylactics, and decillionth dilutions of belladonna cures; and has spoken language worthy of scientific medicine. He leaves to the *Times* and to its bare-faced mountebanks, the exhibition of ignorance and impudence such as in truth was contained in a leader of the very journal in which the letter was published.

"And here" (says the *Times*), "if the pretensions of the system can only be established, will be the value of homœopathy, which professes not only to cure, but to prevent. If the prophylactic dose of 'arsenicum' should be found actually efficacious, our cows may be sent to market with perfect safety. *The antidote will operate like vaccination in the case of small-pox, and in the end the disease itself ought to disappear.*"

But, saying this, the *Times* begins to whine over the failure of the quackeries which it has been so sedulously fostering; and will, no doubt, very shortly recommend the conclusions of the medical men of science on the Commission; the conclusions which it has been all along deriding. Were we wrong in our remarks some weeks ago, upon the Report of the Cattle-Plague Commissioners, when we said that science would yet be found to justify her children?

It is pitiable to turn from these, the plain teachings of scientific sense, to the miserable tale of homœopathic twaddle which is being told out at Norwich, under the direction of noble lords, London infinitesimalists, and a local and reverend and "skilful homœopathist, the Rector of Lyng," who, it appears, instead of tending his own special human flock, is busy administering "arsenicum" to his neighbours' cows. This homœopathic experiment at Norwich has, of course, turned out a miserable failure. The homœopathists and their backers are naturally dissatisfied thereat, and have consequently raised the cry of "unfair play". They object to the full and complete report of Mr. Forrester (who is, he says, neither allopath nor homœopath, but only wants to get at a remedy for the disease), which has been presented to the Norwich Cattle-Plague Association. It is very circumstantial, and shows to demonstration that the treatment by homœopathy is, as Mr. Forrester expressed it, "wholly and entirely a failure". Lord Bury admitted that homœopathy had failed; but then said he, "It has not been properly tried." Mr. Forrester affirmed and repeated his assertion, that the homœopathic experiment had been fully and fairly tried. To this Lord Bury replied by a silly attack on the *Lancet*, quoting remarks from that journal, and stating that he "had

never heard such a tissue of nonsense in the whole course of his life." We know not if his lordship be deaf; but if he is not, and could hear his own observations, we venture to say that he would have heard a very fair share of nonsense fall from his own lips. Mr. Forrester added, that he was no enemy to homœopathy; but that he did not "accept the enormous bounce with which the homœopaths came forward in this county: they were going to drive every allopath out of every farm in Norfolk." Lord Bury wound up with shrinking to the statement, that he had "received the statement which he had made, and was prepared to produce the gentleman who gave him the facts."

MISGUIDED AND MISGUIDING.

A "METROPOLITAN Hospital Surgeon", or a person so signing himself, has, like other misguided individuals who have preceded him, poured out his medical lamentations to the *Times* touching the Rinderpest. This "Hospital Surgeon" we should take to be a homœopath's surgical adviser. He has evidently as great admiration for the quack as he has for the medical practitioner.

"It is not difficult," he says, "to perceive that there is an attempt to fight anew a battle between rival systems of medicine, homœopathic or allopathic; the battle-ground being in this case the bovine instead of the human race. Now, with this contest I desire to have nothing to do, nor to involve myself in any way with the disputing parties, holding distinct opinions of my own as to the value of their respective claims."

A man of this stamp naturally falls to his level by his own act; and thus falls this metropolitan surgeon. The burthen of his tale is, that we should learn the natural history of the disease, and, when we have got hold of that, then try the effect of "some single therapeutical agent—say alcohol, a very powerful one for good or for evil," etc. He then winds up with a piece of bunkum about "humble inquiry into natural phenomena, etc.," and shows one glimpse of good reasoning by concluding with a suspicion, that all that he proposes will be regarded as nonsense—as "Utopian". Not one word from beginning to end does he say of the only remedy which is worth a moment's consideration; viz., the prevention of the disease. What may be hidden in the future, none of us can divine. What inoculation and "arsenicum" (decillionth dilution) may do, we have yet to learn. But this we may most safely affirm, if existing medical knowledge is capable of being used for any scientific purpose, that all we do know of the history of specific fevers points to certain positive conclusions, which reduce to a very minimum reasonable hopes of their specific cures. To search for such cures, is very much like searching for the philosopher's stone.

Scientific medicine tells us this: that fevers will run their appointed course in spite of all treatment; that, in spite of all treatment, a certain percentage of fever-patients will die; that we have, in no sense whatever, a specific cure for those fevers; that, reasoning from analogy, we can never hope for a specific remedy; that, when the fever manifests its presence in the body by symptoms, we have proof of its being actually in possession of the body, and in such a fashion as not to be dislodged; that it will run a distinct and definite course within the body.

If, then, the teachings of medicine are worth anything, they tell as plainly as the handwriting on the wall, that to suddenly arrest the progress of a specific fever, to neutralise or annihilate it, is a thing impossible; that, in this sense, medicine is powerless; that its business in the face of such disease is, by a rational method of proceeding, to sustain the body while passing through the perilous conflict, and aid and guide it (so far as may be) to a happy issue. The disease has possession of the body, and will play out its full revel there in spite of all our efforts. We can only look on, and skilfully second the natural powers in their resistance to the disease. We can claim no more power than this; and, assuredly, analogy forbids us ever to hope for more power.

But if we are so helpless here—so powerless in battling with the disease when it has possession of the fortress—in another direction, in preventing its entrance there, happily we are all-powerful. Does not scientific medicine tell the world—has it not told the world in unmistakeable language—that fevers are, in the main, the products of man's own disobedience to the laws of Nature? Has it not told us how in their history to trace out their origin; and how happily, if Science's voice were heard and obeyed, the diseases might be stifled in their very increment—their engenderment be actually prevented? Science bids us tell the world to stifle out the causes of these fevers; and common sense, that rarest of senses, should have told the "Metropolitan Surgeon", that, if he wanted to say a word of wisdom to the people, he should have told them as much. To be worthy of the name he assumes, he should have risen above the small natures who, in the face of this great national calamity, babble in daily papers of "arsenicum", and "alcohol", and "mild laxatives", etc. He should have recognised the fact that we are dealing with brutes, and not with men; that we have a profoundly contagious and profoundly fatal disease to deal with; and that the life or death, *per se*, of the brutes who catch the disease, is comparatively a matter of very small account. He should, as a man of science, have told the people what science, and we might add experience, proclaim as plainly as they can speak; viz., that the only cure of the disease is the prevention of the contagion of it; that the attempts which he proposes, of treating one thousand

or ten thousand cases experimentally, is simply a certain method of keeping alive a constant focus of contagion, and so of permanently fixing the disease in the country.

The "Metropolitan Hospital Surgeon" may understand surgery; and, in his future communications to the *Times*, we advise him to stick to what he understands, and not to deal with large pathological principles which are clearly beyond his grasp. We tell him this plainly, because letters like his do infinite mischief. They encourage good-meaning and not very clever lords and reverend homœopaths to go running about after "cures" like so many silly Japhets in search of fathers. They encourage the spread of the calamity, by turning people's ideas and hopes in the direction of a search after *ignes fatui*. They direct attention away from the certain, the manifest, the scientific, and only possible cure of the disease—its prevention.

INCREASED USE OF STIMULANTS IN HOSPITALS.

SOME remarkable statistics regarding the employment of stimulants and the mortality in the London Hospital during some past years, appear in the last volume of the *Reports* of that hospital. In 1862, the number of in-patients was 4519, and the general mortality 7.6 per cent. The quantity of stimulants consumed was 1281 gallons of wine, 162 gallons of brandy, 38 gallons of gin, and 1100 ounces of cinchona.

In 1864, the number of patients was 4619, and the general mortality 10.5 per cent.; the stimulants consumed by these being 1558 gallons of wine; 359 gallons of brandy; and 77 gallons of gin. But as a set-off, if it may so be called, 760 more leeches were employed during this year than the average for the five preceding years; viz., 3840. However, here we have a great increase in the amount of stimulants consumed, and also a great increase in the mortality of 1864 as compared with that of 1862. We state the facts, let it be understood, without in any way pretending to connect them as cause and effect.

Other statistics Dr. Fraser gives us under this head. "From 1854 to 1858, the annual average quantity of wine employed by each physician was 12,803 ounces"; each physician having an annual average of 391 patients under treatment. The annual average mortality was 11.87 per cent. But from 1860 to 1864, the annual average quantity of wine employed by each physician was nearly quadrupled, being 48,136 ounces; his annual average number of patients was 413; and the annual average mortality was 12.65 per cent.

From 1854 to 1858, each surgeon employed annually 38,016 ounces of wine; his annual number of

patients was 1036, and the average annual mortality 4.48 per cent.

From 1860 to 1864 (five years), each surgeon employed an annual average of 142,951 ounces of wine (nearly four times more than in the previous years); the annual number of patients under him was 1065, and the annual average mortality 6.65 per cent.

Hence we have, in the practice of both physicians and surgeons, a distinct increase of mortality coincident with a great increase in consumption of stimulants.

Dr. Fraser also tells us (referring to a former paper of his) that, in 1851, there were 4051 in-patients in the London Hospital; that in 1857, there were 3935 in-patients; and that the mortality was greater in 1857 as 8 to 6.5 per cent., although £962 more were spent in 1857 than in 1851 for articles of luxury.

It is curious to note, that the only comment which Dr. Fraser makes on the above remarkable statistics is this:

"It is evident, that a steady rise in the employment of stimulants..... is still going on; and whatever be the cause, we may rest assured that the practice is imperative and needful; for it would be a monstrous assumption that a whole staff could be blindly following an objectless routine."

Not a single word of comment does Dr. Fraser bestow on the constant fact of the coincident increase of the mortality!

The summary of these statistics stand thus:

From 1854 to 1858, each physician employed 12,803 ounces of wine annually; the deaths being 11.88 per cent. From 1860 to 1864, he employed 48,136 ounces; the deaths being 12.65 per cent.

During 1854 to 1858, each surgeon employed annually 38,016 ounces of wine; the deaths being 4.48 per cent. During 1860 to 1864, he employed annually 142,951 ounces; the deaths being 6.65 per cent.

In 1862, the general mortality of the hospital was 7.4 per cent.; the consumption of stimulants being 1281 gallons of wine, 162 of brandy, and 38 of gin.

In 1864, the mortality was 10.5 per cent.; the quantity of stimulants consumed being 1558 gallons of wine, 359 of brandy, and 62 of gin.

We again repeat, well knowing the sad fallacies which are so often edited through an erroneous interpretation of statistics, that we do not pretend to connect the increase of deaths with the increase of stimulants consumed. But, when we reflect upon our modern advancement in medicine and surgery (especially as mis-called conservative), when we think of our great modern hygienic efforts, we may fairly ask for some explanation of the fact of a general advance in the mortality of a London hospital.

POISONING BY MERCURIC METHIDE.

THE volume of the *St. Bartholomew's Hospital Reports* lately published contains an account of two cases of poisoning by mercuric methide. We believe that these cases are unique in the annals of science, and trust that science may never again have to record such needless sacrifices. The effects of the poison appear to be most remarkable; and, if they had been observed in one case only, might have left doubts in the mind of the physician as to the connexion between certain of the symptoms and the poison. The very peculiar symptoms, however, having been observed in both cases, leave no doubt as to their being the result of the poison in question.

"C. U., aged 30, was admitted into the hospital February 3rd, 1865, under Dr. Jeaffreson. He was a German, assistant in the laboratory of St. Bartholomew's Hospital. For nearly three months past he had been engaged in preparing mercuric methide, and had complained during the time of impairment of sight. Two days before admission, he was seized with numbness of the hands, deafness, and great weakness, and found that his gums had become sore. On his admission, he complained of general debility and inability to stand without support. He moved his arms and legs slowly and with difficulty, but sensation in them was unimpaired. He spoke indistinctly, and was deaf. His gums were swollen and tender. The patient gradually became worse; the odour of his breath and body became very offensive; he was at times maniacal, and died on February 14th. *Post mortem* examination showed congestion of the brain, especially of the grey matter; the liver was natural; the kidneys were also congested and soft. We are not informed whether any of these organs contained mercury; no chemical examination appears to have been made. Probably, however, mercury would have been found in them.

"The next case is that of T. C., aged 23, a delicate-looking young man of fair complexion, admitted March 25th, 1865, under Dr. Jeaffreson. He had been an assistant in the laboratory of St. Bartholomew's Hospital for twelve months, during the last four of which he had not been well. In January last he was employed for about a fortnight in the preparation of mercuric methide, but had not worked with this or at any other mercurial compound since that time. He stated that he had a taste of brass in his mouth. His breath was offensive, his gums were spongy, and his sight slightly impaired. Hearing appeared to be entirely absent. The powers of taste, speech, and smell were much impaired. Sensation was less than natural. He moved his limbs perfectly, but slowly; could grasp but imperfectly, and dragged his legs after him in walking. He had perfect control over his sphincters. In this case also, the progress was from bad to worse. On July 4th, he was quite idiotic, recognised no one, was deaf, and unable to speak any words, but muttered, cried out, or laughed, and was frequently violent, and his limbs moved convulsively. His bowels were in general confined; the motions and urine were always passed involuntarily. In this condition we believe he still remains."

These painful cases have been recorded almost without comment. Dr. Edwards, the reporter, says of them:

"The symptoms do not resemble those produced

by any known disease, or by the action of any hitherto known poison. That the symptoms were due to the inhalation of this substance, is rendered almost certain, from their close similarity in the two cases, as well as from the fact that symptoms of the same character, although much less in degree, were experienced by almost all those who were working in the laboratory at the time. No comment upon these cases is possible."

The *Chemical News* suggests that

"The operations, it must be presumed, were carried on (in ignorance of the poisonous qualities of escaping vapours) in the open laboratory, and not under a hood."

At the Parisian Hospital Medical Society, the question as to the isolation of cholera-patients has been discussed.

At St. Antoine, where isolation was strictly practised during the first three weeks of the present epidemic, not a single case originated within the hospital. The cases which occurred afterwards were chiefly of attendants and in the neighbourhood of the cholera wards. Perfect isolation, said M. Buequoy, appears to have been practised at the military hospital Gros-Caillou, and the dejections and vomited matters were disinfected. Not a single case originated within the Hospital, although a great many cases were admitted.—M. Bernutz said that, at La Pitié, thirty cases out of 157 originated in the hospital; six of these came from a surgical ward situated near the place where the beds, etc., of the cholera-patients were cleaned; one of the persons engaged in cleaning them was attacked with cholera.—M. Buequoy mentioned striking cases to instance the transmissibility of cholera. A wet nurse returning from Paris felt ill and died of cholera at Péronne on October 28th; her husband was also attacked, and died. Five other neighbours were also attacked. Another nurse, also returning from Paris, died of cholera; her child was then given to another nurse, who also died of the disease, as well as the infant. A third nurse was also attacked. They all three belonged to the same party; and had been living several days in Paris in the Quarter of Municipal Direction of Wet Nurses, where the epidemic was then raging. The result of this was, that wet nurses from Péronne were no longer allowed to go to Paris for the purpose of bringing back with them children for suckling. These facts were all found scrupulously correct, added M. Buequoy. No case of cholera had been previously observed in the district, and the epidemic appears to have been stifled.—M. Hérard observed that the number of cases originating in hospitals was less than in former epidemics; and he attributed this to the present isolation of cholera-patients at St. Louis, where isolation was carefully practised, very few cases originated in the hospital.

It is said that the Report of the Venereal Commission will be very much in the direction which we anticipated long ago when the Commission was opened. Its main feature will be a recommendation of the extension of the system of supervision of prostitutes, as carried out in the Contagious Diseases Act. As to the treatment or nature of venereal diseases, we may safely venture to anticipate that the Commission will have little new to tell us.

Association Intelligence.

BRANCH MEETING TO BE HELD.

NAME OF BRANCH.	PLACE OF MEETING.	DATE.
BIRMINGHAM AND MIDLAND COUNTIES. [Ordinary.]	Medical Department, Old Library, Birmingham.	Thursday, December 14th, 6 P.M.

BATH AND BRISTOL BRANCH: ORDINARY MEETING.

THE second ordinary meeting of the session of the above Branch was held on Thursday, November 30th, in the Victoria Rooms, Clifton; F. BRITTAN, M.D., President, in the Chair. There were present forty-nine members and visitors.

The minutes of the previous ordinary meeting were read and confirmed.

The Death of E. S. Mayor, Esq. It was proposed by Mr. FOWLER, seconded by Dr. MARSHALL, and unanimously agreed to—

“That a letter on the part of this Branch be forwarded by the Secretary to the family of the late Mr. Mayor, condoling with them upon the loss of so old and respected a member of the Branch, by disease caught in the exercise of his professional duties amongst the poor.”

Papers. The following papers were read.

1. Cases of Polypus Uteri: with Remarks. By J. G. Swayne, M.D.

2. Where Typhus is best Treated. By E. L. Fox, M.D. A lengthened discussion followed, in which Mr. Stone, Dr. Marshall, Mr. Davies, Dr. Herapath, Mr. Woolmer, Dr. Budd, and Mr. Swete took part.

Other papers had to be postponed till future meetings.

Reports of Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, NOV. 14TH, 1865.

JAMES ALDERSON, M.D., F.R.S., President, in the Chair.

ON THE INFLUENCE OF THE INGESTION OF COFFEE
ON THE UREA AND CHLORIDES IN THE URINE.

BY CHARLES E. SQUAREY, M.R.C.S.

[Communicated by A. B. GARROD, M.D., F.R.S.]

OBSERVATIONS were made on three cases whilst Mr. SQUAREY was residing at University College Hospital as physician's assistant. The coffee was taken three times daily, at first in quarter-ounce doses, and gradually increased till in the third case from four to six ounces were taken each day. The temperature, in two of the cases, was taken night and morning, and was never found to be above or below the limits of health. The urine was collected every morning at eight A.M., and examined the same day for urea and chlorides. Both analyses were made by Liebig's volumetric method.

Urea. In the first case, the observations were carried on for six weeks. The patient's health was good the whole time; and he never complained of any uneasy sensation after taking the coffee. It was taken three times daily in quarter-ounce doses every alternate week. On comparing corresponding weeks of coffee and non-coffee taking, no appreciable difference

was to be found. The greatest was in the first and second weeks. The daily average in the second week, when quarter-ounce doses of coffee were taken three times each day, was 2.198 grammes more than in the first week when no coffee was taken; in the third and fourth weeks the daily average was less by .424 of a gramme in the fourth week, when coffee was taken; in the fifth and sixth weeks, the daily average was less by .515 of a gramme in the sixth week, when no coffee was taken.

In the second case, the observations, owing to an attack of tonsillitis supervening, and the patient leaving the hospital immediately on recovery, were only continued for one week, so that the influence of the coffee could only be judged of by comparing the amount of urea passed per kilogramme of body-weight with the normal amount in health. The patient's age was 17 years; his weight was 115 lbs., or 52 kilogrammes; and he passed on the average .428 of a gramme of urea per kilogramme of body-weight. He was taking half-ounce doses of coffee three times daily.

In the third case, the observations were carried on for ten weeks. On comparing the first and second weeks, it was found that the daily average was greater in the second, when three cups of a strong infusion of coffee were taken three times each day, by .381 of a gramme. On comparing the third and fourth weeks, a great diminution was found in the daily average of the latter, when quarter-ounce doses of coffee were taken three times daily; it was less by 5.099 grammes. Yet, in the fifth week, when the same amount of coffee was taken, and in the seventh week, when half an ounce was taken twice a day, and in the eighth week, when half an ounce was taken three times a day, the daily average was greater than in the sixth, when no coffee was taken; so that, although the daily average was lessened one week when quarter-ounce doses of coffee were taken, yet it did not rise when the coffee was left off, or become diminished when the same or larger doses were taken. The daily average in the ninth week, when from one and a half to six ounces of coffee were taken each day, was less by 4.795 grammes than in the tenth week, when no coffee was taken; but, in the tenth week, the patient not feeling well, the diet, which up to this time had been very strict, was varied, his health and appetite improved, and with it there was naturally a daily increase in the excretion of urea.

From these results, Mr. Squarey argued that coffee in the above doses certainly does not increase the excretion of urea, or diminish it to any appreciable extent; for the slight difference that occurred in the daily average of the six consecutive weeks in the first case was by no means beyond the limits of health; that, in the second case, the amount of urea excreted per kilogramme of body-weight was quite normal; that, although in the third case there was the large diminution of five grammes in the daily average of the fourth week, when coffee was taken, yet this diminution did not recur when the same and even larger doses were taken; nor did the daily average rise when the coffee was left off, which it should have done had the decrease been entirely due to the influence of the coffee; that, according to Dr. Parkes, the decrease of five grammes in the daily average is not beyond the limits of health; for Dr. Parkes, in his book on the *Urine*, page 8, says that “the maximum and minimum amounts of urea passed on any one day by an individual are usually about one-fifth above and below his mean amount”; so that, in the third case, the patient passing on the average between thirty and thirty-five grammes, an increase or diminution of six grammes would be within the normal limits.

Chlorides. In the first case, the daily average of the two weeks when coffee was taken in quarter-ounce doses was as nearly as possible the same as in the two corresponding weeks when no coffee was taken; the amount excreted per kilogramme of body-weight being quite normal.

In the second case, half-ounce doses of coffee being taken three times daily, the amount of chlorides excreted per kilogramme of body-weight was .162 of a gramme—a rather large, but certainly not abnormal proportion, for a boy aged seventeen, and weighing 52 kilogrammes.

In the third case, the rate of excretion of the chlorides was high throughout the whole course of the observations, both during the coffee-taking and the non-coffee-taking weeks. The amount excreted per kilogramme of body-weight was highest in the seventh week, .272 of a gramme, when half-ounce doses of coffee were taken twice daily; and lowest in the eighth week, .168 of a gramme, when half-ounce doses were taken three times each day.

In conclusion, Mr. Squarey stated that neither of the patients suffered in any way from ill effects from taking the coffee. There was never any giddiness, delirium, or unsteadiness of the hands. The patients invariably slept well. The pulse, noted several times, was generally found to be increased for half an hour or so after taking the coffee.

The PRESIDENT commended the large and patient observation in the author's paper. There were, however, several points in it on which further information was required. In the first place, it was necessary to know more exactly what kind of coffee was used—whether it was Plantation or Mocha; and whether, if it had been bought ground, it had not been adulterated. Again, the amount of exercise taken during the experiments would affect their results considerably. The effect of muscular activity in increasing the amount of urea was shown by its increase in chorea. Coffee would sometimes constipate, and at others would act as an aperient.

Dr. WEBSTER said that he could scarcely understand the paper. This was not due to any fault in the Secretary's reading, but to using of French names for weights which required calculation. He had, he remarked, protested before against this, and still thought that English words ought to be used before an English society. He thought also the subject should be studied on a more extensive scale, and suggested to the author to inquire more widely into the effects of coffee-drinking. To do this, he had only to go across the Channel to France, and then to Spain, where no coffee was drunk, but only chocolate.

OBSERVATIONS ON THE TREATMENT OF HEREDITARY SYPHILIS: WITH CASES TREATED WITHOUT MERCURY.

BY R. WILLIAM DUNN, M.D.C.S.

(Communicated by ROBERT DUNN, F.R.S.S.)

The author first narrated the particulars of some cases of hereditary syphilis which had come under his observation at the Farringdon Dispensary, and which he had successfully treated with chlorate of potash, without using mercury in any form whatever. Out of fifty cases which he had thus treated, he had met with only one case of relapse, which readily yielded to a repetition of the same treatment; and three deaths, one child dying of convulsions, and the other two being in a dying state when first seen by him. The author then entered upon the general treatment of syphilis, briefly alluding to, and giving the names of, those who have advocated the non-mercurial treatment. On the authority of the *British and Foreign Medico-Chirurgical Review*, he stated that, from 1800 to 1835, about eighty thousand cases

of syphilis had been treated without mercury. He rejoiced in the belief that the non-mercurial treatment was gaining ground amongst the profession; and, owing to having been so often disappointed himself in the results of specific treatment, he had now abandoned completely the use of mercury in any form in the general treatment of syphilis. In the treatment of hereditary syphilis, he considered that we must be guided by the same general rules which we observe in treating other diseases. All remedies of a depressing or lowering character ought to be avoided; and, on the other hand, tonics, cod-liver oil, strict diet, and extreme cleanliness, were essential to successful treatment. He bore evidence to the marvellous effects upon children of chlorate of potash in combination with hydrochloric acid in this disease. Where the skin was very irritable, he recommended a bran bath, the bowels to be carefully regulated, and the child to be out in the pure air as much as possible. Sixty-three days was the longest period any child had been under his treatment, and eighteen days the shortest, the average time being about thirty days.

LIVERPOOL MEDICAL INSTITUTION.

THURSDAY, NOV. 16TH, 1865.

A. B. STEELE, Esq., Vice-President, in the Chair.

Specimens. Dr. SHEARER showed Specimens of Exfoliated Bone, from the lower jaw and mastoid process, following attacks of typhus and scarlet fever.

Dr. CAMERON brought forward a Superior Maxillary Bone that had Necrosed in a case of cancrum oris. Mr. Hakes subsequently remedied the very considerable disfigurement in the soft parts by a plastic operation.

Transfusion. Mr. HIGGINSON brought before the Society the particulars of twelve cases where he had performed transfusion; they will shortly be published in the JOURNAL.

Large Urinary Calculus. Mr. HAMILTON related a case of unusually large urinary calculus. J. M., aged 46, a cooper, a strong healthy-looking man, had had since childhood some trouble in passing his urine; occasionally suffering from scalding pain and sudden stoppage of the stream; but his symptoms were not of sufficient urgency to induce him to take medical advice till five weeks ago, when they became much aggravated. Two perineal fistulae discharged a quantity of thin matter every time he strained at stool. The surgeon whom he then consulted treated him for irritability of the bladder; but without any good effect. The bladder was not examined with the sound. His symptoms increasing, he applied at the Liverpool Southern Hospital on Oct. 5th, 1865; and was placed under Mr. Hamilton's care. A sound at once detected a calculus; and, two days after his admission, Mr. Hamilton operated by the lateral method. On seizing the stone with the forceps, its unusually large size was at once apparent, rendering it necessary to enlarge the prostatic wound in an upward direction. This being done, the calculus was gradually withdrawn. Its dimensions were as follows: Round the small circumference, six inches; the large circumference, seven inches and a half; weight, five ounces and three drachms. It appeared to be composed of phosphate of lime; but a section had not yet been made. The patient soon rallied from the effects of the operation; and for the first few days did well. About the sixth day, his pulse rose from 100 to 124; his skin assumed a peculiar sallow, yellow appearance; opiates failed to procure rest; and there was great tenderness, with some

amount of hardness and swelling in the left iliac region, the whole abdomen being somewhat tympanitic. The urine came away freely from the wound; but the latter looked sloughy. On the eighth day, a silver catheter, passed through the urethra, removed from the bladder about four ounces of most offensive matter. The bladder was then injected with a weak solution of nitric acid; and opium was repeated every four hours. At night, a suppository of ten grains of soap and opium pill was introduced into the rectum. This treatment soon checked all the untoward symptoms; but it was a little over a month before urine flowed through the urethra, and then only in a few drops. On November 25th, all the urine came through the natural opening. The perineal wound was almost healed.

REMARKS. This case is interesting, because of the existence of a calculus in the bladder for so many years—probably thirty or more—with so slight inconvenience that the patient's health was not at all impaired; that he suffered so little up to five months before its removal; that he never thought of consulting a medical man; that, though so large a calculus existed in the bladder, the symptoms were so masked as to lead the medical man to regard the case, like those related by Mr. B. Holt, as one of simple irritability of the bladder; lastly, the case was remarkable because of the great size of the calculus. Of the 700 calculi whose size and weight are recorded by Mr. Crosse of Norwich, only two exceeded in weight the present one; and in both cases the patients did not recover from the operation. These weighed between six and seven ounces. Two are recorded of the same weight as this one; namely, between five and six ounces; and in each case the operation was successful.

Mr. Bailey, Dr. Rawdon, Dr. Telford, Mr. Hakes, Dr. Nottingham, and Dr. Balman, took part in the discussion.

Recurrent Miliaria. Dr. BALMAN read a case of Recurrent Miliaria after an attack of Scarlet Fever.

DOCTORS' LANGUAGE. There is no doubt immense virtue in the half-Anglicised Greek and Roman words in which doctors delight. Whatever they know of the human body and its diseases, they certainly know something of the human mind and its weaknesses, when they do in all seriousness what Dr. Kitchener did in jest when he gave the name of "peristaltic persuaders" to a common dinner pill. When a patient hears an ordinary cold described as a "catarrh," or consumption spoken of as "phthisis," or is told that he is being subjected to "therapeutic treatment," he feels as if he were at once half cured. How, indeed, people got cured of the complaint we now call "bronchitis" before the word itself was invented, it is difficult to understand. We do not therefore complain of "doctors' Latin," as such, but we have a right to ask that it should mean what it pretends to mean. Here we have Dr. Letheby, when writing about the gases evolved in the London sewers, introducing (for we suppose it is new) one of the most decidedly unpleasant Latinisms that was ever invented. He tells us that bread is "vesiculated" by the carbonic acid gas forced into the dough by Dauglish's process, and generated by the action of yeast in the old-fashioned way of bread-making. If Dr. Letheby will open his Latin dictionary, he will find that this unsavoury word must mean that the bread we eat is filled with a multitude of little bladders; a statement as repellant to the palate as it is contrary to the fact. It is evident that the chemists and druggists are not the only people who would benefit by learning a little more Latin. (*Pall Mall Gazette*.)

Correspondence.

ALCOHOL.

LETTER FROM HENRY MUNROE, M.D., F.R.S.

SIR,—A short time ago, a letter in the *BRITISH MEDICAL JOURNAL*, from Dr. E. Smith, F.R.S., called attention to the following paragraph in my lecture on the "Physiological Action of Alcohol," relating to the influence of ales and spirits in the process of digestion. "Alcohol has the peculiar power of chemically affecting or decomposing the gastric juice by precipitating one of its principal constituents; viz., *pepsine*, rendering its solvent properties much less efficacious. Hence, alcohol cannot be considered either as food, or as a solvent for food. Not as the latter certainly; for it refuses to act with the gastric juice."

The question asked by Dr. Smith is: "Has alcohol in a *dilute form*, or as it exists in a glass of pale ale, when taken into the stomach, the power of preventing the ordinary process of digestion when food has been taken? and has it also the power of decomposing or affecting the gastric juice without food, by precipitating one of its principal constituents; viz., *pepsine*, rendering thereby the solvent properties of the gastric juice much less efficacious?"

As a matter of science, it is of the highest importance that my statement should be confirmed or rejected; and I am ready to place before the readers of the *JOURNAL*, the experiments and facts which led to my conclusions.

Not having had the advantage of making any experiments with pure gastric juice obtained from the stomach of a living human being, as in the case of Alexis St. Martin, who had an opening made in his stomach by a gunshot-wound,—or as in the case of the Estonian peasant, Catherine Kütt, who had for three years a gastric fistula,—from which openings gastric juice was easily obtained—my experiments have all been performed with gastric juice artificially made, and with meat digested out of the body.

The following experiments, out of the many performed, seem to be the most conclusive.

EXPERIMENT I. Four ounces of gastric juice having been poured into a wide-mouthed phial, half-an-ounce of raw beef, cut up into small angular pieces, was then introduced. The phial was placed for ten hours in a sand-bath at the heat of 100° Fahr., being every two hours briskly shaken to imitate the motions of the stomach. After the first two hours, the fluid became opaque and cloudy; the surfaces of the bits of beef assuming a milky white appearance. In about four hours, the muscular fibres of the beef on the surface, and at the angles especially, began to separate and loosen. In about six hours, the pieces of beef were much lessened in size, and the fluid presented a more cloudy appearance like thin broth. In about eight hours from the shaking of the phial, the pieces of beef were easily broken into shreds of muscular fibre, floating about in the fluid. In about ten hours, these muscular fibres became softened down and were no longer discernible, having become completely dissolved, the mixture presenting all the characters of soup.

EXPERIMENT II. Four ounces of the artificial gastric juice were poured into another phial, and I introduced half-an-ounce of raw beef also cut into small pieces. I then added two drachms of rectified spirits of wine, and then placed the phial in the sand-bath. After two hours, little or no alteration had taken place in the fluid, which seemed to have no

action on the beef. In four hours, the fluid was very slightly opaque, the beef remaining the same in appearance. In six hours, a slight albuminous coating was seen on the surface of the beef. After eight hours, there was no change to the sight; but the pieces of beef felt more solid during the operation of shaking the bottle. In ten hours, there appeared only the slightest change upon the surface of the beef, the substance of it not having been acted upon at all. On the phial having been set aside to cool, there was seen at the bottom of it a deposit of pepsine, which was not observed at the beginning of the experiment, and which did not appear at the bottom of the phial used in Experiment No. I.

EXPERIMENT III. Instead of making the gastric juice with four ounces of water, I used that quantity of Allsopp's bitter ale. Half-an-ounce of beef was introduced into the phial as in the other experiments, and the phial was placed in the same sand-bath. In two hours, there appeared little or no change in the fluid or beef. In four hours, the fluid was rendered slightly cloudy, and the surfaces of the beef slightly coated with albumen. In six hours, the muscular fibres of the beef seemed somewhat separating and loosened. In eight hours, no further change had taken place. In ten hours, the beef presented a similar appearance to the beef in the phial containing alcohol—very little acted upon by the gastric juice. The phial, on being set aside, and cooling, a deposit of pepsine appeared, as in the preceding experiment. On reference to the experiments performed out of the body by Dr. Beaumont, with the gastric juice obtained from the stomach of St. Martin, I find that the process of digestion was performed in somewhat less time. But when a piece of meat tied to a string was suspended in the stomach, it became completely digested, and quite disappeared in the short period of an hour and a-half, showing the difference of the result in point of time, between natural and artificial digestion.

That alcohol, even in a diluted form, has the peculiar power of interfering with the ordinary process of digestion, I cannot have a doubt. That alcohol, in a diluted form, has the power of precipitating the whole of the pepsine used, in these and other experiments, I will not affirm; but that it has the power of diminishing the efficacy of the gastric juice as a solvent for food, is sufficiently illustrated in my experiments.

On reference to the experiments performed in the human stomach, I may observe that Dr. Beaumont caused St. Martin, after a dinner of wholesome food, which was digesting happily, to take a glass of gin. The digestive process was immediately arrested and suspended, until the spirit had been absorbed into the general system, when the digestion of the food was slowly renewed and tardily completed.

Many years ago, after I had been an abstainer from all alcoholic drinks for six months, I partook of half-a-pint of Allsopp's bitter ale at dinner. In less than an hour afterwards I felt tired, exhausted in mind and body, inactive, rather feverish, and inclined to sleep, with increased fulness at the pit of the stomach, such as I had not experienced during my term of alcoholic abstinence. This fulness of the stomach, accompanied with slight difficulty of breathing, from pressure on the diaphragm, did not abate for three or four hours after taking the meal; nor did I again feel hungry that day, although I took my usual amount of exercise. For four days I continued to take the ale at dinner, but always experienced afterwards the same fulness at the pit of the stomach, and other symptoms of arrested digestion. At the end of the fifth day, happily for me, a fit of the gout supervening, caused my experiment to be suspended,

and negatived the idea that Allsopp's bitter ale was, in any way, a promotor of digestion.

After a similar abstinence, I partook, daily, of half-an-ounce of spirits of wine diluted with three ounces water at dinner. I again experienced the same feelings of distress at the pit of the stomach, inactivity, sleepiness, etc., arising, I have no doubt, from suspended digestion.

After a similar abstinence, I partook of three or four glasses of wine at dinner, and suffered again from the same symptoms. I have also partaken of almost every variety of food, accompanied with half to a pint of bitter ale, and have always experienced the same feelings of arrested digestion. For eight years I suffered from repeated attacks of gout, arising, I believe, from indigestion occasioned by the use of alcoholic beverages; but for some years, under total and persistent abstinence, I have never suffered from any symptoms of imperfect digestion, and my old enemy—the gout—has entirely retreated.

I have to thank Dr. Smith for his polite letter in the JOURNAL, and especially for giving me an opportunity of detailing the experiments which led me to the conclusions stated in my lecture; believing that scientific discussions, conducted in a friendly and courteous spirit, are the best means calculated for the elucidation of the truth. I am, etc.,

HENRY MUNROE.

Hull, November 27th, 1865.

CATTLE-PLAGUE AND HOMŒOPATHY.

LETTER FROM S. H. STEEL, M.B.

SIR,—Permit me to quote the following paragraph from a letter of mine on cattle-plague, published some weeks ago in a local journal.

"Meanwhile, as the country seems to have determined to commit itself on a large scale, and regardless of expense, to an experiment in curative medicine, I can only trust that the opportunity will not be lost. By all means let the most careful comparative trials be made of each different remedial system that offers a prospect of success—let us endeavour to insure that advance in medical science for which it is certain we shall pay so dearly. Mr. Caird, in the letter I have before referred to, states that certain homœopathic practitioners were obtaining great success in Belgium, both in the way of prevention and in that of cure. A detailed report of their proceedings is promised, and I hope will be furnished by impartial and skilled observers. I am myself utterly sceptical as to the effect of infinitesimal doses, not forgetting, as I fear most people do, what the word infinitesimal really means. Such a dogma is entirely repugnant to my habit of mind. The instillation of it is repelled by my reason as water runs off a duck's back. But let the homœopaths, as well as the regular practitioners of veterinary medicine, take this opportunity to present us with some unimpeachable facts—'Fiat experimentum bovis in corpore vili.' Let selected numbers of cattle be exposed to the contagion of Rinderpest, in a locality expressly chosen and isolated with all possible care. Let a certain portion take the preventive remedies, let others be exposed to it unprotected; let different methods of treatment be tried on sufficient and equal numbers of those that take the disease; let the results be reported by a scientific commission appointed for the purpose, and I, for one, hold myself prepared to receive, with the most respectful consideration, whatever doctrines may seem authenticated by the logic of facts so obtained."

I submit, Sir, in all seriousness, the proposal above enunciated to the attention of the Council of the Association and of the profession generally. I have re-

strained hitherto the impulse that has prompted me to write to you on this subject, both on consideration of the difficulties by which any corporate action in such a matter would necessarily be surrounded, and yet in the hope also of seeing it taken up either by yourself, or by some one of weight and influence in the profession. Surely the occasion is one that should not be silently passed over. How long ought we to remain in quiet dignity spectators of the maintenance and propagation of error? The letters of Mr. Caird and Dr. Hamilton in the *Times*, have been received universally by the public for true and incontrovertible statements. At every agricultural meeting where cattle-plague is discussed, some speaker rises to protest against the slaughter of infected beasts, when it is known that homœopathic treatment is effective in 75 per cent. of the cases, and that arsenicum in minute doses saves 95 per cent. of those exposed to infection from being attacked. It is true, as might have been expected, that these glowing accounts have been contradicted by authority of the Belgian government; but the contradiction has not appeared in the *Times*, which only disseminates the poison, but will have nothing to do with the antidote. What are we to expect from the association now formed of noblemen and gentlemen—not all of them *believers in homœopathy*—for the purpose of testing the efficacy of the homœopathic treatment of *Steppe murrain*? I forbear to trace the process which will result in a report published with due flourish in the *Times*, and commented on in a leading article—a report that will be estimated by the profession as equally reliable with the observations of Dr. Hamilton and Mr. Caird, but which will equally be swallowed whole by the public. There is something curiously attractive to certain minds in the mysticism of homœopathy. The conceit of others—generally cleverish semieducated persons—is flattered by a sense of superiority which they derive from dissent from the orthodoxy of a scientific profession. From either class spring fanatics more unreasoning, and propagandists as eager as those of any religious creed. Are we to allow such persons to recruit their stock of arguments by an appeal to one-sided observations and factitious results, while we, for our dignity's sake, stand idly by and forbear to expose them? The subject of cattle-plague is of universal and absorbing interest. Such an opportunity for the investigation of truth and the discomfiture of error rarely occurs, and should not be lost. I observe, indeed, the announcement by the *Lancet*, that the medical members of the Cattle-plague Commission have taken up the homœopathic challenge. If so, I trust they will sift the question in such a manner as will bring it to a decided issue; or, if it seem inconsistent with the duties to which they have been appointed to engage in this collateral inquiry, that it will not escape the attention of the Council of our Association. I am, etc.,

S. H. STEEL, M.B.

Abergavenny, December 14th, 1865.

THE RINDERPEST AND THE "TIMES".

LETTER FROM PAUL BELCHER, ESQ.

SIR,—I read with satisfaction your editorial remarks on the late leaders in the *Times*—effusions which seem strangely out of place in such a journal. The *Times* does not often write twaddle; but I know no other name so applicable to those singularly illogical and painfully mendacious flights of fancy. I am not, however, one of those querulous persons who seem to think that our profession is slighted and in-

sulted in every possible way. Such a verdict would, I think, be against the evidence; and I am bold enough to affirm, and sanguine enough to believe, that the profession and the men of medicine will still hold up their heads, the diatribes of the "leading journal" notwithstanding. I cannot acquit our profession of blame in this matter. If we will introduce medical scientific matters—if we will puff our little specifics—if we will blow our little trumpets in *lay journals*—we must accept "the situation", and not take it too deeply to heart if the *Times*, in the plenitude of its wisdom, measures all by this standard, and, gauging the very small calibre of some of us, attributes to the whole body a like homuncular condition.

To turn to more important matters: I for one do not despair that sooner or later (and the more earnest the work, and the more pressing the necessity, the more quickly will it occur), some comprehensive generalisation will work a revolution in diseases human and bovine—in exanthemata and contagious fevers—such as the perseverance of Jenner wrought in the case of small-pox. Surely this widely spread epidemic amongst our cattle offers a most excellent opportunity for experiment; and I hope our profession, applying itself to the practical solution of most interesting problems in science which must present themselves if the subject be philosophically treated, will leave to the homœopaths and other ignorant people the discovery of a *specific* in the shape of an imbecile atom of arsenicum, an inappreciable sprinkling of phosphorus, or, on the other hand, a haphazard drenching with salts and sulphur and other "simples". From none of these directions, in my humble opinion, will the cure of Rinderpest come; but from careful experiments on animals of different kinds, noting well the natural history of the disease, and how it is modified by the system in which it works. It appears that the sheep may take it, but not so readily; and that it runs a much milder course. It would be interesting to discover whether we cannot isolate the *materies*, and transfer it by inoculation, first to healthy cattle, secondly to healthy sheep, etc.; and it appears to me that it is worth trying, whether (if the Rinderpest can be communicated by inoculation), by passing through the system of some other animal, you may not arrive at a sort of vaccination by which Rinderpest may be transmitted mildly and safely, and without infection, to our herds.

I think, if our profession could establish some such law as is hinted at in the above hasty and crude remarks, it would be the best answer to the *Times*, and add another to the many benefits which, as a noble and self-sacrificing profession, we have given to the world at large. I am, etc.,

PAUL BELCHER, L.R.C.P.Lond.

Barton-on-Trent, December 14th, 1865.

WARBURG'S FEVER TINCTURE. At a late meeting of the Pharmaceutical Society a paper was read by Mr. Stewart, of the Madras army, *On the Medicinal Uses of the Indian Species of Barbary*. It was stated that a strong tincture of the bark in combination with liquor arsenicalis had been found useful in cases of intermittent, remittent, and typhus fevers. The author conjectured that a tincture of the kind was one of the ingredients of Warburg's fever tincture. From a conversation which followed, we gathered that the composition of Warburg's fever tincture was still a secret, and its value doubtful. It was formerly furnished to Indian troops by the government, but its use had been discontinued, and now little was sold in India. (*Chemical News*.)

Medical News.

UNIVERSITY OF LONDON. The following is a list of candidates who passed the Second M.B. Examination for 1865. Pass Examination.

First Division.

Allen, Bryan Holme, University College
Bond, Thomas, King's College
Bruce, Alexander, University College
Deas, Peter Maury, University of Edinburgh
Graham, George Wallington, St. Thomas's Hospital
Greaves, Charles Augustus, St. Thomas's Hospital
Green, Thomas Henry, University College
Lush, William George Vawdrey, St. Bartholomew's Hospital
Mickley, Arthur George, Guy's Hospital
Oliver, George, University College
Powell, Richard Douglas, University College
Powles, Revett Coleridge, King's College
Richards, Frederick William, St. Bartholomew's Hospital
Savage, George Henry, Guy's Hospital
Smith, Charles, Guy's Hospital
Snow, William Vawdrey, University College
Tayler, Francis Thomas, B.A., Guy's Hospital
Trimmen, Henry, King's College
Turner, Ebenezer Fulham, Guy's Hospital

Second Division.

Glyn, Thomas Robinson, St. Bartholomew's Hospital
Harvey, Walter Anstice, St. Bartholomew's Hospital
Lee, Frederick Fawson, St. George's Hospital
Macdure, Duncan Macleachlan, Westminster Hospital

Examination for Honours.

First Class.

Powles, Revett Coleridge (Scholarship and Gold Medal), King's College

* Oliver, George (Gold Medal), University College
Allen, Bryan Holme, University College
Deas, Peter Maury, University of Edinburgh
Greaves, Charles Augustus, St. Thomas's Hospital } equal
Savage, George Henry, Guy's Hospital
Bruce, Alexander, University College
Snow, William Vawdrey, University College
Powell, Richard Douglas, University College
Tayler, Francis Thomas, B.A., Guy's Hospital } equal
Trimmen, Henry, King's College
Green, Thomas Henry, University College
Smith, Charles, Guy's Hospital
Lush, William George Vawdrey, St. Bartholomew's Hospital

Second Class.

Turner, Ebenezer Fulham, Guy's Hospital

Third Class.

Powles, Revett Coleridge (Scholarship and Gold Medal), King's College

* Mickley, Arthur George (Gold Medal), Guy's Hospital
Deas, Peter Maury, University of Edinburgh
Tayler, Francis Thomas, B.A., Guy's Hospital } equal
Bond, Thomas, King's College
Savage, George Henry, Guy's Hospital
Smith, Charles, Guy's Hospital
Greaves, Charles Augustus, St. Thomas's Hospital
Lush, William George Vawdrey, St. Bartholomew's Hospital } equal
Bruce, Alexander, University College

Second Class.

Trimmen, Henry, King's College
Snow, William Vawdrey, University College
Allen, Bryan Holme, University College

First Class.

Deas, Peter Maury, University of Edinburgh
Lush, William George Vawdrey, St. Bartholomew's Hospital
Powles, Revett Coleridge, King's College
Bruce, Alexander, University College

Second Class.

Allen, Bryan Holme, University College
Greaves, Charles Augustus, St. Thomas's Hospital

Third Class.

Bond, Thomas, King's College

M.D. Examination, 1865.

Buzard, Frank, Guy's Hospital
Hale, William, Leam, and Abbotsex Hospital
Fairbank, Thomas, St. Bartholomew's Hospital
Gee, Samuel Jones, University College
Gibson, Francis William, B.A. (obtained number of marks qualifying for the Medal), University College
Harries, Gwynne Henry, King's College
Hillson, Charles Albert, B.Sc., St. Bartholomew's Hospital
Holland, Edmund, University College
Jefferson, Horace, St. Bartholomew's Hospital
Kempton, Henry Law (Gold Medal), King's College
Morton, Thomas, King's College

Richards, Walter, University College
Smith, Eustace, University College
Tayler, Francis Thomas, B.A., St. Bartholomew's Hospital
Woodhouse, Thomas James, St. Thomas's Hospital

Those marked *, obtained the requisite number of marks to qualify for the Scholarships.

ROYAL COLLEGES OF PHYSICIANS AND SURGEONS. EDINBURGH. At the November sittings of the Examiners in General Education of the Royal Colleges of Physicians and Surgeons, the following gentlemen obtained certificates of having passed the Preliminary Examination in General Education. Those marked *, gave in papers of superior merit.

Brass, Joseph F. W., Kirkwall
Campbell, Archibald, Perthshire
Cude, James Buchanan, Edinburgh
Davidson, John Kerr, Wick
Gillies, John, Isle of Skye
Grieve, Archibald, Langholm
Gowan, Peter, Markinch
* Higham, Joseph, Glasgow
Hunter, James, Peebles
Hunter, John Gulland, India
Jackson, Christopher Jamaica
Jackson, R. A., Lancaster
Lemon, John, Glasgow
Macdonald, John William, Nova Scotia
McLean, David, Nova Scotia
Malcolm, Donald, Wick
Morris, William Jones, Liverpool
Nicholson, Francis Cobham, Australia
Renshaw, William Agar, Lancashire
Snow, William Vawdrey, University College
* Smith, Edward, Arbroath
Sutherland, John A., Wick
Williams, Joshua, Swansea

UNIVERSITY OF CAMBRIDGE. The examination for the degree of Master in Surgery has been passed by Welch, T. D., Caius College

APOTHECARIES' HALL. On November 30th, 1865, the following Licentiates were admitted:—

Brown, William, Sutton, Granville St., Leamington
Cox, Albert, Leamington, Leamington
Cox, Albert, Leamington, Leamington
Cox, Albert, Leamington, Leamington
Cox, Albert, Leamington, Leamington
Cox, Albert, Leamington, Leamington

APPOINTMENTS.

ARMY.

ADAMS, Staff-Assistant-Surgeon R., to be Staff-Surgeon, 1st W. J. Ingham.
BAILY, Staff-Assistant-Surgeon J. M., M.D., to be Assistant-Surgeon, 82nd Foot, vice R. W. Carter.
BURLAND, Assistant-Surgeon B., M.B., Royal Artillery, to be Staff-Surgeon, for highly meritorious services during the epidemic of yellow fever in India.
DAVIDOE, Staff-Assistant-Surgeon G. A., to be Assistant-Surgeon, Royal Artillery, vice B. Burland, M.D.
JACKSON, Staff-Assistant-Surgeon F. H., M.D., to be Assistant-Surgeon, 1st W. J. Ingham.
INGHAM, Staff-Surgeon W. J., to be Surgeon 6th Foot, vice Surgeon-Major G. Williamson, M.D.
LILLEY, Staff-Assistant-Surgeon J. W., M.D., to be Assistant-Surgeon 11th Foot, vice A. Macintyre, M.D.
THOMSON, Staff-Assistant-Surgeon A., M.D., to be Assistant-Surgeon 8th Foot, vice T. T. Gardner.
TILLYARD, Staff-Assistant-Surgeon B. D., to be Assistant-Surgeon, Military Train, vice J. Watson.
TURNER, Staff-Assistant-Surgeon A., M.D., to be Assistant-Surgeon, 94th Foot, vice J. G. Leask, M.B.
WATSON, Assistant-Surgeon B., Military Train, to be Staff-Surgeon, vice W. Haubury.

To be Staff-Assistant-Surgeons:—

CARTER, Assistant-Surgeon R. W., 82nd Foot, vice J. Barry, M.D.
GARDNER, Assist.-Sur. T. T., 90th Foot, vice F. H. Dunbar, M.D.
LEASK, Assist.-Sur. J. G., M.B., 94th Foot, vice A. Thomson, M.D.

INDIAN ARMY.

ROSS, Surgeon J. T. C., to be Surgeon-Major, Bengal Army,

ROYAL NAVY.

ARNOTT, John S., Esq., Assistant-Surgeon, to the *St. George*.
BAMFORD, Thomas, Esq., Assistant-Surgeon, to the *Malacca*.
CANN, Thomas, M.D., Assistant-Surgeon, to the *Comberland*, for service in the Steam Reserve.
CONRY, Thomas, Esq., Acting Assistant-Surgeon, to the *Victory*.

GREENFIELD, Charles B., Esq., Acting Assistant-Surgeon (additionally, to the *Royal Adelaide*.
 JONATHAN, William D., Esq., Assistant-Surgeon, to the *Spithead*.
 MACKAY, G. M.D., Deputy Inspector-General, to Haslar Hospital.
 ROCHE, W. J., Esq., Surgeon, to the *Highflyer*.

VOLUNTEERS, (A.V.=Artillery Volunteers; R.V.=Rifle Volunteers):—

ANNINGS, B., Esq., to be Assistant-Surgeon 3rd Cambridge-shire R.V.
 JONES, P. W., Esq., to be Assistant-Surgeon 22nd Essex R.V.
 JONES, T., Esq., to be Honorary Assistant-Surgeon 1st Brecknock-shire R.V.

BIRTHS.

GILLARD. On December 2nd, at Hovingham, near York, the wife of *Richard Gillard, Esq., of a daughter.
 WILLETT. On November 22nd, at Streton, Cheshire, the wife of *James Willett, Esq., of a daughter.

DEATHS.

PERDUE, Thomas Henry, M.D., at Southsea, on December 1.
 HANSTED, H. R., M.D., 25th Madras Native Infantry, at Kurnool, on October 31.
 FLOWMAN, William Taunton, M.D., at sea, aged 33, in April last.
 RAMSAY, Alexander, M.D., at Kurrachee, India, on November 6.
 *ROSCOW, Peter, Esq., at Folkstone, aged 41, on November 28.
 SMYTHE, Arthur, M.D., at Pau, France, aged 51, on November 20.
 WALCOTT. On November 27th, at Clifton, aged 73, Mary Ann, widow of John Walcott, M.D., of Demaria.

ROYAL INSTITUTION. At the general monthly meeting held on Monday last, Sir Edward Hibbitch, M.D., and Dr. Staveley King, were elected members.

THE MORTALITY FROM DIARRHŒA IN LONDON continues slowly to decrease. The deaths from it in the last three weeks were 37, 32, and 28. No deaths were referred to cholera. Typhus has increased, and the deaths from it last week rose to 81.

UNIVERSITY COLLEGE HOSPITAL. The Duke of Cambridge has consented to preside at the annual dinner of the University College Hospital, to take place on April 18th next, at Willis's Rooms. A contribution of £100 to the funds of the charity has been received from W. R. Young, Esq., of Florence.

HOSPITAL FOR DISEASES OF THE CHEST, VICTORIA PARK. In accordance with the gracious permission of her Majesty the Queen, the new wing of this institution will bear the name of the late Prince Consort, and will be designated "The Albert Wing." The committee have determined that the new wards shall be at once opened for the reception of patients.

THE METROPOLITAN SANITARY ASSOCIATION will hold their first conference meeting on the 14th inst. at the Society of Arts, John Street, Adelphi, at 8 P.M. Thomas Chambers, Esq., Q.C., M.P., will preside, and Dr. Druitt, President of the Association of Medical Officers of Health of the Metropolis, will deliver an address on "The Defects in the Existing Sanitary Laws, with Suggestions for their Amendment."

UNIVERSITY OF EDINBURGH. The annual meeting of the Association for the Better Endowment of the University of Edinburgh was held last week. A report was read which proposed that, of the sum of £1,936 available for the purposes of the association £1,800 should be applied towards the "Hamilton Philosophical Fellowship," for which £700 had been otherwise raised, making in all an endowment of £2,500. It was also proposed that the association should temporarily institute a classical fellowship of the value of £100 *per annum*, to be held for three years, and to be paid out of their annual revenues. The report (which was unanimously approved) also showed that within the last four years about £40,000 had been added to the endowments of the University by the foundation of fellowships and scholarships. (*Edinburgh Courier*.)

AN IMPOSTURE. Dr. Attfield, at the Pharmaceutical Society, mentioned lately a gross case of imposture. He had had forwarded to him a white powder imported from France, and sold here as *solid cod-liver oil*. On examination, it proved to be nothing more than sugar of milk, barely flavoured with cod-liver oil.

A SENSIBLE SURGEON. Miss Berry met death with a resigned and fearless spirit. Very shortly previous to her end she asked the surgeon, Mr. Appleton, to feel her pulse and tell her what he thought. He obeyed, and gravely remarked "We all have our time." "I understand you," she answered; "you are a sensible man; you do not deceive me." (*Miss Berry's Memoirs*.)

BROMPTON HOSPITAL FOR CONSUMPTION. At the last quarterly court of governors of this hospital, the following legacies were announced. Mrs. Mary Cozens, £19: 19s.; Samuel N. Rudge, Esq., £250, duty free; Miss Maria C. Garnett, £100; Miss Sarah A. McCracken, £500. A munificent donation of £1000 has also been received from a lady, in memory of a deceased daughter, Miss Mary Grant Forbes, after whom one of the wards in the hospital will in future be called.

MEDICAL STUDENTS. The returns of the metropolitan and provincial medical schools having now been finally made up, it appears that there is an increase in the number of medical students. In the metropolis there are 1,022 medical students at the eleven recognised hospitals, being an increase of 41 over the number of last session. Of these 316 are new entries, being also an increase of 7 over the number of last session. At the recognised provincial institutions there are 249 students, being an increase of 2 over the number of last year. There is also a great increase in the number of dental profession students.

THE "TIMES" FEARS OF FAILURE. Mr. J. G. Marshall, of Leeds, on finding the cattle-plague established in a cowkeeper's herd, took measures for placing the animals under homœopathic treatment in the most promising manner. The cows, seventeen in number, were lodged in sheds specially provided with all appliances for regulating temperature. They were given in charge to three professed homœopaths, two of whom were veterinary surgeons, and the requisite doses of "arsenicum" and other specifics were administered *secundum artem*. As eleven, however, out of the seventeen patients are already dead, and the others are not expected to live, we fear this particular experiment must be pronounced a failure.

A NOT-UNCOMMON MISTAKE. At an inquest lately held in London, it appeared that deceased fell down stairs; and was picked up in a state of insensibility. He was taken to the University College Hospital, when, according to the statements of a witness, it was said that he had been drinking. The friends of deceased denied that he was intoxicated, and requested the surgeon to see if the man was not injured, but the surgeon reiterated his statement, whereupon deceased was conveyed home, and died. Mr. Adams made a *post mortem* examination, and found that the skull of deceased had been fractured by the fall, and that there had been considerable effusion of blood on the brain. The injury and its attendant consequences had caused death. He did not think the man would have been saved if the hospital surgeon had not made the mistake. [During the present week, within our own knowledge, a somewhat similar error was made at a London hospital—an attack of apoplexy having been taken for a fit of drunkenness.]

LONDON HOSPITALS. The voluntary hospitals do but scratch the surface of London misery. The eighteen in London possess 3,738 beds; but the metropolitan infirmaries provide beds for 7,463 sick, and nominally for about 7,000 infirm, although really for nearly half as many more. This great hospital system is at present in a discreditable state; it requires general reorganisation; and to meet the requirements of humanity, it should be assimilated by some general plan to that of the voluntary hospitals. In these the casual sick have the benefit of the advice of consulting officers; the ready attendance of resident practitioners, and the skilful and properly supervised services of nurses who understand their duty more or less thoroughly. The true economy observed is that of hastening cure by all means; the humane policy pursued is that of alleviating by all reasonable physical and mental aids the anguish of the sick bed. The edifices are properly constructed; the wards are light, cheerful, and not overcrowded. It is not to be supposed that the workhouse hospitals can be permitted to offer much longer contrasts so violent and so shocking to our national tenderness for the poor and sick. It is of little avail to boast of our voluntary charities, while our state hospitals are so devoid of good management and destitute of organisation. The simple remedy is to enforce something like a general hospital system; to amalgamate several of the small infirmaries; to do away with many of the buildings now converted to the purposes of sick wards, but hopelessly unfitted for them; to adopt some of the best of the new buildings as central hospitals for several neighbouring unions; to inaugurate a fitting system of nursing attendance; to provide a trusted consulting staff of medical officers; and to organise a medical inspection. (*Shilling Magazine.*)

DEATH OF DR. HUTTON. The general public and the medical profession have ere this heard with regret of the demise of Edward Hutton, M.D., which sad event took place on Friday last. This accomplished surgeon had been for some time labouring under a painful illness. Dr. Hutton had, after a long and successful career, attained to the highest rank in his profession. His advice was equally sought for as a surgeon or as a physician; a kind and courteous manner, combined with sterling ability, gained for him the regard and esteem of all with whom he came in contact socially or professionally. Dr. Hutton obtained the diploma of the Royal College of Surgeons of Ireland in 1819, and was soon afterwards appointed Medical Inspector to the House of Industry, now the North Union Workhouse. In 1822 he became Surgeon to the Richmond Hospital, and in the same year took the degree of Bachelor of Medicine in the University of Dublin. He obtained the Fellowship of the Royal College of Surgeons in 1824, and the degree of M.D. in the University of Dublin in 1842. He was a President of the Pathological Society, and was in 1852 elected President of the Royal College of Surgeons. In the following year he became the Secretary to the College, which post he filled up to the present year. He was also Surgeon to Simpson's Hospital. He actively performed his duties in the Richmond Hospital up to last year, when he was appointed by the governors Consulting Surgeon to the Hospital. Dr. Hutton excelled as a skilful and successful operator; his contributions to the literature of his profession were numerous and valuable; and to his precepts and practice the Dublin School of Medicine owes much of its deservedly wide-spread celebrity. (*Dublin Medical Press.*)

THE PUBLIC AND THE PROFESSION. Amongst all the cures for the cholera which have been laid before the public by professional and non-professional be-

lievers in their efficacy, there seem to be only two which look like real remedies in any true sense of the word. But the worst of the case is, that unless better explained they appear to be wholly contradictory to each other. Dr. Bullar assures us that at Southampton he cured a man who was all but dead by putting him in a hip-bath of hot mustard and water, his feet being at the same time placed in a pan of the same. The patient, he says, was in bed again, actually "comfortable," in half-an-hour. Now we have Dr. Chapman, whose views on the application of ice to the spine have attracted some attention in the medical world, stating that he can cure, not only sea-sickness and diarrhoea, but genuine Asiatic cholera by the same process. His theory is to the effect that all these diseases result from an excess of blood (or, as the doctors call it, hyperæmia) in the region of the spinal cord, which deranges the whole circulation and produces these three complaints. To drive away this excess he holds that the action of the "sympathetic nerve" should be partially paralysed by the application of intense cold to the back. When this is effected, the arteries, whose flow is controlled by the action of this nerve, dilate, and allow a free passage to the confined blood. The stomach and the other organs, which have been suffering from want of sufficient blood, resume their natural action, and the disease ceases. If, then, this view of Dr. Chapman's be correct, how does he reconcile it with Dr. Bullar's cure by the application of a violent hot stimulant to the lower portion of the spinal column? A non-professional question, proceeding from ignorance, sometimes elicits explanations and suggests hypotheses which the questions of the learned would overlook. Is there, then, we venture to ask, any physiological absurdity in supposing that the action of Dr. Bullar's hot mustard and water has precisely the same effect as Dr. Chapman's cold, by stimulating the local nerves to such an intense activity as may enable them, notwithstanding the resistance of the sympathetic nerve, to force onward the excess of lingering blood, to whose presence Dr. Chapman attributes the several diseases? Dr. Bullar's method would thus overcome the check on the circulation produced by the sympathetic nerve by setting up an overpowering action of the nervous system generally. Dr. Chapman's ice application, moreover, is known to exercise a most exhausting influence on persons of a low standard of vital energy, when used for other complaints to which it is supposed to be suited. Would he, then, venture to employ it upon such persons for the cure of cholera? Would not its effect be to kill the patient, by lowering the action, not alone of the sympathetic nerve, but of the brain and every part of the nervous system, and thus causing it to succumb to the disease? As the non-professional public are informed of these remedies by their professional advocates, and as we see Dr. Chapman's ice-bags advertised in non-medical journals, we may, perhaps, be excused for offering these suggestions, and asking these queries. (*Pall Mall Gazette.*)

ALLEGED DEATH FROM CHLOROFORM. An inquest has been held on the body of Mr. W. T. Davies, son of Mr. Davies of York Town, whose death was said to have resulted from an overdose of chloroform. Drs. Bradford and Collins, of the Royal Military College, attended the deceased until his death. They made a careful *post mortem* examination of the body, but discovered no appearances which would satisfy them as to the cause of death. Their impression was, that death was produced by a narcotic, such as chloroform, or a similar agent. Dr. Cowan, of Reading, said that he was obliged to dissent from the opinion of the other medical gentlemen, and to express his

opinion that the deceased did not die from taking a narcotic. In consequence of this statement, when the inquest was resumed, the coroner adjourned the inquiry. Dr. Cowan said that he obtained the information on which he based his opinion from the father, sisters, grandmother, and two aunts of the deceased gentleman. It amounted to this: For the last two months, Mr. Davies had shown a state of health gradually tending to the unfortunate result which had happened. The symptoms characteristic of his condition were disinclination, gradually increasing to active exertion, a persistency to sickness of a character distinctly cerebral in its origin, and an indisposition to study. The heart's action seemed to give him great pain, and he knew he had disease of the heart. These had increased up to the day of his death. Mr. Davies said his son was twenty-five years of age, and, although not in actual partnership, had resided with him for two years since he had completed his studies. Of late, he had been sick several times. He was of very temperate habits, and drank nothing but a little beer. He went to his son's bedroom on the Wednesday morning, when he found the door locked. Having forced the door open, he found his son in bed, loudly breathing; and on a small table near the bed stood a tumbler and chloroform bottle. The heart was beating vigorously, and the surface of the body was quite warm. The jury returned the following verdict:—"That deceased died suddenly, but whether from natural causes, or from taking an overdose of chloroform, the jury were unable to say."

OPERATION DAYS AT THE HOSPITALS.

MONDAY.....Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 9 A.M. and 1.30 P.M.—Royal London Ophthalmic, 11 A.M.
TUESDAY.....Guy's, 14 P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.
WEDNESDAY....St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.
THURSDAY....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopaedic, 2 P.M.—Royal London Ophthalmic, 11 A.M.
FRIDAY.....Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.
SATURDAY....St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.—Royal Free, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

TUESDAY. Royal Medical and Chirurgical Society. 8 P.M., Ballot, and P.M., Dr. Waters (Liverpool), "On the Morbid Anatomy of Pneumonia," Mr. Nunneley (Leeds), "Third Case of the Entire Removal of the Tongue for Epithelioma."—Ethnological.—Zoological.
WEDNESDAY. Microscopical.
THURSDAY. Zoological.—Royal.
SATURDAY. Association Medical Officers of Health.

COMMUNICATIONS have been received from:—Mr. JAMES ROBERTSON; Mr. HARRISON; Dr. J. D. HEATON; Mr. R. WILLIAM DUNN; Dr. W. CARR; Mr. R. GILLARD; Dr. WHITE; Mr. GEORGE LAWSON; Dr. SIMPSON; Dr. SWAYNE; Mr. S. H. STEEL; Mr. T. O'CONNOR; Dr. A. T. H. WATERS; Dr. BLACK; Dr. WEBER; THE HONORARY SECRETARY OF THE EPIDEMIOLOGICAL SOCIETY; Mr. G. A. TIMME; Mr. W. GRADWELL; THE HONORARY SECRETARIES OF THE ROYAL MEDICAL AND CHIRURGICAL SOCIETY; THE HONORARY SECRETARIES OF THE WESTERN MEDICAL AND SURGICAL SOCIETY; Mr. P. BELCHER; Mr. STARTIN; Mr. T. M. STONE; and Dr. G. JOHNSON.

TO CORRESPONDENTS.

* * All letters and communications for the JOURNAL, to be addressed to the EDITOR, 37, Great Queen St., Lincoln's Inn Fields, W.C.

COMMUNICATIONS.—To prevent a not uncommon misconception, we beg to inform our correspondents that, as a rule, all communications which are not returned to their authors, are retained for publication.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

BOOKS RECEIVED.

1. Guy's Hospital Reports. Edited by Samuel Wilks, M.D. Third Series. Vol. XI. London: 1865.
2. Clinical Lectures and Reports, by the Medical and Surgical Staff of the London Hospital. Vol. II.—1865. London: 1865.
3. Handbook for Yellow Fever. By T. Anderson, M.D. London: 1865.
4. On Flooding after Delivery. By J. L. Earle, M.D. London: 1865.
5. On the Treatment of Affections of the Throat and Lungs by Inhalation; with a Paper on the Treatment of Whooping-Cough. By W. Abbotts Smith, M.D., M.R.C.P. Lond. Second edition. London: 1865.
6. The History, Prevention, and Treatment of the Rinderpest. By G. R. Mead, M.D. Cambridge: 1865.
7. An Account of the Visits of King James I to Newmarket. By G. R. Mead, M.D. Cambridge: 1865.
8. An Inquiry into the Causation, Diagnosis, and Treatment of Fracture of the Internal Table of the Skull. By W. F. Teevan. London: 1865.
9. A Treatise for the Extension and Alteration of the Curriculum of Arts in the University of Glasgow. By W. I. Gaudner, M.D. Glasgow: 1865.
10. The Human Health and Disease. By William Harvey. Fourth edition. London: 1865.

ADVERTISEMENTS.

ESTABLISHED 1848.

Mr. J. Baxter Langley, M.R.C.S.

King, 1 P.M., Gate of Kings College, London, PROFESSIONAL AGENCY, 50, Lincoln's Inn Fields, W.C.

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in Yorkshire, a very transferable Family Practice for sale. Population over 80,000. Receipts £450 a year. House containing twelve rooms, rent £48. Terms based on a year's purchase, part of which may be paid by instalments.—Address "T. 743," Mr. Langley, as above.

Original Communications.

ON THE DIFFERENT FORMS OF HÆMORRHAGE WITHIN THE EYE, PRODUCED BY INJURY.

By GEORGE LAWSON, F.R.C.S., Assistant-Surgeon to the Royal London Ophthalmic Hospital, Moorfields, and the Middlesex Hospital.

(Continued from page 624.)

2. *Hæmorrhage between the Choroid and Sclerotic.* This form of traumatic hæmorrhage, when it occurs singly—that is to say, uncomplicated with hæmorrhage in any other part of the eye—is most commonly produced by an escape of the lens and a sudden loss of vitreous through a wound in an *unhealthy eye*; thus withdrawing unexpectedly the support which the choroid and retina had derived from these structures when, in their entirety, they occupied their normal position within the eye. It may, however, under certain conditions, be the chief form of hæmorrhage after an injury in a healthy eye.

In a *normal and healthy eye*, the lens and a large amount of vitreous humour may be lost through a wound of its external coats, without exerting any very unfavourable influence on the retina or the choroidal vessels. We witness occasionally this fact in the operation for the extraction of cataract, when, through some fault on the part of the patient in not properly restraining his emotions, or some accidental circumstance in connexion with the operation, an escape of vitreous follows the removal of the lens; yet, notwithstanding this, a good and permanently useful eye results.

In a perfectly healthy eye, the vitreous is thick and tenacious; its viscosity being, as Mr. Bowman has shown, most conspicuous in its outer or circumferential part, where, the hyaloid only intervening, it is in contact with the retina: whilst its inner portion, towards the centre of the globe, is of a thinner consistence. When a small quantity of vitreous in such an eye is lost, the anterior segment of the globe only is much affected by it; and the cornea and adjoining sclerotic, being rendered flaccid, fall inwards, but the posterior curve of the eye is but little altered in shape. If a greater quantity of vitreous be lost, the more fluid portion, or that towards the centre of the eye, will escape before the more viscid outer part is interfered with. A thick coating of healthy vitreous will, therefore, still be in contact with the retina, to maintain it *in situ*; so that, even if sufficient vitreous has escaped to cause a temporary folding in of the sclerotic posteriorly, yet no detachment of the retina from the choroid, or choroid from the sclerotic, will follow; for the choroidal vessels will still receive support adequate to prevent their undue distension, until the place of the lost vitreous is supplied with aqueous humour, and the shape of the eye restored.

The kind of injury to which the eye is subjected will, however, often determine the chief seat of the hæmorrhage, irrespective of the soundness or unsoundness of the eye at the time of the accident. One of the severe classes of injuries to which men who work at iron shipbuilding are exposed will illustrate this fact. The eye is occasionally literally ripped open by a fragment or some large piece of metal. One extremity of it, if it be large, or the whole of it, if it be small, strikes the eye in its rapid flight, enters it, and cuts its way out again, drawing with it the iris, lens, and a portion of the choroid—

in fact, all the textures with which it comes in contact. In such cases, as all the tissues within the eye suffer a direct injury, the hæmorrhage is probably from all of them; or, as the choroid may be absolutely stripped from the sclerotic, the chief hæmorrhage may be between these structures. The following is an example of this severe form of injury. In this patient it was found, after the eye was removed, that the chief hæmorrhage was between the choroid and sclerotic.

Extensive Rupture of the Globe from a Blow with a Large Piece of Iron; Extrusion of the Lens, a Portion of the Vitreous, Two-thirds of the Iris, and a Portion of the Choroid. John M., aged 24, works at iron shipbuilding at Millwall. He was brought to the hospital on the morning of June 9th, 1865, having, about two hours previously, met with a severe injury to the right eye. At the time of the accident, he was engaged in bringing together two iron plates with a pin and cotter; and, having struck the cotter with a hammer, from some casualty it flew out with great rapidity, and in its flight came in contact with the right eye.

State on Admission. There was a rent in the sclerotic, about three-quarters of an inch in length, running along the lower border of the cornea. One extremity of the steel cotter appeared to have entered the eye, passing through the sclerotic near the lower margin of the cornea, on its nasal side; and to have cut its way out again, inflicting a wound along the lower margin of the cornea, about three-quarters of an inch in extent. In its exit, it had dragged with it the lens, two-thirds of the iris, and a portion of the choroid, all of which were entangled in and protruding from the wound. A large quantity of the vitreous must have escaped at the same time; for the eye was shrunken to at least one-third of its normal size, and its tension was diminished to—T 2.

As the eye was completely lost, with the consent of the man I at once removed it. On making a section of it, the following was the state of the eye. Nearly all the vitreous had escaped through the wound, but a little was still left clinging to the remains of the lens and ciliary processes. The whole vitreous space was filled with a coagulum of blood, which had pushed in front of it the choroid and retina. The chief hæmorrhage had thus taken place between the choroid and sclerotic; but there had been also some anterior bleeding from the iris and ciliary processes; but this was slight, compared to the posterior hæmorrhage.

The man was able to leave the hospital at the end of the week.

In an *unsound eye*, traumatic hæmorrhage between the choroid and sclerotic is very liable to occur. From chronic disease, and the repeated increased vascularity of the eye consequent on it, the choroidal vessels have lost more or less of their proper tone; and their walls, either weakened by recurrent distension, or from some deprivation of the nervous influence of the sympathetic filaments which preside over them, become easily, and, on the slightest irritation, unduly injected. In such eyes, the loss of the lens, or of a portion of the vitreous, by diminishing the pressure on the choroidal vessels counter to the force of the impulse of the blood within them, will induce a sudden distension and yielding of their coats, which frequently ends in rupture, and hæmorrhage ensues between the choroid and sclerotic.

An increased or glaucomatous tension of the globe is the most frequent predisposing cause of this form of hæmorrhage. A glaucomatous state, varying in intensity, is frequently associated with chronic disease of the eye. It is not a primary affection, but is secondary to some pre-existing disease, and is often

the precursor of a later and even more unfavourable condition—that of a softening, or *minus* tension of the globe. If such an eye, with its tension above the normal range, from whatever cause it may have been produced, receive a wound, and a loss of the lens or vitreous follow, hæmorrhage between the choroid and sclerotic is almost certain to ensue; the already distended choroidal vessels are incapable of much further distension, and, on the withdrawal of a portion of their anterior support, yield before the pressure of the blood within them, and give way.

It is this form of hæmorrhage which occasionally occurs after an operation for the removal of a cataractous lens from an unsound eye; indeed, it is almost certain to happen, if there be an increased or glaucomatous tension of the eye at the time of operating. In such cases, the hæmorrhage takes place from the posterior surface of the choroid, detaching, sometimes partially, but generally completely, the choroid from the sclerotic, and, forming a large blood-clot, pushes in front of it the choroid and retina, and extrudes more or less of the vitreous from the eye. The credit of first drawing attention to the fact, that the posterior hæmorrhage which sometimes occurs after the operation of extraction of cataract is between the choroid and sclerotic, is due to Mr. Hulke, who first described it in the report of a dissection he had made of an eye removed by Mr. Bowman on account of this accident; and it has since been confirmed by Bowman, Critchett, White Cooper, and others. One peculiarity of this form of hæmorrhage is the excessive pain which accompanies it. The separation of the choroid from the sclerotic by the clot, causes a dragging on the ciliary nerves, and induces the most acute and apparently almost intolerable suffering, accompanied often by a feeling of nausea and faintness. The severity of the pain appears to continue whilst the detachment of the choroid from the sclerotic is going on; but the pressure of the blood-clot on the ciliary nerves causes a continuance of the suffering, though much less in degree, for some time afterwards. If it happens after the extraction of cataract, it may follow immediately the escape of the lens, or in some cases it may be delayed for some hours, or occasionally even for two or three days. In two cases under my own care, in which it followed the extraction of cataract in unsound eyes, the hæmorrhage ensued very shortly after the escape of the lens. In each it was accompanied with violent and sudden pain; the cry of the patient being the first indication that all was not right.

In the first case, the operation was concluded, and the eyelids closed, and I was about to leave the room, when the nurse called me back on account of the sudden and violent pain the patient experienced. On undoing the eye, I found the vitreous and a quantity of blood welling from the globe. The pain was very severe. Active inflammation followed, and the eye suppurated.

In the second case, the hæmorrhage followed the extraction of an opaque lens, which had been dislocated two years previously into the anterior chamber. It is related in the *Royal London Ophthalmic Hospital Reports*, vol. iv, page 379. I removed the opaque lens by an upper section; its escape from the eye was followed by some fluid vitreous; and, in a few minutes afterwards, the man, who had borne the operation without uttering a word, cried out in the excess of his pain, "that it was unendurable; it felt as if his eye was being torn from his head."

In the museum of the Royal London Ophthalmic Hospital, there is a preparation of a staphylomatous eye, No. A 29, which had been ruptured by a blow, and afterwards excised by Mr. Streetfield, in which

very extensive hæmorrhage had taken place between the choroid and sclerotic. The blood-clot occupies the whole vitreous space, carrying in front of it the choroid and retina as far forwards as the iris. The case is specially interesting, as illustrating the influence which the condition of the eye at the time of the injury exercises over the seat of the hæmorrhage. The eye in this patient, previously to the blow which ruptured it, was a damaged one, and had suffered from repeated injuries, first from a wound with an arrow sixteen years ago, and since then from a succession of blows on it, inflicted at different times by his opponents whilst he was engaged with them in the active discharge of his duties as prize-fighter. The eye had become staphylomatous and deprived of sight; and, although it is not stated in his case, yet we may fairly conclude that the vitreous was fluid; and it is also very probable that the tension of the eye at the time of the injury was greater than normal. The last blow he received ruptured the eye. The vitreous and the lens also (if there were one) escaped through the wound; and the chief hæmorrhage which followed was between the choroid and sclerotic. The history of the case, taken from the hospital note-book, is as follows.

J. W., aged 30, was admitted into the hospital, under Mr. Streetfield, on Feb. 22nd, 1858. Sixteen years ago, his left eye was wounded by an arrow, and its power of vision reduced to a mere perception of objects. During the last ten years, he had received repeated blows on this eye. Two years ago, he had a severe blow on the left temple, after which the globe began to enlarge. Ten days since, he received another blow, which ruptured the staphylomatous portion of the globe.

State on Admission. The right eye was normal. The left eye.—No perception of light: tension + T 1; cornea transparent; anterior chamber almost full of blood. A bluish red substance beneath the conjunctiva, near the lower corneal edge, made the globe appear irregular and large. Mr. Streetfield excised the eye; and, on opening the conjunctiva, coagulated blood escaped.

Examination of the Eye after Excision. The blood which was seen when the conjunctiva was divided in the operation for the removal of the eye, was due to a rupture in the staphylomatous portion of the sclerotic, and had accumulated beneath that membrane. The globe was then divided vertically. The sclerotic was found to be thinned throughout its entire extent. The rupture was in the staphylomatous portion; in the ciliary region at the lower and outer part of the eye. The whole cavity of the globe was filled with dark red coagulated blood. The choroid and retina were detached and pushed forwards to the posterior surface of the iris. The coagulated blood was easily detached from the outer surface of the choroid from which the bleeding appears to have originated. No lens or vitreous could be found.

3. Hæmorrhage into the Vitreous. This may take place in two ways. 1. From rupture of some of the vessels of the ciliary processes; 2. From choroidal hæmorrhage; the blood breaking through the delicate structure of the retina and becoming extravasated into the vitreous; or it may ensue from the rupture of a retinal vessel, but this is rare.

We have found that blood effused into the aqueous is rapidly absorbed; this is not the case with blood in the vitreous. It may remain for months, or even for years, without being absorbed, and in some cases with little or no change in it taking place; although it occasionally happens, that, if small in quantity, absorption of it after a few months will ensue. It is always, therefore, a very serious result of an injury to find that there has been hæmorrhage into the

vitreous. If the amount effused be small, although the absorption of it is, as a rule, very slow, yet after a few weeks or months it becomes altered in character; it loses its colouring matter, and the clot shrinks; and it is seen, with the aid of ophthalmoscopic light, as a small dark mass, or it may be as filamentous shaggy particles in the vitreous, and in this condition it may remain for years. When the quantity effused into the vitreous is large, loss of the eye is almost certain to follow; not necessarily an immediate loss, but the chronic secondary changes which are the result of it only end in the destruction of all visual power. To allow the blood to be extravasated into the vitreous, the hyaloid has to be ruptured; and wherever the blood forces its way, it breaks down the texture of the vitreous. If, therefore, a large extent of the vitreous space be occupied by blood, the whole vitreous as a consequence suffers. From impairment of its nutrition, it atrophies, loses its consistence, and becomes fluid. In these large effusions of blood into the vitreous, although the clot may remain for a few weeks or months unabsorbed, yet with the change which takes place in the vitreous, it is slowly disposed of. As the vitreous becomes fluid, the clot softens and gradually disappears; but it stains the whole of the fluid which occupies the vitreous space to a yellow or brownish-yellow tinge, which colour may last for years. The mischief, however, does not end here; for, as the vitreous becomes fluid and the clot is absorbed, it diminishes in bulk; and the retina, losing the support which it had received from the healthy vitreous, falls forward and becomes detached.

Wound in the Sclerotic close to the Margin of the Cornea, from a Fragment of Iron detached from a Rivet; Large Prolapse of the Iris; Hemorrhage into the Anterior Chamber, and into the Vitreous, from Injury to the Ciliary Processes; Excision of the Eye three months after the Accident. William R., aged 53, a boiler-maker, came to the hospital on September 26th, 1864, suffering from an injury he had received the day previously. Whilst cutting a cold rivet, a sharp-edged fragment of it flew off and struck the left eye, inflicting a wound in the sclerotic nearly a quarter of an inch in length, close to the lower and outer margin of the cornea.

State on Admission. The anterior chamber was full of blood, so as to prevent any of the deeper parts being seen. Through the wound above indicated, there was an extensive prolapse of the iris, which was jagged and torn. It was also probable that vitreous had been lost. The protruded lacerated portion of iris was removed with a pair of scissors; a cotton-wool compress was applied to the eye, and two leeches to the temple, to be repeated if necessary; and a belladonna lotion was ordered to bathe the eye with three or four times a day.

September 30th. A large part of the blood in the anterior chamber had been absorbed; and it was now evident that nearly the whole of the lens had escaped through the wound, and that there had been extensive hemorrhage into the vitreous. A small quantity of opaque lenticular matter still remained; but, behind this, a large clot of blood could be seen in the anterior part of the vitreous space. Immediately behind the ciliary processes from which the hemorrhage had probably ensued. The eye was much inflamed, with chemosis of the conjunctiva, and very painful. The leeches to the temple were repeated. From this date, all active inflammation gradually subsided; and in about six weeks he was able to leave the hospital. All sight was lost. The blood in the anterior chamber was completely absorbed; but the clot in the vitreous still remained, though diminished in size.

In January of 1865, he was re-admitted into the hospital, as the lost eye had become inflamed and was giving him pain. It was quite blind, very soft, and shrinking; being already smaller than the sound eye. The blood in the vitreous had quite disappeared, and the retina was detached. Under these circumstances, I advised him to have the eye removed; and he having consented, I excised it. On making a section of it, the following was the condition. The lower and outer third of the iris was gone. There was no lens; but an opaque film remained, which was united to the posterior surface of the iris. There was no vitreous; but the retina was entirely detached and coarcted, fastened posteriorly around the optic nerve, and anteriorly adherent to the back of the iris. The space between the retina and choroid was filled with a yellow serous fluid. The choroid was *in situ* throughout, and in contact with the sclerotic except at several points where small ecchymoses separated them.

In this patient, it is probable that, in addition to the extensive hemorrhage into the vitreous from the ciliary processes, there was also some hemorrhage between the choroid and retina; but the blood in the anterior part of the eye prevented the fundus from being seen. The falling forward and complete detachment of the retina, is however a result which is often met with after a portion of the vitreous has been lost through a wound of the eye, and the remainder of it has been broken down by an extravasation of blood within it.

5 Harley Street, Cavendish Square.

A CASE OF THORACIC ANEURISM SUCCESSFULLY TREATED BY REST.

By A. T. H. WATERS, M.D., Physician to the Liverpool Northern Hospital.

THE interest attaching to all cases of thoracic aneurism, and to any measures which afford a prospect of relief in that disease, induce me to lay the following case, although an isolated one, under the notice of the profession, in hope that the practice which has, in this instance, been attended with very satisfactory results, may have a wider trial than has hitherto been given to it.

From the opportunities I have had of treating cases of thoracic aneurism, I am led to believe that but little good can be done by the administration of any drug. I have in several cases of late years given a fair trial to various modes of treatment; and, although I have seen improvement sometimes follow admission into hospital, from the rest, comparative quiet, and other treatment to which the patients have been subjected, I have never seen such marked benefit follow as in the case below.

The treatment of internal aneurism by absolute rest has lately been strongly advocated by Mr. Tufnell of Dublin; and he has recorded some very interesting cases, in which he adopted the practice successfully. I have carried out in my case the line of practice he has recommended, which consists essentially in keeping the patient in the recumbent posture, and in administering a restricted diet. The results of the case are, I think, the more satisfactory, inasmuch as various other modes of treatment—moderate diet—iodide of potassium—ice to the tumour—acetate of lead—had been tried without any success, before the treatment by rest was commenced.

The well known effect produced on the circulation by the recumbent posture was well illustrated in my patient; the pulse having diminished by from ten to

twenty beats per minute. To this circumstance the favourable issue must, I think, be mainly attributed.

CASE. John L., a married man, 45 years of age, was admitted into the Liverpool Northern Hospital, under my care, on December 14th, 1864. He applied to the hospital in consequence of a pain in his back; but, on examination, a pulsating tumour was found below the right clavicle. He gave the following history.

For the last seventeen years he had been a ship-keeper on night duty, but before that time he worked hard as a labourer. He had been accustomed to drink freely. About seventeen years ago, his right arm was amputated for disease of the elbow-joint following an accident. About three years ago he had a fall, by which he broke some of the ribs of his right side. For several years he had had rheumatic pains in the limbs and stump. For twelve months before admission, he had had violent attacks of sickness and cough; but he had never expectorated any blood. About seven or eight months before admission, he noticed a pain of a shooting character just below the right clavicle; and, about four months before admission, he felt a pulsating lump in the same spot. This lump, he said, had grown very slowly, and was scarcely larger than when he first felt it. He seemed to attach but little importance to it, and considered the pain in the back his chief ailment. On one occasion, whilst walking in the streets of Liverpool in September 1864, he had what he described as a fit, which appears to have been of a syncopeal nature.

Physical Condition, etc. Below the right clavicle, opposite the lower margin of the second rib, a little external to its junction with its cartilage, there was a tumour, conical in form, with a rounded apex. The tumour had pushed the rib outwards, and appeared immediately beneath the skin. The visible portion was about an inch and a half in diameter. It had a soft fluctuating feel, as if containing fluid. It was the seat of pulsation, which was visible, expansile, heaving, and of moderate force. Pressure diminished the size of the tumour. Percussion revealed an area of dullness, bounded above by the clavicle, below by the third rib, internally by the median line of the sternum, and externally reaching nearly to the nipple-line. There was normal resonance on the left side of the chest. Over the tumour, and below the middle of the right clavicle, a loud murmur was heard synchronous with the systole of the heart. A soft systolic murmur was heard at the apex of the heart. The pulse was small, regular, of equal size on both sides. The patient was somewhat emaciated, had sharp features, and an anxious expression of countenance. He complained of severe pain along the back; and there was some tenderness at its lower part. There was no pain over the tumour. He had a severe barking cough, and dyspnoea on exertion; but there was no dysphagia. The veins of the left arm were rather large and knotted, but there was no oedema of the arm, nor of the stump. The digestive organs were unaffected. The pupils of both eyes were of the same size.

The patient, on admission, was put on a moderately spare diet, a small quantity of meat being allowed daily. The first remedy that was tried was iodide of potassium, which was given in large and gradually increasing doses, until the quantity given was twenty grains three times a day. This treatment was continued for some time. No perceptible effect was produced on the aneurism; but the patient's health began to suffer, and the remedy was accordingly stopped.

After an interval of some weeks, the application of ice was tried. The patient was kept in bed, and a

bag of ice was applied over the tumour during the day. This was continued for many days; but no noticeable change resulted in the aneurism.

On March 21st, three grains of acetate of lead, with half a grain of opium, were ordered to be taken three times a day. This treatment was continued for a week, when symptoms came on which induced me to discontinue it.

On April 6th, in consequence of a good deal of pain in the chest being complained of, six ounces of blood were taken away by venesection. This was followed by a diminution of the pain.

On April 18th, the patient was ordered to confine himself entirely to his bed, and to keep in the horizontal posture. He had, up to this time, been in the hospital more than four months; and no perceptible change for the better or worse had, as far as could be observed, occurred. He was put on a very restricted diet; no stimulants were given, and, throughout the treatment, no medicines except an occasional purgative or anodyne. These, however, were but rarely required. The man was intelligent, and tolerably manageable; and, with one exception, when he walked from one ward to another during the time when the hospital was being cleaned, I believe he scarcely moved from the horizontal posture for a period of nearly eleven weeks. During this time, his health continued good; he slept well; complained of but little pain; had no sickness; and his cough became less frequent. His pulse (which, before the treatment was commenced, used to average from 80 to 90) fell to from 60 to 70. On one occasion, a few days before he was kept in bed, it was found as follows: Standing, 92; sitting, 84; lying, 70 per minute.

The diet which was ordered for the patient was, seven ounces of bread, three ounces of meat, and eight ounces of fluid daily. He was allowed small quantities of ice to relieve thirst, and to smoke one pipe daily. For some weeks after the treatment was commenced, more fluid than was ordered was taken, probably about a pint daily, but subsequently the above quantity (eight ounces) was rigidly adhered to.

Towards the end of May, it was very evident, from the diminished elasticity and pulsation in the tumour, that consolidation of the sac was taking place; and towards the middle of June there could be no doubt that this result had been produced. The patient was allowed to get up during the twelfth week of treatment. He was, however, kept in the hospital till August 12th, when he was discharged.

The following are the notes taken of the condition of the aneurism, etc., at the termination of the treatment.

"The tumour has diminished in prominence, in size, and in area of dullness. Pulsation is felt over the whole tumour; it is distant, and gives the sensation as if a good deal of solid substance existed between the skin and the inside of the tumour. A systolic murmur is faintly heard over the tumour, and at the apex a double knock is felt. In the pex or presenting portion, a very remarkable change has taken place: instead of giving the sensation, as at first, of a soft fluctuating swelling very like that of an abscess, it is now hard, and feels like a solid mass. The pulsation at this spot, where it was originally most marked, is now less so, and can only be discovered on careful examination."

I have seen the patient repeatedly since his discharge from the hospital. He is able to go about, and feels quite equal to undertake his former work of ship-watcher. He scarcely complains of the pulsation of his aneurism. I have quite recently examined his chest, and I found that the only per-

ceptible changes that had occurred since his dismissal from the hospital were diminished prominence and pulsation of the tumour, with other indications of increased solidity.

Transactions of Branches.

SOUTH MIDLAND BRANCH.

A CASE OF ANIMAL POISONING.

By WILLIAM NEWMAN, M.D.Lond., Stamford.

(Read Oct. 1st 1865.)

THE sources from which animal poisons may be supplied to the human frame are sufficiently numerous; with one, at least—the dissection-wound, or the *post mortem* puncture—medical men are far too familiar in their own persons.

I do not wish to occupy the time of the members of this Branch by a review of the literature of the subject, or by futile speculations on the *materies mali*, which may be transmitted from one member of the animal kingdom to another; but I am anxious to bring before you the particulars of a case which some short time back came under my notice, not because I have, or think that I have, any novelty in treatment to suggest, but merely that in calling attention to a serious form of disease, I may elicit from those present an expression of opinion as to the best mode of dealing with such cases, or awaken attention to our present inadequate knowledge. My case is as follows.

S. F., a veterinary surgeon, was called to some cattle ill near Uppingham, and saw them several times through the last week of July, and for the last time on August 2nd. The disease, supposed by himself to be the cattle-plague—more probably some form of blood-poisoning—had originated with some bullocks. These all, or nearly all, died. Several pigs were also attacked and died; and lastly a horse was affected. The horse, it would seem, had obtained access to a drinking-trough, the sides of which were smeared with puriform discharge from the nostrils of the diseased cattle. Two days afterwards, the horse was noticed to be ill, and within thirty-six hours from the first onset of symptoms was dead. It passed no urine from the time when it was first noticed to be ill.

S. F. made a *post mortem* examination of the horse, and gave me this verbal account of the appearances.

“The neck externally was very much swollen, and covered with abundant blisters holding a deep yellow serum. The deeper tissues were throughout infiltrated with the same kind of serous fluid, and the cervical glands were also much swollen. The lungs and kidneys were swollen and injected, and had local pus-deposits throughout their substance. The animals during life were covered with flies, and the carcasses after death were equally infested.”

At the time of making the *post mortem* examination, S. F. was in good health. He had had a few weeks before an attack of gout; this had passed by. He was a man who had lived freely; but there does not seem to have been reason for supposing that he was of actually intemperate habits. He had not, to his knowledge, any scratch or prick about his hand or arm; but, working with bare arms, and with his hands, etc., soaked in the fluids of the animal, he noticed that he was constantly covered with flies. From this time onwards he was not exposed to the influence of any animal virus, nor had he any further *post mortem* examination to undertake.

No symptoms showed themselves until August 9th

(one week after the dissection of the horse). In the evening of that day, he felt his arm uneasy and noticed two little punctures—hardly visible without using a lens—on the left forearm at the junction of the lower and middle thirds, and toward the radial side of the back of the forearm. To these punctures he applied some nitrate of silver freely, making a black eschar fully the size of a crown-piece. In the course of the evening, he had creeping and general shivering more than once.

In the evening, Mr. Morgan, to whom I am much indebted for all preliminary detail and for the opportunity of seeing the patient, was called in, and prescribed some aperient.

Aug. 10th. The arm was more uneasy; an erysipelatous blush with some minute vesicles existed round the black eschar. The bowels were open.

Aug. 11th. The arm was more swollen; hand œdematous. Patches of very minute vesicles were scattered about the forearm. The swelling reached up to and slightly above the elbow. There was not the least sense of fluctuation. Through the twenty-four hours only about three ounces of urine were secreted.

Aug. 12th. The patient's appetite was failing; and he was worse in his general condition—uneasy and anxious about himself. The bowels were open; there was almost no urine; the conditions of the arm much the same.

Aug. 13th. I saw him with Mr. Morgan. His countenance was heavy and oppressed; he looked ill. Pulse 120, small. The skin was covered with abundant warm perspiration. His breathing was from 25—30 per minute. He had no headache: was restless at times. Only two or three ounces of urine were passed in the twenty-four hours; the bladder was empty. There was a blackened patch on the left arm, partly sore, partly covered with caustic eschar, discharging somewhat freely serous fluid, situated rather on the radial side as noted above. Ten or twelve large vesicles surrounded the central patch, and numerous smaller ones were scattered on the arm. The skin was firm and resisting, and there was not any sense, distinct or indistinct, of fluctuation. The arm was swollen considerably as far as the elbow; the back of the hand was puffy; the whole forearm was tender when touched, but, when let alone, was simply heavy—not the seat of absolute pain. The whole conditions were very much those of well-marked phlegmasia dolens, with superadded vesicular affection and skin redness. The axillary glands were not in any degree affected. He was ordered to take a drachm of sulphate of soda every four hours. He took one or two doses of the soda; then sickness came on, and he was not able to continue the remedy.

Aug. 14th, 9 A.M. He was worse; said he must die. He was free from pain; had had some sleep. There was almost constant sickness. His intellect was clear. The vesicles were full of deep yellow serum. The arm was much as on the previous day in point of size and appearance.

9 P.M. I saw him again with Mr. Morgan. He was anxious and restless. The skin was perspiring freely; pulse 120, very small; respiration at least 36. He had no cough nor expectoration. He was sick very frequently; retched often, but brought up only a little mucus beyond the food taken. Little over an ounce of urine had been passed through the day. The arm was much more swollen both above and below the elbow; it was covered all over with vesications, some very large and full of bloody fluid. The hand was swollen, puffy, and cold, and the arteries could not be felt. Three free incisions were made; one above the elbow, one near the eschar towards

the radial side and back part of the arm, and another on the back of the hand. The tissues at once retracted widely, and directly and continuously discharged some deep yellowish serum, semigelatinous in character.

Aug. 15th, 9.30 A.M. He had had a bad restless night. Pulse 135; respiration 40. He was constantly sick. The face was covered with cold perspiration; in short, he was fast sinking. The wounds gaped widely; they had bled but very slightly, and discharged serous fluid very abundantly.

He died at 1 P.M. No *post mortem* examination was made.

The treatment pursued was throughout of supporting and stimulant character. Quinine in decoction of bark was first given for some two or three days; then the sulphite of soda was tried, and on his rejection of this medicine, the chlorate of potash with compound tincture of bark was given until his death. Morphia was given each night. Locally, linseed meal poultices, with the addition of yeast, were used; and after the incisions the arm was wrapped in cotton wool. Wine—principally champagne—which was retained on the stomach when almost everything else was rejected, was given from the first; and beef-tea, meat, etc., in just such quantities as he could be prevailed upon to take.

REMARKS. Having thus given you the detail copied from my note-book, I would ask your indulgence for a few remarks.

1. The opinion that the animals died from cattle-plague or Rinderpest, cannot be deemed tenable. This at least may be granted: that the horse, the immediate source of the fatal poison, died most probably from some pyæmic condition.

2. Note especially the fact, that for a whole week the patient had no tangible symptoms. The morbid compound (which may have been introduced into the subcellular tissue by the puncture of the proboscis of a fly, or merely have existed for so long in contact with the skin as to have been in part absorbed) must, therefore, presumably have been almost inert when first applied; and subsequent decomposition and resulting changes have ended in it assuming distinctive toxic characters, or in its tainting the blood so thoroughly as to produce the fatal disturbance.

Twenty-four hours are usually enough to ensure the onset of specific results from a dissection wound. Or, in other words, the more nearly the toxic matter is allied to the tissues and the fluids into which it is introduced, the more rapidly does it contaminate; while a poisonous agent, derived from a source alien to its destination, does not so readily or so quickly produce characteristic results. On this condition, the one hope of treatment is, I think, to be based—that of early excision in suspicious cases. In bites from hydrophobic dogs it is usual to excise, and with decided advantage.

I would ask your consideration of the propriety of extending the practice to instances like the present, where animal poison has had a point of introduction, and near to which point its influence has for a time been confined. In the instance before us, not a suspicion of any inoculation with poisonous material was entertained until the week had passed by; and the constitutional symptoms were thoroughly set up when medical aid was first summoned. The whole conditions were those of poisoned blood, and on this view there was but fractional hope of the utility of medical treatment, death resulting ultimately, not from the local affection of the arm, but from the condition of the whole system. As material points, in so looking at the case, note especially the suppression, almost complete, of urine, with no coincident or dependent symptoms of uræmia; and the implication of the lungs marked

by rapid breathing, and disturbed relations between the pulse and respirations.

While one must regret the fatal issue of a case like the present, I do not recognise that our present knowledge admitted of a more satisfactory mode of treatment.

SOUTH-EASTERN BRANCH: WEST KENT DISTRICT MEDICAL MEETINGS.

TWO CASES OF OBSTRUCTED LABOUR.

By WILLIAM CARR, M.D., F.R.C.S., Blackheath.

[Lect at Rochester, September 29th, 1865.]

CASE I. On July 31, 1858, a lady aged 37, in the eighth month of utero-gestation, was seized with severe pains in the back, due, as she thought, to an overdose of castor-oil taken the previous evening. In the absence of her medical attendant, Mr. Phillips, who resided in town, I was sent for about 2 P.M., and found her pale and exhausted. There was no discharge, although on the previous day there had been "a show".

Without loss of time, she was put to bed; warmth was applied to the feet; and brandy and water, with an opiate, given. Regarding the case as an anxious one, I waited until 4 P.M.; and, as the pain was alleviated, and there appeared no indications of labour, I absented myself until 5 P.M. On re-entering the room, I was alarmed at the blanched appearance of my patient, who informed me that there had been a considerable discharge, apart from pain. At this period, three hours after my first interview, I made an examination, and discovered a very rigid os uteri, unyielding, and feeling like a metal ring enclosed in mucous membrane. The os barely admitted the tip of my finger; the membranes were ruptured; and the head presenting.

I now plugged the vagina, and applied ice to the vulva. At 6 P.M. Mr. Barnett gave me the benefit of his opinion. As there was discharge passing by the sides of the plug, it was removed. A further examination shewed that the condition of the os uteri was unchanged; and that turning, which we hoped to accomplish, was impracticable. We then gave chloroform, with the object of relaxing the rigid mouth; but without good.

The condition of our patient was evidently becoming worse; the countenance was more blanched, and the pulse more feeble—due, no doubt, to concealed hæmorrhage. We gave brandy in full doses, and, at intervals, strong beef-tea with bread-crumbs. Efforts at dilatation were made by introducing first one and then two fingers into the os; and finally the tips of three fingers were got in, but without any effective yielding of the rigidity.

About 8 P.M., Mr. Phillips arrived, who had attended the patient in her previous confinement. He informed us of its severity and unusual duration, and also of the prolonged convalescence. We agreed to administer more stimulants, with an opiate; wait awhile for rallying, and then make an effort at perforation of the fetal head. We had ascertained by auscultation that the fœtus was dead.

Notwithstanding the administration of free and full doses of brandy, our patient sank at 9.30 P.M., seven and a half hours after my first visit.

The *post mortem* examination was made thirty-seven hours afterwards, by Mr. Barnett and myself; Mr. Phillips being unable to be present. On cutting through the abdominal walls into the abdomen, not a drop of blood appeared—so exsanguined was the body. On exposing the uterus, its surface was pale, dark lines shewing through its serous covering.

The position of the fœtus was readily seen, the uterus lying flaccidly over it. On laying the hand over the uterus, it was felt to be two-thirds filled with solid and semifluid matter. The parietes of the uterus appeared thickened, and its structure pale. A very large clot and an immense quantity of semifluid blood filled the cavity of the fundus; below, and completely detached, lay the placenta. In a separate cavity, the true membranous, lay the fœtus. The os uteri was extremely dense and unyielding, feeling as if made up of a metal ring enclosed in a soft membrane. On cutting it through, it had the glistening appearance of cartilage. It was one-sixth of an inch in thickness, and a quarter of an inch broad.

REMARKS. It is probable that the severity and duration of the first labour were due to a less developed amount of induration; and that the prolonged convalescence depended on organic changes of the os uteri, and disturbed health resulting from such. The *post mortem* results shew that nothing short of free incision could have liberated the expansive processes of the uterus sufficiently to permit the exit of the fœtus. The complete detachment of the placenta shewed that Nature had done her best to complete the labour, notwithstanding such was followed by a fatal amount of hæmorrhage.

It is worthy of record, that both the mother and sister of this patient died under the same circumstances.

CASE II. Mrs. B., aged 30, a primipara, had been in labour for several days. I saw her on January 30th, 1865; and, on examination, discovered a very rigid os uteri, the head presenting. The induration appeared to depend on two distinct bands—one on the free edge of the os, and the other half an inch towards the body of the womb; and the latter band was very thick—a quarter of an inch (?), as far as I could judge by digital contact. I gave her one grain of opium, and requested her to take a full dose of oil in the morning.

On paying her a visit the following day, I discovered no improvement—no attempt at dilatation. I therefore repeated the opiate.

On the third day (February 1st), the pains were much more active, and there was more mucosity; yet there was no yielding of the obstruction. Labour had been actively going on for eight or ten hours, and I could only introduce two fingers into the os uteri. There was little or no hæmorrhage, but my patient and her friends were becoming anxious; and, fearing lest evil should follow from further delay, I determined on dividing the os uteri. This I accomplished, after some difficulty, by introducing the two forefingers of my left hand between the fetal head and the obstructing os uteri, letting them point towards the pubis, separating these fingers, and bearing downwards. The induration was well felt and measured; and, thus prepared for the bistoury, which I introduced guided by the forefingers of my right hand, and then readily pushed through the non-indurated part of the womb, carrying the cutting edge towards my left hand and between its forefingers—thus freely liberating the induration, and dividing an inch or an inch and a half of the os uteri. Very considerable hæmorrhage followed, but no pain; neither did my patient know that I had used an instrument.

Within an hour of the operation, active and efficient pains set in. The os expanded; and, within three and a half hours, the child, a living one, was born. The placenta was retained for an hour and a half from inertia, and lay behind the pubes. After the exhibition of some infusion of ergot, it was expelled. The cord was one of the shortest I have

seen, measuring six inches in length. Micturition was difficult for the first day, and required the catheter; subsequently, it was all right, and my patient made a good recovery.

REMARKS. The fear is that, unless the induration had been divided, the issue would have been fatal to both mother and child, as occurred in the former case; and the issue shews, as far as an individual case goes, that free division of the os uteri may be made without risk to the mother.

EAST ANGLIAN BRANCH.

ERGOT OF RYE IN MIDWIFERY.

By T. O'CONNOR, F.R.C.S., March, Cambridgeshire.

[Read at the June 21, 1865.]

ABOUT twenty-two or twenty-three years ago, the merits of ergot of rye were freely discussed in the medical journals and periodicals; and various were the delinquencies and shortcomings attributed to it. One party affirmed that it was inert. Another as stoutly maintained that it was so active as to be dangerous to the mother. A third was certain it was dangerous to the child; the child was stillborn, and the disaster was attributed to the ergot of rye. There was a fourth party who denounced it as most uncertain in its operation; I think this latter charge may be fairly substantiated against every drug, and especially against those which have received the name of specifics. A fifth party was not wanting, who, strange to say, was chivalrous enough to defend this much abused drug; and this last party lauded it as an infallible excitant of expulsive uterine pains. The question, however, subsided after a time without having received a satisfactory solution, and was revived ten or twelve years subsequently, and with a similar result.

In 1842, I began to note the effect of ergot in those cases which occurred in my own practice in which I deemed it expedient to try it, and have carried my notes down to the present time through a period of twenty-four years, giving every case in which I employed it, amounting to 104. My first intention was to read the notes as taken at the time; but, on reflection, I found that such a course would have swelled the paper to an inconvenient bulk, and rendered it tiresome. I have, therefore, adopted the shorter form of an analysis, which will give all the information in a smaller compass.

The preparation which I employ is a watery solution obtained in the following manner. I reduce two drachms of the *secale cornutum* to a coarse powder as I want it, and boil in half a pint of water for ten minutes and strain through a coarse cloth. A fourth part is given every half-hour until its effect is obtained, if at all. I have, on a few occasions, given three drachms, but obtained no advantage from the larger quantity. I may as well state here that I have tried the spirituous and ethereal solutions prepared by various chemists, and have found them either uncertain in their operation or altogether inert. I have, however, been informed by Mr. Craddock, of Shepton Mallet, Somersetshire, that he has been in the habit of using an ammoniacal solution of the drug prepared by Gale, Baker, and Warde, druggists, London; and that it has proved most certain in its operation. I believe he affirms that it has never failed in its hands.

I find that the cases in which I administered ergot, resolve themselves into three classes; namely, *pre-partum* hæmorrhage, puerperal convulsion, and protracted labour from abortive uterine contractions.

Of the 104 cases, 76 belong to the first class, or hæmorrhage before delivery. Of these, 58 were delivered

under three hours, and above two hours from the first dose; and 14 under one hour from the first dose. Three children were born dead; one being in a state of putridity, and one a foetus with cord cast tightly round the body beneath the arms. The remaining children were healthy. The mothers recovered well, with the exception of one whose recovery was slow and unsatisfactory, and who died pithical two years afterwards. In four cases, there were placental presentations, which require special notice.

In my early professional career, I conducted a case of placenta prævia by injecting (of course, I am stating now what was done after labour had commenced) every half-hour or so into the vagina a weak solution of common vinegar in cold water, in the proportion of a wineglassful of the former to a pint of the latter. This restrained the hæmorrhage within harmless bounds until the os uteri was sufficiently dilated, in my opinion, to warrant operative proceedings. I then proceeded to deliver by detaching the placenta from one side of the uterine aperture, passing my hand into the uterus and bringing down the feet and legs as far as the knees. At this stage, the labour was allowed to proceed by the natural process. I protected the cord as well as I could; that is, I prevented, as far as I could, pressure upon the cord, until the whole of the child except the head was expelled. Everything went on well for the mother; but the head of the child was so long retained, and the cord so long subjected to pressure in spite of my utmost efforts to extract, that the child was born dead, and had been dead, no doubt, for some time before the delivery was effected. I relate this case here, although it does not properly belong to the subject, as an example, to contrast with the four cases under consideration.

In 1844, I treated a case of placenta prævia in the following manner. The woman had been in labour six hours. I packed the vagina with linen soaked in oil; placed a thick pad externally; and secured it with a bandage so as to make pressure on the vagina and os uteri, and gave a fourth part of the decoction of ergot every hour. In three hours, I withdrew the tampon. The uterus was then acting vigorously. I proceeded to deliver by detaching the placenta on one side, as before described; and brought down the legs and thighs, and held them in the position to which I brought them. With two or three pains, which now followed each other rapidly, the body of the child, with the placenta, came down. I then fancied that the destruction of the child was certain; but it proved not to be so. With my left hand, I brought the belly of the child well up towards the sacrum of the mother, rotating so as to cause the face of the child to traverse the hollow of the sacrum, and the occiput of the child to emerge under the pubic symphysis. The most favourable anatomical adaptation for delivery. I then fixed the index and middle fingers of my right hand, one on each side of the root of the neck, bearing down on the upper angles of the scapulae forcibly. With a steady, strong, continuous, rotatory traction, I swept down the head almost instantly. The child was apparently, but not really, dead. The circulation was carried on, although feebly; and resuscitation was successfully effected by artificial respiration persevered in for twenty minutes; aided, perhaps, by having the head and chest well rubbed with spirit; this latter office being performed by the nurse.

In 1851, I repeated this operation in all its steps successfully; and again twice within a fortnight in 1863, also successfully. In all the cases the result was safe to the mothers. The point in which the latter three cases differed from the first was, that the placenta came down with the head.

These were the only cases of placenta prævia which I have hitherto attended. It is impossible for me to deny that the safety of the children is mainly due to the powerfully expulsive force given to the uterus by the ergot of rye, thus prominently aiding in disengaging the head before fatal pressure has been made on the cord.

Of the second class, puerperal convulsions, I had two examples. The first case was that of a woman, 29 years old, of rather full habit. She was in her seventh confinement, and had been in labour nine hours. I bled her from the arm to twenty ounces; and gave a fourth part of the decoction of ergot. The convulsions continued, but with a longer interval of repose. She was delivered in twenty-eight minutes of a healthy male child. The mother recovered well. In the second case, the patient was a woman, aged 26, of full habit, and muscular. She was in her third labour, and had been in labour eleven hours. I bled her from the arm to sixteen ounces, and gave a third part of the decoction of ergot. The convulsions diminished in frequency and severity; and she was delivered in twenty-three minutes of a healthy female child. The mother recovered well. The diminution of the force and frequency of the convulsive seizures in these instances, was due, I imagine, not to the ergot of rye, but to the bleeding; the ergot merely expediting the delivery, and so removing the cause of the convulsions.

The third class, or defective uterine action, included 26 cases, of which 18 were natural presentations, and were delivered at periods varying from twenty-five minutes to two hours. The children were all healthy. Six were breech or foot presentations, and were delivered at periods varying from seventy minutes to two hours and a-half. The children were all healthy; the mothers recovered well. Of late years, in breech and foot presentations, as soon as the cord has become exposed to pressure, I have expedited delivery in the manner described in treating of placenta prævia, and can recommend that course with or without ergot. In 2 cases, craniotomy had to be performed. The forceps could not be applied, owing to a preternatural enlargement of the head from the presence of hydrocephalus.

Of the 104 cases, 7 were twins; thus 111 children were born. Of these, three, besides the craniotomy cases, were born dead; but not one death can be traced to the use of ergot. A remarkable point in the history of these cases is that there was no *post partum* hæmorrhage. The cases in which I administered ergot, compared with the whole number of midwifery cases which I attended, stand in the ratio of 1 to 25.

We have hitherto been advertising the virtues of ergot; let us now turn to its vices. It may be given too soon and too rapidly; and the effects on the patient in such a case, would be most distressing, and might entail on the administrator a loss of character and certainly of public confidence. It should never be given to save the time of the medical attendant. It should not be given in first labours, except by a person of great experience. It should not be given where there is a rigid condition of the os uteri while that rigidity continues. There are various other reasons for withholding, which I may notice in a future paper.

AMERICAN MEDICAL SCHOOLS. The winter campaign of our medical schools, hospitals, and medical societies, is now fairly under way, and promises to be a very active one, or as the phrase is, "sharp and decisive." The classes are larger than last year. (*Philadelphia Med. and Surg. Reporter.*)

Reviews and Notices.

TRANSACTIONS OF THE PATHOLOGICAL SOCIETY OF LONDON. Volume Sixteenth. Comprising the Reports of the Proceedings for the Session 1864-65. Pp. 291. London: 1865.

THIS volume, like its predecessors, consists of a series of notes on specimens exhibited at the meetings of the Pathological Society of London, arranged according to the organic systems in which they were found. In general, very brief outlines of the histories of the cases are given, with more detailed accounts of the pathological appearances; but in a few instances the subjects under consideration are taken in hand more elaborately.

Among the numerous interesting contributions recorded in the volume, may be mentioned, in the section on the Nervous System, three cases of encephalocoele in the anterior part of the skull, by Mr. C. Heath; a case of spina bifida (in an infant) in progress of spontaneous cure, by Dr. Playfair; gliomatous tumour of the brain in a child two years old, by Dr. W. Cayley; cases of cerebro-spinal meningitis, by Dr. Andrew and Dr. Burdon Sanderson; paraplegia after fever, occurring in India among men and horses, by Mr. Lockhart Clark; etc. In the next section, that on the Organs of Respiration, we find several illustrations of the use of the laryngoscope in diagnosis; an account of a specimen of Cornish miners' lungs, by Dr. Peacock; and other contributions to the pathology of grinders' and miners' pulmonary disease, by Dr. Greenhow. Under the head of Organs of Circulation, are a number of cases illustrative of congenital malformation and acquired disease; and a paper, by Dr. Peacock, on cancerous deposit in the heart.

Dr. Peacock relates the histories of two cases which had recently occurred at the Victoria Park Hospital; and comments on the records of forty-five cases, including the two just now referred to. These he divides into four classes. 1. Cases of primary cancer—the heart alone being affected. This condition is very rare, as in two instances only is the heart expressly stated to have been the only seat of the disease; while in seven others—some of which are imperfectly reported—no mention is made of the presence of the disease in other parts. 2. Cases—five in number, possibly six—in which the heart appears to have been affected concurrently with other parts, especially the adjacent organs. 3. Cases where cancerous disease of neighbouring parts involves the pericardium or large vessels. Of this condition, eight cases are noticed in the table given by Dr. Peacock; but he thinks it probably more frequent, as there are but few cases of cancer in these situations in which the parts about the heart are not involved. 4. Cases in which the cancerous deposit in the breast is secondary to disease in other parts of the body. Among the forty-five cases, twenty-one were of this kind; the organ originally affected being frequently at a distance. Thus, the original seat of the disease was, in seven cases, the abdominal organs; in three, the eye; in two, the breast and axillary glands; while the remaining cases were divided singly among various parts, from the face to the thigh. As to the kind of cancer, in

eight cases it is not mentioned; in seven, the disease is described as having been scirrhus; in four, melanosis; and in twenty-five (two primary), encephaloid. Other particulars are given in a table.

Among the Diseases of the Organs of Digestion, Mr. E. R. Bickersteth of Liverpool gives a case of meso-colic hernia. The patient died in the Liverpool Royal Infirmary of disease of the bladder and urethra, and the abnormal condition of the mesentery and intestines was only discovered at the *post mortem* examination. Dr. Murchison relates a case of hydatid tumour of the liver in a woman aged 31, successfully treated by simple paracentesis. A case of hydatid of the liver opening into the lung is also related by Dr. Julius Pollock; one of enormous accumulation of hydatids in the liver, by Dr. Gibb (for Dr. Logan); and one of hydatid tumour of the liver bursting into the bile-duct, by Dr. Murchison.

In the section on diseases of the Genito-urinary Organs, is a case related by Mr. Holmes, where, in an infant, the intestines formed a protrusion on each side of the middle line, the abdominal parietes being weak. No tumour pressing the intestines forwards could be detected during life; but, after death, the bladder was found to be formed of two sacs—one, representing the true bladder, hypertrophied to about three times the thickness of the natural organ; the other thin and membranous, of about the size of an ordinary infant's bladder, communicating with the former. The ureters were much distended and tortuous; and the kidneys were absorbed by pressure, especially the left. Mr. Partridge gives an instance of that rare condition—transverse hermaphroditism—met with in a child five months old, who died of pleurisy. The appearances presented during life are described in the fifteenth volume of the Society's *Transactions*; and after death the following state of the parts was noted.

"The nymphæ, or what represented them, were very much smaller than in a female child. . . . Besides the orifice leading to the bladder observed during life, another very minute aperture was discovered just below it, communicating with a tube or cavity situated beneath and parallel to the urethra, but having no communication with it. This cavity, which appeared to end in a *cul-de-sac*, was probably the remains of the uro-genital sinus. At the extremity of this sinus was a body resembling a prostate gland, in the upper part or base of which the two vasa deferentia, with some vaguely formed vesiculae seminales, merged; whether they actually opened into the prostate or into the uro-genital sinus could not, owing to the minuteness of the parts, be determined. Both testicles, with their epididymes, were observable in the upper part of the (apparent) labia; and from each emerged a vas deferens, which descended into the pelvis in the normal manner, and terminated as already described. On the right side there was a congenital hernia."

Drs. J. W. Ogle, Marion Sims, and Graily Hewitt give a report on a supposed case of inverted uterus removed by the *écraseur*; and in conjunction with this is quoted from Dr. Gooch the history of a case of inverted uterus removed by ligature—the specimen, which is preserved in the museum of St. George's Hospital, being also exhibited at a meeting of the Society, for the purpose of comparison. The morbid specimen specially reported on was sent by Dr. Slayter, of Halifax in Nova Scotia, and was supposed to consist of an inverted uterus. The

reporters, however, came to the conclusion that it was a large fibroid tumour, of a polypoid form, with which had been removed a portion of the uterus about an inch long—probably the whole of the fundus between the origins of the Fallopian tubes.

In the section on Diseases, etc., of the Osseous System, Mr. Teevan gives a paper on sections of skulls, to show the incorrectness of applying to the inner table the expression "*Lamina vel tabula vitrea*". He states, as the reason why the inner table is more damaged than the outer by foreign bodies, that "the aperture of entry is caused by the foreign body only, whilst the aperture of exit is larger than the aperture of entry, inasmuch as it is made by the penetrating instrument *plus* the fragments of bone driven out of the proximal table and diploë." He shows also that a bullet, passing through both sides of the skull, makes the aperture on the side where it leaves the skull smaller in the inner table than in the outer one. He says also, that the fact of the internal table being sometimes alone fractured by violence applied from without is no proof of its being specially brittle; and gives an experiment to show that, by a blow given with slight force on the inside of the skull, fracture of the external table may be produced without any fracturing or fissuring of the inner. There is also a pathological specimen confirmatory of this idea.

"In Guy's Hospital Museum, there is the calvarium of a man who committed suicide by shooting himself. The bullet entered the skull in the right temporal region, traversed the brain and its membranes, struck the inside of the left part of the frontal bone, and remained imprisoned in the cranial cavity. At the spot, on the inner surface of the frontal bone, where the bullet struck, there was a black mark, but no fissure nor fracture; but at the corresponding point outside there was a starred fissured fracture of the external table only."

The correctness of the reason generally given for the more extensive splintering of the inner table was several years ago called in question by Mr. Erichsen, in his *Science and Art of Surgery*. He states that he does not consider the greater brittleness of the inner table to be the only cause.

"I should rather attribute it to the direction of the fracturing force from without inwards causing a certain loss of momentum in passing through the outer table. . . . A few years ago, a man was brought to University College Hospital who had committed suicide by discharging a pistol into his mouth and upwards through the brain. The bullet had perforated the palate, and passed out at the upper part of the cranium, near the vertex. On examining the state of the bones, it was found that the outer table of the skull was splintered to a considerably greater extent than the inner one, shewing clearly the influence of the *direction* of the fracturing force. I have since found, by experiment on the dead body, that this is most generally the case when the blow is struck from the inside of the skull outwards."

Mr. Thomas Smith gives a remarkable case in which several congenital deficiencies of bone were met with in the skull of a child $4\frac{1}{2}$ years old. Of these deficiencies—which were not connected with encephalocele, nor in the situation of the fontanelles—one was a hole, measuring three inches by two inches, in the right side of the occipital bone, slightly encroaching also on the parietal bone; another,

nearly circular, having a diameter of two inches, was situated in the right parietal bone close to the sagittal suture; and the third, oval in form, and measuring two inches by one inch, was in the front part of the left parietal bone, just between the temporal ridge and the sagittal suture. The openings were filled up by a firm fibrous structure.

Numerous other interesting cases are given under the heads of Diseases of the Organs of Special Sense, the Ductless Glands, the Skin, etc. The entire number of contributions recorded in the volume is one hundred and eighty-six, many of which, besides those which we have specially mentioned, are of great interest. There appears to be no sign of falling off in the number of specimens exhibited to the Society, nor in their value as contributions to the study of pathology. In general, however, as has always been the case from the formation of the Society, their interest is structural rather than functional.

ON THE CURE OF CLUB-FOOT WITHOUT CUTTING TENDONS; and on certain New Methods of Treating other Deformities. By RICHARD BARWELL, F.R.C.S., Assistant-Surgeon Charing Cross Hospital, etc. Second Edition, greatly enlarged. Pp. 231. London: 1865.

THE first edition of this book appeared in 1863; and in this the second edition, Mr. BARWELL has carefully revised what he previously wrote, without, however, in any way modifying the opinions expressed by him in opposition to tenotomy, and in support of the treatment of deformities of the foot by other mechanical means. He has also added two chapters; viz., on Infantile Paralysis and on Deformities of the Toes. In the chapter on Talipes Calcaneus, he introduces an account of a deformity which, he says, is not described by English writers. He calls it Talipes Cavus, because of the hollowed shape of the foot; it might, however, he observes, be equally well called "*arcuatus*" or "*perarcuatus*".

"The foot is bent; that is, the tarsus is flexed in itself, and, on closer examination, it will be perceived that this bend affects the posterior much more than the anterior part of the foot; in fact, the calcaneum has dropped, and the patient, instead of walking on what ought to be the lower part of the heel, walks on its normally posterior aspect. The outline of the back of the leg, from the bend of the knee downwards, is very nearly straight. . . . On directing our attention to the anterior part of the foot (that which lies in front of the medio-tarsal joint), we see that it is also bent down; this bend, however, is but slight, and on manipulating the foot the surgeon will find that even a small amount of pressure will restore it to its proper position in regard to the bones of the leg and astragalus." (Pp. 161-2.)

Mr. Barwell has seen two instances of this deformity; and says that cases apparently referable to his description have been described by M. Bouvier of Paris and M. Duchenne of Boulogne.

The illustrative cases, instead of being, as in the first edition, placed in an appendix at the end of the book, are in the present one interspersed through the volume in their proper places. The author has increased the number of woodcuts; and has also added several photographs, of which he says that they illustrate his meaning perfectly well, but that many of them are, as photographs, bad. Several of them

are decidedly very unsatisfactory as works of art—especially the first in the frontispiece, which is scarcely even intelligible.

Mr. Barwell deserves the best thanks of the profession for bringing before them the results of his continued observations on deformities of the foot.

ON FLOODING AFTER DELIVERY, AND ITS SCIENTIFIC TREATMENT, with a Special Chapter on the Preventive Treatment. By LUMLEY EARLE, M.D., Obstetric Surgeon to the Queen's Hospital, Birmingham, etc. Pp. 244. London: 1865.

IN this little work, Dr. EARLE treats, in eight chapters, of the important subject of Flooding after Delivery.

The first chapter is occupied with some general remarks on the conditions under which *post partum* hæmorrhage occurs, its results, etc. The author, while pointing out the gravity of the accident, takes occasion to observe that, although he has himself met with some of the worst cases that could occur compatible with life, he has never yet lost a case; and he makes this remark, not for the purpose of boasting, but of encouraging the obstetric student.

"On the one hand, I wish his mind to be thoroughly imbued with the grave importance, both to life and health, of this obstetric complication, that he may see the necessity of making himself master of the subject in all its bearings; on the other hand, I wish him clearly to understand that prompt and efficient treatment will, in the majority of instances, end successfully, that in the hour of danger he may not lose that presence of mind which is so essential to enable him to act with energy and judgment." (Pp. 9-10.)

Dr. Earle very judiciously recommends a second opinion to be called for in cases of severe hæmorrhage.

In the second chapter, the Signs and Symptoms of uterine hæmorrhage are fully described; and the proper means of ascertaining the amount of loss of blood that may be going on are pointed out.

In the third chapter, the author speaks of Preventive Treatment. He believes that a great number of cases of flooding arise from want of proper management on the part of medical men. "Flooding will be most frequent in the practice of medical men who trust too much to nature, or are, on the contrary, too meddling." He lays down a number of precautions as being necessary in the management of an ordinary labour, and gives full reasons in support of the proceedings which he recommends.

In the fourth chapter, he gives a general description of the Remedies which have been employed in cases of uterine hæmorrhage—viz., Pressure on the uterus; cold, applied externally and internally; ergot; introduction of the hand into the uterine cavity; the use of the catheter; administration of astringents by the mouth; compression of the abdominal aorta; opium; brandy; irritation of the heart; oil of turpentine; and galvanism. Under what circumstances the last of these are to be applied, he reserves for consideration until he speaks of the various causes of uterine hæmorrhage; holding that the same plan is not applicable in every case.

In the fifth chapter, the Causes, Diagnosis, and Treatment of Uterine Hæmorrhage before the Delivery of the Placenta are carefully described under

the following heads: Partial separation of the not morbidly adherent placenta, or of the morbidly adherent placenta; irregular contraction; inversion of the uterus; disruption of the placenta; and retention of the membranes.

In the sixth chapter, the author treats of Hæmorrhage occurring after the Removal of the Placenta, from inertia of the uterus; from distension of the bladder—which, though not described as such in obstetric works, he believes to be an occasional cause of flooding; from clots in the uterus; from cough; from large placenta; and from exertion.

In the seventh chapter, he describes more rare causes of flooding; e.g., rupture of the os uteri, or of a thrombus of the cervix; sloughing of the vagina; rupture of the perinæum; thrombus of the vulva; inflammatory ulceration of the cervix; purpura; constipation; and polypus or fibrous tumour.

The ninth chapter contains directions as to After Treatment.

Dr. Earle has evidently studied his subject in a most careful manner, and has made the best use of his own experience. His book is one which deserves to be read by all practitioners who are in the habit of attending cases of labour; as well as of being diligently perused by all students of midwifery.

OUTLINES OF ELEMENTARY BOTANY, FOR THE USE OF STUDENTS. By ALEXANDER SILVER, M.A., C.M., M.D., Assistant to the Professors of Materia Medica and of Medical Jurisprudence in the University of Aberdeen. Pp. 381. London: 1866.

THE curricula of our medical examining bodies allow to the student three months for the study of botany; but, up to the present time, though several excellent text-books on the subject have been published, there have been none which have presented the science, brought up to the latest period, in a concise and yet complete form. For those who wish to investigate the subject elaborately, there are the works of Professors Balfour, Henfrey, Bentley, and Lindley. Each of these has its special merits; and each, in its way, is a work of the highest authority. What Dr. SILVER has done, is to condense into a small compass the leading facts connected with physiological, structural, and systematic botany; presenting them in such a form that the student may easily comprehend them, and, having mastered them, may either content himself with having acquired a very fair knowledge of the science, or may proceed with a good groundwork to its study in larger works.

The book is divided into five parts.

Part I first contains a section on the Morphology of Phanerogamia, in which are described, in separate chapters, the root, the stem, the leaf, buds and veneration, the flower, prefloration or æstivation, the non-essential floral organs, the essential organs of reproduction, the fruit, and the ovule. Of each of these, and of their modifications, the structure is described; and lists of the official roots, leaves, fruits, etc., are given in the chapters describing each organ respectively.

The second section of the first part is devoted to the Morphology of the Cryptogamia.

In Part II, the first section treats of Physiological Anatomy, or Vegetable Histology. In this section, the author describes the cell in all its forms, its

changes, contents, and development: cells in combination, forming tissues; combinations of tissues, including the epidermis and its appendages, the phanerogamous stem—endogenous and exogenous, the root, the appendages of the stem, and the various parts of the flower.

In the second section are contained chapters on the chemical constituents of plants and their sources; the functions of cells and the elementary tissues; the physiology of the organs of nutrition or vegetation; the physiology of the floral envelopes; the functions of the reproductive organs; the physiology of the fruit and of the seed; and the phenomena of heat, light, and motion of plants.

In Part III, Dr. Silver gives a brief outline of Vegetable Nosology or Vegetable Pathology.

Part IV is devoted to Systematic Botany; and after some introductory remarks, includes a brief but sufficient definition of the various natural orders; the plants included in each which have been used in medicine or possess medicinal properties, being mentioned.

In Part v, the author gives an outline of Geographical and Geological Botany.

This outline of the contents of the book will shew that it is very comprehensive; and in it the author has placed before the student everything in botany that it is essential for him to know. We must not omit to add, that the utility of the index is increased by containing the Greek and Latin origins of all the technical terms.

ON THE MEANS EMPLOYED FOR CORRECTING THE INVERTED IMAGE ON THE RETINA OF THE EYE. By JOSEPH SWAN. Pp. 31. London: 1865.

THE means by which the inversion of the image on the retina is corrected in vision has long been a subject of debate among physiologists. Mr. SWAN, who is well known for his researches on the nervous system, believes that he has solved the problem; and in this pamphlet puts forth the ground on which he has arrived at his conclusions. He holds that lateral inversion is corrected by a crossing of the fibres through the optic commissure; and upright or vertical inversion by means of the oblique and arched fibres of the optic tract and thalamus. To understand his arguments thoroughly, a perusal of the work is essential.

ON THE SPEEDY RELIEF OF PAIN AND OTHER NERVOUS AFFECTIONS BY MEANS OF THE HYPODERMIC METHOD. By CHARLES HUNTER, Surgeon to the Royal Pimlico Dispensary, etc. Pp. 64. London: 1865.

TO Dr. Alexander Wood of Edinburgh is due the merit of having been the first, in this country, to direct the attention of practitioners to the advantages derivable in some cases from injecting medicines beneath the skin. The proposal, however, though made many years ago, seems to have met with but few followers; until within the last few years, when a fresh impulse has been given to it, and the idea held by Dr. Wood has been extended, by various practitioners in this country and on the continent; among whom Mr. HUNTER holds a prominent position. In this little work, he has collected, with additions, several papers on the subject published by him in the

medical periodicals, and has given an instructive outline of what is at present known regarding it. The Royal Medical and Chirurgical Society have appointed a committee to report on the merits of the hypodermic system of medication, and therefore it must still be considered to be *sub judice*. It may fairly be said, however, that up to the present time there appear to be good grounds for believing that it will prove a valuable addition to our therapeutic resources.

We commend Mr. Hunter's pamphlet to the perusal of the profession.

THE TREATMENT OF ENLARGED TONSILS AT ANY PERIOD OF LIFE, WITHOUT THE OPERATION OF EXCISION. By WILLIAM J. SMITH, M.B. Lond., Surgeon to the Islington Dispensary, etc. Pp. 55. London: 1865.

THIS book, Mr. SMITH states in the preface, is the first of a series which he intends to publish on the anatomy, physiology, and diseases of the tonsils.

The subject of the present work is Chronic Enlargement of the Tonsils. This Mr. Smith holds to be the local manifestation of a morbid diathesis—most probably the rickety. The greatest amount of enlargement, however, does not always occur at the period of maximum development of the rachitic diathesis; and this suggests to him “the possibility of the exercise on the part of the tonsils of a remedial function, whether eliminatory or elaboratory, as a result of which the diathesis in question ceases to exist.” In old and middle aged people, chronic enlargement of the tonsils has the same pathological relations as calcified and obsolescent tubercle: it points to a past diathesis.

The great object which the author appears to have in view in this book is to demonstrate that a cutting operation is not necessary for the partial or entire removal of enlarged tonsils. He lays it down as a general rule, that, the general health having been attended to, the tonsils should be partly or wholly removed in the following circumstances.

“1. In cases in which they impede respiration, and thus exert a pernicious influence on the formation and capacity of the chest.

“2. In cases in which they occasion frequent attacks of sore-throat.

“3. In persons—especially vocalists—whose voice is apt to become thick or to be temporarily altogether destroyed.

“4. In those who suffer from that particular form of deafness which is exclusively due to the existence of these glands in a condition of hypertrophy.

“5. In those in whom nasal respiration is difficult or impossible, and whose features, consequently, are liable to become deformed.” (Pp. 18-19.)

The mode of treatment which Mr. Smith recommends as being more effectual than any other which he has tried, including the application of nitrate of silver, etc., is the application of potassa fusa by means of an instrument which he describes. We should certainly have considered this a rather hazardous proceeding, on account of the deliquescent character of this caustic: but, although it may be attended with some apparent inconvenience, Mr. Smith seems to have made out a fair case in its favour. In his hands, the application of caustic potash to the tonsils appears to have been successful; but it is, we

think, scarcely necessary to point out to surgeons, who would try his plan, the necessity of proceeding carefully, and according to the directions which he has laid down.

British Medical Journal.

SATURDAY, DECEMBER 16TH, 1865.

FREEDOM v. LICENSE.

SOME acrimonious papers by Dr. Clay of Manchester, entitled "Ovariectomy and Ovariologists", but really consisting of a review of Mr. Spencer Wells's work on *Diseases of the Ovaries*, and written somewhat in a spirit of rivalry, appeared week after week last spring in the columns of the *Lancet*. These papers, and a letter from Mr. Spencer Wells in reply to some incorrect statistical statements of Dr. Clay, with other letters from Dr. Potter of Liverpool and Dr. Clay in reply, were published by our contemporary as "The Ovariectomy Controversy." In this "controversy", Dr. Clay made certain statements for which Mr. Wells demanded an apology; and as this was refused, he placed the matter in the hands of his solicitor. The result was, that Dr. Clay was bound by Judge's order to sign such an apology as should be agreed upon by Dr. Barnes, who was named as referee by himself, and by Dr. Jenner, the referee named by Mr. Wells. The following copy of their report has been sent to us for publication.

"We, the undersigned, being the arbitrators nominated respectively by Mr. T. Spencer Wells and Dr. Clay, and appointed under Judge's order dated June 29, 1865, have, in consultation, examined and considered the publications complained of by Mr. Wells as being libellous against him, and the documents bearing on the matter.

"Before entering upon this investigation, we, in compliance with the terms of the Judge's order, obtained the assent of James Paget, Esq., F.R.C.S., to act as umpire in the event of our differing in judgment.

"Having fully considered the matter referred to us, we are of opinion that the defendant, Dr. Clay, has exceeded the bounds of fair criticism in the publications complained of, and that he ought to make an apology to Mr. Wells in the following terms.

"I, Charles Clay, M.D., defendant in the case Wells v. Clay, acknowledge that, in the statement and inferences contained in an article published by me in the *Lancet* of February 25, 1865, I exceeded the bounds of fair criticism. I especially admit that I was not justified in putting forth the following paragraph, which contains the passages complained of by Mr. Wells.

"In this case Mr. Wells did not misrepresent my diagnosis, but did worse; he knew it, as well as those that were with him, but he omitted it altogether. My opinion was this: 'On no account seeking operation. If ever I saw malignant disease, this is a case; and if operated upon must terminate speedily in death.' I was earnestly pressed to operate; but, though a splendid fee would have resulted, I persevered in my refusal,

and the fee went into Mr. Wells's pocket. I never regretted my portion of the transaction. I never will operate on a case decidedly hopeless. I will have a prospect of success before I begin; and no fee shall ever tempt me without such a prospect in view. In this case Mr. Wells held out hopes from an operation. It was done, and she died in a few hours after.'

"I am now satisfied that Mr. Wells did not know my opinion respecting the case, nor that I had refused to operate, and that, therefore, the imputation that he had improperly suppressed my opinion is groundless. I freely admit that Mr. Wells was induced to operate believing that there was a reasonable prospect of success, and that he was quite justified in forming that opinion. Further, if the words I used seem to imply that Mr. Wells's object in operating was to obtain a fee, I assure him that they were not intended to bear that meaning; and I am very sorry that I used language which could be so interpreted. Finally, I hereby express my conviction that Mr. Wells behaved throughout in an honourable manner to the patient, her family, and medical attendants, and in all respects in accordance with the rules of professional etiquette and right conduct; and I now make this statement, intending it to be a full retraction of the matter complained of, and trusting that Mr. Wells will accept it as an ample apology for my error.

"ROBERT BARNES, M.D.

"WILLIAM JENNER, M.D.

"November 22, 1865."

Dr. Clay having signed this apology on Dec. 5th, there is no further remark to make upon the matter. An apology given and accepted, the "controversy" is at an end so far as the disputants are concerned. But the part which the *Lancet* has played cannot be called fair. It is not necessary for us to say, how carefully the journalist should guard himself against admitting personal attacks upon any one. We may, therefore, well express surprise that Dr. Clay was permitted to use the columns of the *Lancet* for the purpose of accusing Mr. S. Wells of deliberately and unnecessarily operating on a patient for the sake of a "splendid fee". Such a charge is one of the gravest possible character. If made, it should be substantiated by such crushing evidence that, on the force of it, the guilty man should be put upon his trial for manslaughter or murder. If, on the contrary, it is not supported by satisfactory proofs, the publication of such a charge is an outrage not only on the character of the practitioner against whom it is directed, but also on the honour of the whole body of the medical profession.

Now, as Dr. Clay was allowed through the columns of the *Lancet* to disseminate a charge (which he acknowledges to be groundless) against Mr. Wells among his medical brethren, surely the very least it could have done in reparation would have been to make some attempt to let all those who had read the very libellous accusation know that it had been made without foundation. Yet all that it has hitherto done, has been to insert a paragraph, regretting

"That personal matters affecting Mr. Spencer

Wells should have been introduced by Dr. Clay, and that they should have escaped our notice, and thus appeared in print. Our pages are freely open to Mr. Wells for any statement he may think it advisable to make. With this, we must leave the discussion of personal matters to Dr. Clay and Mr. Wells."

By this, the *Lancet* leaves the impression that both parties in the discussion were equally open to blame. When a journal, whether knowingly or unwittingly, has allowed itself to become a vehicle for attacks upon the personal and professional character of a medical man, every sense of right and justice tells us that when the error is proved, the journal is bound to make the fullest reparation in its power for the grievous injury and injustice which it has inflicted. Above all and especially is an influential medical journal, which professes to support the honour of the profession and the welfare of its individual members, bound to do this. It owes the reparation to the whole profession, as well as to the injured medical man.

CHOLERA CURES.

THE papers tell us that Professor Tommasi of Naples has been employing in cholera one of the remedies recommended by the *Times*, subcutaneous injections of quassia! And that M. Rubio has obtained very satisfactory results from hypodermic injections of essential oil of mustard. In Spain, some doctors have employed as a cure ligaturing of the limbs "to intercept the circulation and preserve the animal heat"; a practice described by *Siglo Medico* as a grand discovery. In Constantinople, *L'Union Médicale* informs us that one of the remedies used by the doctors is to make the patient drink his urine when vomiting and diarrhoea begin. Another remedy highly praised by Signor Bruno, is what may be called the bellows-cure—the poking the nozzle of a bellows into the mouth or oesophagus of the patient and so insufflating him; the theory being that the cholera victim is dying for want of air. The quassia experiments are not spoken of by those who made them with any sanguine feeling; but then they console themselves with the reflection "that it is premature to form any opinion of experiments made on the decline of an epidemic."

A medical man, writing at Naples, says:

"The malady is rapidly on the decline, though I fear we shall not get entirely rid of it for a long time to come. On the whole, we have not suffered so much as the filth and conglomeration entitled her to. The more I see of the disease the more certain I am that its ravages might be entirely prevented by a house to house visitation, and an early treatment of premonitory symptoms. As to the treatment, this epidemic has again taught us nothing; many old remedies have been brought up anew, and puffed, such as quinine and quassia injections, chlorodyne and opium; but the result has been the same as in other epidemics—about 40 or 50 per cent. of mortality of the declared cases, while the mortality from subse-

quent typhoid fever has been the greatest in those cases that have been treated by violent remedies, and chiefly by opiates and alcoholic stimulants. The disinfectants used chiefly have been sulphate of iron for the excreta, while the rooms, bedding, furniture, etc., have been fumigated with chlorine gas. In the military hospitals the rule has been that no one left the hospital (of the medical and other attendants) before having remained a few minutes in a room exposed to these fumigations. The exemption of Sicily (and of Rome) up to the present time is certainly in favour of the complete *excommunicatory* system; but then, again, on the other side, Leghorn and Genoa have been exempted, though a quarantine of only a few days was insisted on. In addition to this, it may be observed that the islands in the Bay, which, from their position, are cut off from close communication with Naples, have not been afflicted except in one or two cases, which were evidently carried over from the city."

Our readers will note in the above a confirmation of the views of Dr. G. Johnson. We are told that "the mortality from subsequent typhoid was greatest in those cases that had been treated by violent remedies, and chiefly by opiates and alcoholic stimulants."

CLAUDE BERNARD ON MEDICAL STATISTICS.

CLAUDE BERNARD, in his *Introduction à l'Etude de la Médecine Expérimentale*, just published, gives us his views as to the value of statistics in medicine. The opinions of such a man on such a subject will interest most of us.

There are (he says) political, social, and medical theorists among whom statistics have a sort of mysterious veneration. Everything can be proved by statistics. It is a convenient way of getting rid of troublesome facts and of presenting hypotheses in an imposing form. Thus, when the number of pulsations are measured by an instrument throughout the day, and an average is taken of the varying numbers, "on aura précisément des nombres faux." The figures are exact, the average is an error, for it represents no actual condition. The pulse diminishes during the intervals of fasting, accelerates during digestion, and varies continually according to other influences, such as movement and repose; all these biological peculiarities disappear in the average. In like manner, when averages are struck from calculations respecting secretions, there is a mingling together of the most varying conditions; a secretion which is alkaline at one moment is acid at another; in the average it appears a compound of the two. When a physician collects a number of cases and from them draws up a description which represents the symptoms on an average, he describes that which never existed in nature.

This error of averages is strikingly exhibited in the various theories of food propounded by physiologists. The amount of oxygen, or any other substance, consumed by an animal in one day is estimated and compared with the weight of the animal; but the weight represents a total of various substances with which the oxygen has very various relations, some of them being totally unaltered by the oxygen, others profoundly affected by it. In like manner, a poison is estimated according to the amount required to kill an animal of a certain weight.

"Il faudrait pour être plus exact calculer non par kilo du corps de l'animal pris en masse, mais par kilo du sang et de l'élément sur lequel agit le poison." But even then the mere weight tells us little. Other conditions interfere, and these, which vary with the age, size, sex, state of digestion, etc., of the animal, determine the effect of the poison.

Obviously, the first condition of statistical comparison must be that the facts compared are exactly observed and are capable of being reduced to unities comparable with each other. How often is this condition present in medical statistics? Every one familiar with hospitals knows what numerous causes of error have vitiated the reported "cases." Very often the diseases have been named at hazard after a superficial diagnosis; and even when the cases have been carefully examined, no two precisely resemble each other; age, sex, temperament, the complication of other diseases, and a crowd of circumstances interfere; and if this is so with two cases, how much more will it be with a hundred! The average is supposed to eliminate all these differences; but whenever the physician has a case before him, that case is individual, not an average; its peculiarities are not eliminated, yet on its peculiarities must depend the effect of his treatment.

M. Bernard reminds us that it is only when the cause is quite undetermined that any one thinks of applying statistics. No one enumerates cases in which oxygen and hydrogen compose water; no one counts the number of times in which division of a nerve paralyses its muscles. It is only when the cause is unknown that cases are counted, and then the enumeration throws no light on the conditions. For example: some experiments showed that the anterior roots of the spinal nerves were insensible; other experiments showed that they were sensible; would it have thrown any light on this difficulty to say that the law of sensibility in the spinal roots is that of 25 per 100? Or ought we to invoke "la loi des grands nombres," and say that the roots are as often sensible as insensible? It would be absurd. There is obviously a reason why they are sensible, a reason why they are not, and it is these reasons we are to discover.

A great surgeon performs an operation many times; he then gives a tabular statement of the cases which have been fatal and the cases which have been successful, and statistically concludes that the mortality of this operation is two in five. What will this tell us respecting the certainty of the next case? We cannot know whether it will be one of the two or one of the three. We ought to know what are the conditions which will range it infallibly under one or the other head. Instead of an idle enumeration, we should make a fruitful study of each special case, and discover, if possible, the cause which renders the operation fatal. The same reasoning applies to curative remedies. A certain remedy has in twenty instances been followed by a cure; in seven instances no cure has been effected. You will say, perhaps, that there is twenty to seven in favour of success. Not in the least. You do not know how many of those twenty patients would have recovered had there been another remedy tried, or no remedy at all; you do not know what was the precise action of the remedy, what changes it effected in the organism, what its effects will be on the organism now about to be submitted to it. As a great mathematician observed, "La loi des grands nombres est toujours vraie en général et fautive en particulier." And as to the "compensations which bring about the law," they are useless in medicine. Mathematicians admit that if a red ball has come up fifty times in succession, that is no reason why the white should come

up on the fifty-first; the white ball is certain to come up some time or other, but its appearance depends on specific conditions which have nothing to do with what has gone before.

Is there, then, no utility in statistics? M. Bernard is far from saying so. He admits that statistical results lead to probabilities and suggest research; but he protests against the idea that medicine must be only conjectural. He insists on the necessity for a scientific basis, and declares that every method of treatment which is not grounded on a clear recognition of the causal connections between agents and the organism is mere empiricism, not much removed from charlatanism. "Les médecins en général semblent croire qu'en médecine il y a des lois élastiques et indéterminées. Ce sont là des idées fausses qu'il faut faire disparaître si l'on veut fonder la médecine scientifique. La médecine, en tant que science, a nécessairement des lois qui sont précises et déterminées, qui, comme celles de toutes les sciences, dérivent du critérium expérimental."

LAST week, during the examination for the Licence of the Royal College of Physicians, Dr. Storrar and Mr. Caesar Hawkins attended as delegates from the English Branch of the Medical Council.

THE Commander-in-Chief has, we hear, done the Venereal Commission the honour of appearing before it to give evidence. His evidence is said to be in favour of the regular examination of both soldiers as well as prostitutes, as a prophylactic remedy for venereal disease. How far the sentiments of the country generally have advanced towards the acceptance of a legalised system of prostitution, we have yet to learn. That public health and public morality are somewhat at issue in such a system is evident enough. Their reconciliation remains to be settled; and perhaps the Venereal Commission may have satisfactorily arranged the discrepancies between the two apparently opposing facts. The other point is a still more difficult one, if we understand it aright. It is the proposal that the soldier, as well as the prostitute, shall regularly undergo examination to show his freedom from venereal affection. At what rank in the service the examination is to stop, we do not know; whether it is to be limited to the privates, or extend up into the higher branches of the military hierarchy. Another question also will be here raised: How will military surgeons approve of the business, should they be called upon to perform it; viz., of regularly passing in review the condition of the soldier in this delicate particular? We apprehend that not many of our medical brethren would care to accept the appointment of regular examiner to a house of prostitution; and, for a similar reason, we suspect that the medical army officer may take a moral objection to the business involved in what, as we understand, may be a part of the proposal of the Venereal Commission.

Our readers may remember the ridicule which, day after day, was let loose in the *Times* upon the report of M. Béhic, the French Minister of Agriculture, etc., at the time when the Rinderpest was breaking upon us. M. Béhic accepted the teachings of science, and adopted measures in accordance with them. In fact, the decree of the Imperial Government was founded on the report of M. Bouley, the veterinary surgeon. At this very critical moment, the *Times* patronised the quacks and ridiculed M. Béhic and the men of science. Now, however, at last, comes the condemnation of the criminal ignorance of the *Times* and the justification of science. In its own pages we read that

"In a report, M. Béhic, the Minister, expresses his satisfaction at the success of the measures adopted, pursuant to the decree of September 5th last, for the prevention of cattle disease in France. Owing to the conduct prescribed to the Prefects, the disease, which had been imported into the Nord from Malins, the loss incurred in preventing its propagation in the two departments, the Nord and the Pas de Calais, was insignificant—being, in fact, only 43 infected animals slaughtered—when compared with the ravages in England and Holland. M. Béhic bestows much praise on the French Diplomatic and Consular Body, the Prefects, Sub-Prefects, mayors, veterinary surgeons, landowners, and the Custom-house officers for their zeal and activity in carrying out the wishes of the government from the first appearance of the disease."

Two gazelles imported from England for the Paris Zoological Gardens have, it is asserted by authority, conveyed the Rinderpest into France. In consequence of this, the prohibition is extending to the importing of all "quadrupeds, exotic or indigenous, with the exception of horses, asses, mules, and dogs."

"The disease broke out among the animals in the zoological gardens of the Bois de Boulogne. The gazelles died of the disease and communicated it to six zebras, who were immediately killed and buried deep under ground. Measures have been adopted, under the direction of M.M. Bouley and Reynal, of Alfort, to arrest the progress of the disease."

M. LIEBREICH's invitation to the Imperial *fêtes* at Compiègne appears to have excited some little jealousy amongst his Parisian *confrères*. We read in *L'Union Médicale*:

"The fact of a foreign doctor having been invited to Compiègne has been much talked about. One journal tells us that he has even had the honour of singing before the august assembly there. Ah! those sons of *Æsculapius* who, true sons of Apollo, know both how dexterously to use the cataract-needle and their vocal chords, are not to be trusted. Gifted with a happy privilege of dexterity of hand and larynx, they carry all before them. Why do not our students cultivate the charming art? Orfila was the first *basso cantante* of Europe; Bérard a charming tenor; Dr. H. a baritone who could stand by the side of Faure; Dr. X. a tenor of force; and Dr. A. V. a powerful basso. Why should we have to regret these men of the past—regret that doctors are no longer faithful to the worship of Apollo?"

THE LATE PETER ROSCOW, ESQ.

Our Association has sustained a great loss by the death of Mr. Peter Roscow, who died at Folkestone on November 28th, aged 31. He was born at Haslingden in Lancashire, where his father, a man of considerable talent and greatly respected, passed the laborious life of a medical practitioner in the manufacturing districts, and died at an early age, leaving a family of ten children almost unprovided for. Being one of the youngest of the children, Peter Roscow was deprived of the educational advantages which had been afforded to his elder brothers. His early education was simply that of the village school. He received his first professional training at the Manchester School of Medicine, and, during his attendance there, contrived, by saving from his small allowance for board and lodging, to acquire sufficient means to obtain some instruction in Latin. From Manchester he came to London, and entered at St. Bartholomew's Hospital; and, becoming M.R.C.S. and L.S.A. in 1845, was engaged as an assistant by an able and well known practitioner, Mr. Peck of Newmarket, whose practice afforded a large and varied experience.

In 1847, Mr. Roscow commenced practice at Folkestone, which was then not much more than a fishing town; and, with little encouragement and delicate health, toiled patiently on until the town became much known and frequented as a watering-place.

From this time his success was assured. Brought into contact with many of the leading physicians and surgeons of the metropolis, his talents and skill were at once appreciated, and his practice rapidly increased.

Mr. Roscow was remarkable for the warm feelings of confidence and friendship with which he inspired his patients, the greater number of whom were of high position and intellectual attainments; and such associations necessarily tended to the cultivation of a mind full of taste for learning and literature, and of the utmost liberality of opinion. As a practitioner of medicine, Mr. Roscow's talents were of the highest order. His independent judgment and quiet self-reliance kept him free from the trammels of routine; and, with the firmest faith in the beneficent tendency of Nature's laws, he watched the course of disease, always to the advantage of his patients. His own life was one of much bodily suffering; and nothing was more remarkable than the manner in which this was borne, so as to interfere as little as possible with the fulfilment of duty to others. His earnest wish had been, that he might be permitted to work "to the end"; and this prayer was granted, for he steadily and efficiently pursued his calling up to within three weeks of his death.

One of our most eminent physiologists and surgeons, whose friendship, extending over a period of twenty years, was ever warmly acknowledged as among the cheering influences of Mr. Roscow's life, thus writes of him. "He had one of the clearest intellects and the most resolute wills that I have ever known in our profession; and I believe, if he had had good health, few would have attained a higher position in it."

B. L. B.

Progress of Medical Science.

SURGERY.

CANCER OF THE TESTIS IN CHILDREN. Cancer of the testis, says M. Guersant, is not very rare in children. Many authors have described cases; and he has met with at least a dozen in very young children, even at birth or at the age of a year.

Pathological Anatomy. The tumour is, as in the adult, scirrhous, often encephaloid; colloid or fibroplastic tumours are also sometimes met with. A testis removed by M. Guersant was found to be three times the normal size; it was smooth and soft, and presented to the eye the appearance of a firm white tissue, resistant at some points, having a lardaceous aspect. In other cases, there was a soft, rose-coloured, almost diffident encephaloid substance, interspersed with small blood-vessels, and readily breaking down under the fingers. The tunica albuginea appeared healthy under the microscope. There were also fibroplastic nuclei and cells of irregular form and granular aspect, lying here and there among the tissue. Some red points formed by extravasated blood were also seen; no seminiferous vessels could be found. M. Guersant has not seen ulceration of the scrotum in such cases; but examples have been recorded. Nor has he met with chimney-sweepers' cancer, which, he says, is more common in England than among the French. On *post mortem* examination of children who have died from a recurrence of the disease, he has found cancer in the lymphatic glands; sometimes also in the mesenteric glands, liver, etc.

Causes. The causes of cancer in children are perhaps still more obscure than in adults. Cancer of the testis has been seen in children whose parents have not had cancer; hence the disease cannot be said to be hereditary in all cases. The violent bruising of an organ may sometimes cause its degeneration; and thus, if a child's testes became cancerous after a contusion, it might be admitted that this circumstance acted as a determining cause on a predisposed organ.

Symptoms. These cancers pass unperceived in their commencement. Children are often brought to the surgeon as soon as an enlargement of the scrotum is detected, which has already lasted some time; it may therefore be said that the disease at first appears in the form of a painless tumour either on the right side or on the left. When an examination is made, there is found a rather heavy elastic tumour having twice the ordinary size, or more, of the testis; there is generally no change of colour in the skin; the venous circulation is slightly modified; and, in most cases, the scrotum is not adherent to the tumour. The tumour is easily felt separate from the spermatic cord, on which it drags more or less; it is at a considerable distance from the inguinal ring, and generally has a round, sometimes knobby, shape. M. Guersant has in general not found the tumours to be uneven, but other surgeons have done so. When the disease is recent, the glands in the groin are not engorged, and the cord is healthy; there is in general no fluctuation unless hydrocele be present. When, however, there is encephaloid disease of the testis, there is a feeling of softness which may be confounded with fluctuation; but the tumour is not transparent.

The diagnosis is sometimes difficult. If an exploratory puncture be made, little or no fluid escapes, and the instrument cannot be moved about freely.

Cancer of the testis, which is generally not nodulated, as are tuberculous tumours, is diagnosed from

tumours met with in children who present other signs of tuberculosis, by the circumstance that, in the latter, the integument is adherent at a point corresponding to the softened tubercle; and that a more or less considerable projection exists, in which the surgeon can recognise fluctuation arising from the presence of pus. Inflammatory engorgement of the testis has a rapid development and progress; while cancer is indolent for a longer or shorter time. The presence of cancer might be obscured by a hæmatocele, and only discovered on operating; when it would be for the surgeon to avoid interfering with the disease of the gland, and, if possible, to relieve the hæmatocele alone.

The prognosis is as unfavourable in children as in adults. Of six patients operated on by M. Guersant, one, a child 18 months old, died of convulsions three days after the operation; he lost sight of one; and in the four others the disease has returned, either in the inguinal or in the deeply seated abdominal glands.

Treatment. At first, especially if the diagnosis be doubtful, the preparations of iodine may be tried internally and externally. If this treatment succeed, the disease has probably been of scrofulous or tuberculous nature. In cases of cancer, castration is always necessary. In performing castration in children, M. Guersant makes an incision at the back of the scrotum, and prolongs it to the bone, unless it be necessary to remove a portion of the scrotum on account of the ulceration and adhesion of the testis. In this case, an oval piece of integument must be removed. When the organ is laid bare, the cord is isolated and cut across, the artery being tied separately, or the whole cord together with a double silk thread drawn very tightly. If any arteries besides the principal one be wounded, they must be tied separately, and the ends of the ligatures must be brought to the lower part of the wound, whither they will serve to conduct the pus. Three or four points of suture must then be applied; the scrotum enveloped in a fenestrated piece of linen covered with cerate, over which is placed some lint; and the whole must be kept in place by a suspensory bandage. To prevent inflammation, the dressing may be moistened with cold water; care being taken not to abruptly leave off this application, lest reaction set in and erysipelas appear. M. Guersant renews the dressing daily for some days; leaving only the sutures, which are withdrawn as cicatrization advances. In those patients of M. Guersant who recovered, cicatrization was rapid; suppuration was slight; and there were scarcely any constitutional symptoms. A return of the disease, however, occurred in every case of which he has been able to learn the subsequent history. (*Bull. Génér. de Thérap.*, 15 November, 1865).

LARGE HYGROMA OF THE FOOT. A girl, aged 15, of slender build, who had not yet menstruated, came under the care of Dr. J. F. Heyfelder of St. Petersburg, on account of a swelling on the dorsum of the right foot. It had appeared, without evident cause, six years previously, and had remained painless, but had increased in size until it extended from the tendo Achillis along the outer side to the phalanges of the toes, covering in the third, fourth, and fifth metatarsal bones. At first, the swelling presented the appearance of enchondroma, but was soft and fluctuating. It could be forcibly pressed and moved without pain; it did not impede the use of the foot, but prevented the patient from wearing a boot of ordinary shape. Dr. Heyfelder concluded that the tumour was a hygroma. On introducing a trocar, there escaped a somewhat turbid thick fluid, the flow of which was obstructed through the blocking up of the cannula by some small granular bodies. These were

removed, and many were driven out, with the fluid through the cannula by moderate pressure. It was found, however, that the tumour was only partially emptied; some cysts remaining distended, and refusing to yield up their contents when pressure was applied. Examination with a probe discovered a septum, which had to be divided before the other divisions of the swelling could be emptied. Dr. Heyfelder divided the inner septa in various directions by means of a long slightly curved knife, enlarging at the same time the external opening. By moderate pressure, the remainder of the contents of the swelling—a fluid of the thickness of honey, with granular bodies—was discharged. A mixture of tincture of iodine, iodide of potassium, and water, was injected; and a cure was produced in fourteen days. (*Berliner Klinische Wochen.*, 7 August, 1865.)

HYDATID CYST OF THE LIVER: PUNCTURE AND INJECTION WITH IODINE. Madame M., married, having previously enjoyed good health, began at the age of 23 to feel occasional pains in the right side. The attacks of pain soon became more frequent; and ten blisters were applied in succession. At the same time, tincture of iodine was painted over the painful part, but without any improvement. A tumour had been detected in the hepatic region, the growth of which, though slow, was in time accompanied with difficulty in walking, short and difficult respiration, frequent indigestion, and occasional nausea after taking food. Menstruation became irregular; and within two years the patient had two abortions.

On her admission into hospital under the care of M. Demarquay, on May 8th, 1865, four years after the commencement of her illness, the whole of the right side of the abdomen was found to be hard on palpation. By percussion, it was found that the liver had not risen higher than its normal position; but below there was absolute dullness extending as far as the median line and the antero-superior spine of the ilium. The right side of the abdomen projected very slightly more than the left. The tumour was painless; no hydatid *fremissement* could be detected. The diagnosis made was, hydatid cyst connected with the lower surface of the liver. On May 9th, about two quarts of clear fluid were let out by an exploratory puncture; examination of the fluid confirmed the diagnosis. On May 11th, Vienna paste was applied to the most salient part of the swelling, nearly midway between the false ribs and the crest of the ilium. This application was daily repeated; but in a few days, as the Vienna paste seemed to act too slowly, caustic potash was substituted. On June 1st, the cyst burst spontaneously, and discharged two quarts of a reddish fluid. Tincture of iodine was injected into the cavity through a gum-elastic catheter. In the afternoon, the patient had rigors and rather severe fever, with bilious vomiting; but these symptoms ceased in the evening. The injection was repeated the next day, without a recurrence of the symptoms. On June 3rd, when the catheter was removed, there appeared at the aperture of the cyst a white mass, which was the *débris* of a large hydatid that had lined the whole interior of the sac. The opening was slightly enlarged with a bistoury; and tincture of iodine, largely diluted with water, was injected, with the object of cleansing the cyst, and favouring the expulsion of hydatids. After this, the injection of dilute tincture of iodine was repeated from time to time, and the contents of the cyst were gradually evacuated. In the beginning of August, the patient had an attack of pneumonia at the apex of the right lung; this, however, soon disappeared, and the patient's state continued to improve until August 19th, when she was discharged cured. M.

P. Boucher, who reports the case, observes that, in the treatment of hydatid cysts of the liver, the following appears to be the line of practice indicated. 1. If it be necessary to make an exploratory puncture for the purpose of diagnosis, a large quantity of the fluid contained in the cyst should be allowed to escape. 2. A large opening should be made by the daily application of caustic; incision of the eschar being avoided. 3. A catheter should be retained in the aperture, so as to allow the escape of pus and the frequent washing of the cyst. 4. Tincture of iodine should be injected, to modify the internal surface of the tumour. 5. The patient should be supported by a strengthening diet. (*Gaz. Médicale de Paris*, September 16, 1865.)

NASO-PHARYNGEAL POLYPUS. A young man, aged 29, came under the care of M. Michaux with an enlargement of the right side of his face. Above and below the right malar bone were two tumours; the upper, as large as a pigeon's egg, filled the temporal fossa; while the lower was larger, and was situated in the cheek. There were also slight exophthalmia and complete obstruction of the nasal fossa on the right side; and the mucous membrane of the right cheek projected inwards, so as to receive the impression of the molar teeth. The palatine arch had its normal form and consistence. The pharynx was considerably narrowed, its posterior wall being pushed forward by the vertebrae. It being uncertain where the tumour was implanted, M. Michaux performed the following operations in succession: 1. Resection of the periphery of the sphenopalatine canal; 2. Resection of the wall between the antrum of Highmore and the nasal fossa, after opening the antrum; and 3. It being considered certain that the principal insertions of the tumour were in the pharynx, resection of the tuberosity of the maxilla and of the pterygoid process. In spite of these partial resections, the roots of the tumour could not be destroyed, and M. Michaux was obliged to remove the whole of the maxilla. The operation was attended with considerable hæmorrhage from the roots of the polypus and from the internal maxillary artery; this was, however, arrested by the actual cautery. On the fourth day after the operation, in place of the cavity left by the removal of the maxilla, there was found a round tumour of the size of a large nut, of which the nature could not be determined. After the tenth day, hæmorrhage occurred from the tumour on four occasions at intervals of a few days, and was arrested by astringents and coagulants. The tumour still remained. It was situated on the right of the pharynx; had the size of a large nut; was smooth and whitish on the surface; was soft, compressible, and somewhat fluctuating. By pressure, a beating isochronous with the pulsation of the radial artery was perceived, and the tumour could be nearly emptied, refilling on the removal of the finger. It was evidently an aneurism. M. Michaux injected it with perchloride of iron; and, as hæmorrhage continued after the withdrawal of the syringe, a plug dipped in the perchloride was pressed on the tumour for some time, with the effect of arresting the bleeding. The perchloride of iron was also applied for several days. The greater part of the tumour sloughed away; and perfect cicatrization had taken place when the patient left the hospital. Ten months after the operation, the patient was in perfect health. M. Michaux has also met with another case in which two small sanguineous cysts were developed in the pharynx two years after the removal of polypus from that region. (*Bulletin de l'Acad. Roy. de Méd. de Belgique*; and *Gaz. Méd. de Paris*, October 21, 1865.)

Reports of Societies.

MANCHESTER MEDICAL SOCIETY.

OCTOBER 4TH, 1865.

W. WHITE, M.D., in the Chair.

Zonular Cataract. Dr. LITTLE showed with the ophthalmoscope a well marked case of zonular cataract, and made some remarks on the diagnosis of different forms of the disease.

Entropion. Dr. LITTLE also showed, for Mr. Thos. Windsor, a severe case of entropion of both eyes, with firm adhesions to the eyeball and consequent blindness. By great care the adhesions had been dissected off, and a good amount of vision restored.

Lymphatic Leucocythæmia. Dr. THORBURN showed a specimen of this disease—the lymphæmia of Virchow. The glands of nearly the whole lymphatic system were affected. The spleen was not enlarged when the patient first came under observation, but was latterly becoming so.

Dyspepsia. Dr. BROWNE read a paper on dyspepsia. His main object was to prove that a satisfactory division might be made between the oral, gastric, and duodenal forms of the disease, as affecting the digestion of the amyloid, albuminous, and fatty constituents of the food respectively. By means of such a division, he maintained that a much greater accuracy might be attained in the diagnosis, prognosis, and treatment of dyspepsia. Dr. Browne entered into a full exposition of the symptoms of each form, as distinguished from the others. His paper will be published in full.

NOVEMBER 1ST, 1865.

W. ROBERTS, M.D., in the Chair.

Exophthalmic Goitre. Mr. THOMAS WINDSOR showed a well marked case of this disease.

Phimosis of Eyelids. Mr. T. WINDSOR also showed a photograph of a case of congenital phimosis of the eyelids, on which he was about to operate.

Fistula Lacrymalis. Mr. T. WINDSOR also showed two or three cases of this disease, illustrating its successful treatment by closure of the sac.

Hydrocele. Dr. BROWNE showed a specimen of encysted hydrocele, with hour-glass contraction at the ring, and containing a small amount of blood. The case was mainly interesting from the difficulty of diagnosis caused by the presence of a pelvic abscess which had been evacuated at the opposite side.

Short Forceps in Midwifery. Dr. HARDIE read a paper suggesting a much more frequent use of the forceps in natural labour. He quoted several of the standard works to show that it is advised to abstain from the use of the forceps till formidable symptoms are setting in. This he considered was due to a certain timidity, not very well defined, but carefully handed down from teachers to pupils, and pervading those without the profession also. The author believed that the forceps is a safe, efficient, and admirable adjuvant in ordinary practice, and recommended its use whenever there is the slightest hindrance to the speedy completion of the second stage of labour. In his own practice he allowed, generally speaking, about half an hour for this purpose; and, if it appeared that it would not be immediately accomplished, he at once applied the forceps. He has thus used them, with invariably good result, in 1 out of every 3½ cases. He combated the idea that

labour, in a civilised community, should be considered as a purely natural process; and that it should not be assisted by art when this can safely be done, just as we are in the habit of assisting other natural processes. He believed that civilisation had modified the conformation of the pelvis and the size of the child's head, and also the capacity to endure the prolonged suffering of childbirth.

A spirited discussion ensued, in which all the speakers were agreed, although they might not go the same length with Dr. Hardie, that the forceps might safely and usefully be employed very much more frequently than is advised in almost any of the standard works on midwifery.

EPIDEMIOLOGICAL SOCIETY.

MONDAY, DECEMBER 4TH, 1865.

PETTENKOFER'S THEORY ON THE MODE OF PROPAGATION OF CHOLERA. BY HERMANN WEBER, M.D.

THIS paper was based on Professor Max Pettenkofer's last publication on the subject, "*Ueber die Verbreitungsart der Cholera*" (*Zeitschrift für Biologie*; Jahrgang, 1865, p. 323).

With regard to the question of contagiousness, Pettenkofer believes that the disease is propagated by human intercourse, and never without this; not by simple contact with the diseased or their excretions, according to the old theory of contagion, but by means of certain local accessory causes contained in the soil. Temperature, wind, moisture or dryness of the atmosphere, and elevation of ground, are all not essential for the epidemic occurrence of cholera, although they may, under certain circumstances, exercise great influence on its course. The only indispensable conditions are, human intercourse yielding the germ in the excretions of cholera patients, and the soil developing this germ into activity.

The qualities of the soil considered as necessary for the development of the cholera-germ are—1. That it be porous—i. e., permeable to air and water; 2. That water exist in a certain depth below the surface (ground-water or subsoil-water); and 3. That the soil be to some degree impregnated with the products of organic decomposition, especially those of excrementitious origin.

Respecting the first condition, Pettenkofer, and the members of the Bavarian Commission for the Investigation of Cholera in 1854, have found, without a single exception, that the soil in the towns and villages epidemically affected with cholera was porous; while localities built on impermeable rock were either entirely spared, or, at all events, exhibited only isolated cases. Several apparent exceptions were, on closer examination, found to confirm the law. The well known researches of Boubé and Fourcault are in accordance with this law.

With regard to the presence of ground-water or subsoil water (landspring—"Grundwasser"—the first stratum of water reached at a certain depth below the surface, between about five and fifty feet), Pettenkofer points to the fact, generally acknowledged, that the cholera spreads with predilection along the course of rivers and in hollow situations; but he regards the water of the soil underneath the habitations as much more important than that of the more or less distant river; and maintains that, as a rule, those localities suffer more from cholera which lie nearer to the level of the ground-water, the distance of which from the surface may be regarded as depending on the first impermeable stratum of the soil. The fall of the impermeable stratum may be parallel to that of the surface, but is more usually not; if the former be greater than the latter, then elevation

means greater distance from the ground-water, and probably greater immunity from cholera, but not otherwise. The level of the ground-water in the same locality may vary considerably in the same year and in different years; and on this fluctuation the varying degree of susceptibility of the locality for the cholera epidemics seems to depend. Under equal circumstances, the rise of the ground-water will cause a greater susceptibility by moistening a higher stratum of the porous soil, which is generally more impregnated with organic matters the nearer it is to the surface. It is the period of receding of the ground-water from its greatest elevation which is most dangerous. As this occurs usually in July, August, and September, cholera usually makes its greatest ravages at that period; but the unfavourable condition of the soil may, through unusual circumstances, occur in winter instead of in summer; and cholera epidemics may, as experience shows, occur in the midst of a Russian winter.

With regard to the cholera-germ itself, Pettenkofer assumes it to be contained in the intestinal excreta of cholera patients; but believes that it cannot produce cholera by itself, but must first undergo some change under the influence of the susceptible soil, and thus become developed. This interchange between the cholera-germ contained in the excreta and the soil may, he suggests, either take place in the soil, and the developed germ may be thence inhaled or otherwise introduced into the body, or it may take place within the human body itself, the product being the active germ.

Pettenkofer adds hygienic suggestions for the prevention of epidemics, based on his views.

Dr. WEBER remarked that these views, though not yet altogether proved, were in accordance with the best ascertained facts, and deserved to be tested without loss of time. He added, that the observations of the position and fluctuations of the ground-water might lead to other important discoveries, and alluded to the researches of Professor Buhl of Munich, according to which the death-rate from typhoid fever in Munich was in intimate relation to the varying elevation of the ground-water in that town.

WESTERN MEDICAL AND SURGICAL SOCIETY.

FRIDAY, NOVEMBER 3RD, 1865.

M. BAINES, M.D., Vice-President, in the Chair.

MR. ROUSE gave a series of cases illustrating the changes which take place in the fundus of the eye, the result of Progressive Myopia.

CASE I. A girl aged 18, came in January last to the Ophthalmic Hospital. She had noticed myopia for six years; it had increased much within the last few months. She had tension in the left eye, with rings of light passing before the eye towards night, and obscure pain in the globe. The ophthalmoscope showed well developed crescentic posterior staphyloma on the outer side of the optic disc, between which and the yellow spot, was great hyperæmia of the retina, also increased vascularity of the optic disc. Purgatives, blisters, cold douches, and omission of reading and needlework, removed the symptoms without increase of the staphyloma.

CASE II. A female, aged 25, had always (within memory) been myopic, and had used her eyes much for fine work. The right had been becoming worse more than five years, but during the last six or eight months so much so, that she could not see to work. She saw floating spots and flashes of light. The

ophthalmoscope showed a small white optic disc, a well defined staphyloma, and small yellowish white patches with pigment spots scattered over the fundus.

CASE III was that of a myopic lady with cataractous left eye, and history of pain, flashes of light, and muscæ of many months' duration. The examination of the eye showed staphyloma, with congestion of the whole fundus and optic disc. The globe was rather tense, and there was some ciliary neurosis. Leeches, blisters, and purgatives relieved the tension and hyperæmia, but the flashes and muscæ still appeared from time to time.

CASE IV. A woman, aged 40, of anxious temperament, found the sight of the right eye to be affected three days before she presented herself, and in a few hours it was quite gone. Her myopia had always caused her to hold her work four inches from her eyes; her sight was so acute that she was employed for the finest work. There was very little pain. On examination, one-half of the retina was found separated from the choroid, quite concealing the yellow spot and three-parts of the optic disc. In the left eye there was a small hyperæmic optic disc, but no posterior staphyloma. She was free from any organic disease of the viscera. Blisters and the iodide of potassium in two weeks removed most of the fluid. The detached retina was lying in a sort of fold. This patient is still under treatment, with, as yet, little improvement of vision.

Mr. Rouse said all symptoms in myopia should be attended to. It was an error that a near sight is a strong sight, and will improve. He showed that glasses were needed, and gave rules for their use. An occasional leech to the temple, purgative, and complete rest in a darkened room, were all useful. Paracentesis might be required. Myopic patients should not hang their heads down.

Dr. BAINES gave a case of Delayed Parturition in consequence of enormous Distention of the Uterus from liquor amnii.

Mrs. C., pregnant for the first time, had enormous distension of the abdomen; an opinion was given upon examination, that twins were present. Labour began on September 29th, 1864. When examined, the membranes were ruptured. Much liquor amnii had escaped. The os uteri was one-third open, and the head presented. The pains were slight; the progress little. The next night—twenty-four hours afterwards—the os was dilated, and the head occupied the outlet of the pelvis, but made no progress. The pains ceased, and as they could not be excited by ergot or other means, the child was delivered by the vectis. Much liquor amnii had escaped, but the abdomen was not sensibly diminished. The head of a second child was then detected likewise in a large bag of membranes. No pain coming on, and the patient being excited, the membranes were ruptured, and a bandage applied. The head then came down to the outlet, and the vectis was again employed as there were no pains; a double placenta followed; the patient did well.

The distension of the uterus was, without doubt, the cause of the delay; and although the course pursued in the delivery of the second child differed from the usual rule, Dr. Baines felt justified in not waiting longer than an hour, the experience of the first delivery having shown how paralysed by distension the uterus was. Should turning have been adopted with the second child? Considering the ease of the first delivery by the vectis, and that the head was presenting, Dr. Baines preferred the vectis.

Correspondence.

DR. JOHNSON'S VIEWS OF CHOLERA.

LETTER FROM PAUL W. SWAIN, ESQ.

SIR,—Having finished the perusal of the papers on Cholera by Dr. George Johnson, I cannot refrain from offering to that gentleman, through you, my individual thanks, for the lucid and masterly exposition which he has presented to the profession.

I do not hesitate to avow that, amidst the whole literature of cholera, I know of no work which puts the phenomena of the disease so completely within the grasp of the understanding.

I agree with him most completely in his theory of collapse, and the deductions which he draws from it; and having myself gone through the ordeals of the epidemics of 1832 and 1849, I hope I shall not be deemed presumptuous in laying before your readers a few reminiscences which seem strongly to confirm Dr. Johnson's views on the treatment of the disease. In the epidemic of 1832, the disease was so new to us that we had no very fixed views about it; and I remember that the extremes of stimulation, narcotism, and depletion, were all tried in turn. We had no cholera hospital; and my own experience was confined to the paupers in and outside the Workhouse, and the few private patients I then had. We suffered severely; but not so heavily as in the epidemic of 1849, when the three towns of Plymouth, Devonport, and Stonehouse, and the immediate neighbourhood, lost about 2000 patients.

At that time I was, in conjunction with my friend Mr. May, the surgeon to the Devonport Cholera Hospital, which was a large wooden building situated on one of the bastions of the ramparts. We had under us three junior surgeons, who took turns of eight hours each to watch the patients. We soon found that the opium treatment did no good; and I at once gave as a reason, that it was contrary to common sense to administer a narcotic drug to a patient already dying of a combination of asphyxia and black blood poisoning. One practitioner (now dead) pushed his opium treatment to an enormous extent; giving two, three, and even seven grains, at short intervals. Most of the cases that he sent into the hospital died.

The plan we adopted was to give a hot air bath, to stimulate the epigastrium, and to have two grains of calomel dropped on the tongue by one of the juniors every hour. We gave no stimulants in collapse; but allowed as much cold water as the patient chose to drink. Outside the hospital, two out of three in collapse died; within it (and of course they were the worst cases), two out of three recovered. We found that when green bile appeared in the stools, the patients generally got out of the state of collapse. Now I doubt not that the large quantity of calomel administered in these cases acted much in the same way that castor oil does, according to Dr. Johnson's theory; and certainly nothing was more clear than that attempts to suppress the discharges by opium and astringents were entirely useless. Salivation was seldom produced; and, as far as I can recollect, that peculiar typhoid state which followed the rally out of collapse was less severe and fatal in the calomel cases, than in those which were treated by the astringent and stimulating plan. Mr. May and myself treated many cases in private practice on the same plan, and with as much satisfaction.

During the prevalence of the epidemic, there were some curious and powerful examples of the effects of inhaling choleraic vapour. Several washerwomen

died immediately after washing cholera garments. One especially I recollect, who lived in the village of Tamerton, five miles from Devonport. She washed for a family in Devonport, whose chief member was taken off by the disease. The clothes were sent to the village; and the washerwoman died in a few hours after standing over her washing-tray. There had been no cases in the village previously; but immediately afterwards ten or twelve made their appearance. Now, we lost none of our washerwomen in the hospital; and I attribute our exemption to our not allowing anything to be washed until it had lain a day or two in a vat full of solution of chloride of zinc.

In the epidemic of 1832, we lost two doctors, one in Plymouth and one in Devonport; but in 1849, we all escaped, though I myself had regular dysentery. In fact, there were many cases which took on the form of dysentery and died of it without any regular collapse. There were also many deaths among persons who had attended the funerals of their relatives; and some within a few hours of clearing out drains, etc. In one night, we lost the chairman and two other members of our Board of Commissioners (or Guardians). The effect was a sudden energy exhibited by the Board in voting all the requisite funds for medical attendance and hospital accommodation; for which the doctors had been in vain seeking, but had been constantly told that they were alarmists. With all our energy, however, beginning as it did only with the outbreak and not in anticipation of it, the disease had nearly disappeared by the time our plans were in perfectly good working order.

Such, sir, are a few of my recollections of those bad times. Most of them are suggested by the bearing they seem to have on Dr. G. Johnson's opinions; but if, at a future outbreak of cholera, any hint may be taken from such random reminiscences, this lucubration of mine will not have been penned quite abortively.

I am, etc.,

PAUL WM. SWAIN.

4, Park Place, Stoke, Devonport, Dec. 2nd, 1865.

THE ELIMINATIVE CURE OF CHOLERA.

LETTER FROM GEORGE JOHNSON, M.D.

SIR,—If you think, as I do, that the readers of our JOURNAL would be interested in the enclosed letter from Mr. Startin, you will perhaps insert it, and so give them an opportunity of reading it.

I am, etc.,

GEORGE JOHNSON.

11, Savile Row, December 6th, 1865.

11, Savile Row, Dec. 6th, 1865.

"My dear Sir,—I have been much edified and instructed by your papers in the BRITISH MEDICAL JOURNAL, on the Pathology and Treatment of Cholera, as they have given a rational explanation of a treatment I have adopted, with very constant success, for the relief of diarrhoea and cholera, since the year 1827. At that time, when a student at St. Bartholomew's, I was visiting a general practitioner residing in Spital Square (Mr. Newton); and one day in autumn, seeing his counter loaded with filled bottles looking like infusion of roses, I found that he was treating an epidemic diarrhoea by means of this medicine, containing from five grains to one drachm of sulphate of magnesia in each dose; this, he told me was, in his experience, far superior to the ordinary routine of chalk-mixture, opium, and astringents; and that he always administered Epsom salts and acidulated infusion of roses after each morbid evacuation, until the secretions assumed a healthy character; when, if the pain and tenesmus continued, he gave the acid without the salts, adding occasion-

ally a little ginger, kino, and a few drops of laudanum; though this, he observed, was very rarely needed, if the patient was seen at the commencement of the attack. I can assure you that my experience has quite verified Mr. Newton's observations; and during the epidemics of 1849 and 1854, there was a large consumption of these simple remedies at the Hospital for Skin-Diseases, Blackfriars, which was then open to all applicants suffering from diarrhoea; and the institution and remedies obtained much notoriety amongst policemen and others, who had seldom occasion to make a second application. The treatment is epitomised in two mixtures of the Skin Hospital Pharmacopoeia, designated "Mistura acida purgans" and "Mistura acida cum opio"; and is still in constant use for the ailments in question.

"I may mention also that, some years ago, I gave these formulæ to Captain Woolley, who commands the mail steamer *Atrato*, to St. Thomas and the West Indies, where diarrhoea and dysentery used sometimes to decimate his crew; and he informs me, that he has found them of nearly unfailing efficacy, and that they have been the means, he believes, of saving numerous valuable lives, both amongst the passengers and the crew of his ship.

"If you think, as I do, that these facts corroborate your views, that the natural method of cure in cholera is the eliminative, pray make what use you please of this letter, and believe me, my dear sir, always,

"Yours faithfully, "JAMES STARTIN.

"Dr. George Johnson."

PALE ALE AND DIGESTION.

LETTER FROM J. J. GODFREY, ESQ.

SIR,—The data given by Dr. Munroe, from which he draws the inference that a glass of pale ale impedes digestion, are hardly such as to satisfy the exact demands of scientific investigation.

Will Dr. Munroe permit me, in the friendliest spirit, to remark, that (putting on one side the question as to the amount of alcohol absorbed from the stomach) no trustworthy deductions as to the effects of diluted alcohol taken with food can be drawn from experiments in which the quantity of alcohol added to the artificially digesting matter does not bear a tolerably similar proportion to them, as the quantity of alcohol (say the amount contained in ten or twenty ounces of beer) taken with an ordinary meal bears to the contents of the stomach at that time.

In the second experiment, the addition of two drachms of spirits of wine to a mixture of four ounces of gastric juice and half an ounce of food, simply imitates dram-, or rather double dram-drinking. To equal this, four ounces at least of undiluted brandy would have to be taken with one's dinner.

It is difficult to see the point of the third experiment, unless the stomach be looked on as a miniature bitter beer brewery in partnership with Allsopp. The amount of alcohol here is out of all proportion to the digesting contents. Reckoning it at half an ounce (Lankester), to alcoholise the contents of the stomach to the same degree during a fair dinner would require at least a quantity equivalent to three-quarters of a pint of brandy. The most unblushing toper will hardly contend that digestion would proceed comfortably under these circumstances.

From my own experiments, I am led to believe that the effect of a given (moderate) quantity of alcohol on artificial digestion depends, to a great extent, on its degree of dilution.

On this subject, Dr. Brinton says: "The effect of alcohol is also regulated by its amount and concen-

tration. Diluted, it seems to have no chemical action whatever. In larger quantities, as before mentioned, it precipitates the pepsine. And in still greater excess, it permanently destroys all its digestive energy." (*Diseases of the Stomach*, p. 32.)

I am, etc.,

J. J. GODFREY.

Cleobury Mortimer, Salop, Oct. 11, 1865.

CAROTID ANEURISM AND THE WIRE-COMPRESS.

LETTER FROM JOHN DIX, ESQ.

SIR,—“When an obscure practitioner cuts off a leg or an arm in the ordinary way, he has no pretext for sounding his little trumpet; while, if he deviate from established usage and run counter to sound surgical principle, he may send the result to a learned society, or even have the happiness of seeing his name fairly printed in the newspapers.” Thus writes, on the 29th November, Professor Syme of Edinburgh.

On the very next day, I, “an obscure practitioner,” happily ignorant of this impending fulmination, did rashly “deviate from established usage and run counter to (Syme's) sound surgical principle” in an important surgical operation.

Having to deal with a case of aneurism of the carotid, the artery was secured, not by a ligature “in the ordinary way,” and according to “established usage,” but by the “Wire Compress”—a modification of Simpson's acupressure—devised and described by me some three years ago.

A ligature applied in such a case, cuts off the supply of blood to the brain suddenly and at once; often with disastrous consequences. It remains dangling in the wound for two or three weeks, exciting and keeping up suppuration. It ulcerates through the artery, and opens its blood-channel, at great risk of secondary hæmorrhage.

By the wire, obstruction to the circulation was gradually effected; the flow of blood was not completely cut off till the third day. On the sixth day, the wire was removed. Meanwhile, it had not interfered with the wound, nor damaged the coats of the artery.

To-day, the tenth from the performance of the operation, the man is convalescent, and might leave his bed. The wound is all but healed; the aneurism is cured, and rapidly disappearing; the artery is obliterated but not severed; and bleeding is impossible.

This I consider a very satisfactory case; and shall forthwith make it a pretext for “sounding my little trumpet.” I shall probably “send the result to a learned society”; but I shall not advertise my name in the local newspapers.

I am, etc.,

JOHN DIX.

Hull, December 9th, 1865.

BEING FUMIGATED. The steamer *Atlanta* still remains at the lower quarantine at New York, but the government has given orders to send the *Illinois* down to receive the steerage passengers. Their clothing will first be placed on board this vessel and thoroughly fumigated with chlorine gas. The passengers themselves will have to submit to a personal fumigation with bromine and nitrous acid gas. Among the steerage passengers of the *Atlanta* several cases of diarrhoea broke out during the past week, one of which ended in collapse. Dr. Sayers is of opinion that the immunity from infection enjoyed by the cabin passengers of the *Atlanta* is due to the fact that since the vessel's arrival in this port the cabin has been daily fumigated with bromine gas. (*New York Times*.)

WILLIAM J. STORER, the surgeon's assistant who was some time ago committed to prison on the charge of poisoning Miss Emily Blake at Salisbury, committed suicide a few days ago by drowning himself in a warm bath.

TRICHINA DISEASE. The trichina disease continues its ravages at Hadersleben, Prussia. Several persons who had partially recovered have had a relapse and have died suddenly of pulmonary paralysis. The deaths from this disease at Hadersleben and its environs now amount to 65. In the workmen's barracks, out of 27 patients, 24 died. Physicians have arrived from all quarters to study this new and terrible distemper.

TESTIMONIALS. A purse of 190 guineas has been presented to Dr. Smith and Dr. Lowe of Edinburgh, as a mark of sympathy felt by their professional brethren for the painful and unjust prosecution to which they have been subjected in the case of Mr. Mackintosh.—Mr. Walter Rivington has just been presented by several students at the London Hospital with a handsome clock, "in grateful appreciation and remembrance of his services as Demonstrator of Anatomy during the winter session of 1864-5".

SYPHILISATION. Professor Boeck is about to return home after a stay of four months in London, during which he has practised inoculation as a method of cure in a series of syphilitic patients under the care of Mr. James Lane at the Lock Hospital. At the meeting of the Medical Society of London, George Street, Hanover Square, on Monday next at eight o'clock, Mr. James Lane will read a paper descriptive of the results obtained up to the present time, and Professor Boeck will be present on the occasion.

THE ULSTER MEDICAL SOCIETY. The anniversary dinner of this Society took place on the 7th instant, at Belfast. Twenty-four gentlemen were present. The chair was occupied by Dr. James Moore, the President of the Society, and the vice-chair by Dr. Thomas Reade. The usual loyal toasts having been given, those in immediate connection with the society's objects followed; of which were, "The Medical School of the Queen's College, Belfast, and the Queen's University in Ireland," "The Ulster Medical Society and Dr. Stephenson," "The Medical Benevolent Fund Society of Ireland," "The Memories of Professor J. C. Ferguson and Surgeon Aicken" (drank in solemn silence); "The Belfast Medical Charities, etc."

CHARITY GONE MAD. Last month, considerable interest was elicited by the departure of the twenty consumptive invalids selected to winter in the genial climate of Madeira. The news of their safe arrival and a few particulars, will be scarcely less interesting. The steamer *Maria Pia*, whose second cabin was filled by the patients, arrived at Lisbon on the 13th. They left the Tagus on the 15th, and arrived at Madeira on the 17th. On the arrival of the steamer, Captain Erskine and Dr. Brandt came on board, received the patients with all possible kindness, and accompanied them to the Sanatorium. The invalids were visited the same evening by the Bishop of Sierra Leone, who read a portion of Scripture, and offered up a beautiful thanksgiving prayer for their safe arrival in Madeira. The accounts of the patients' health were favourable. Although there had been the average amount of sea-sickness, no spitting of blood had resulted from it; but, on the contrary, it was considered that the voyage had done them all good, and cleared their complexions. The superintendent says:—"The walls of the Sanatorium are hung with most beautiful paintings; the furniture is first class, and nothing is wanted in that line. I

consider, jointly with my fellow-patients, that our Sanatorium would not disgrace any merchant as a residence." Prince Alfred was in the island when the mail left, and it was expected that His Royal Highness would visit the Sanatorium during his stay.

ASSAULT ON A REGIMENTAL SURGEON. A general court-martial at Chatham last week was engaged in the trial of Private Daly, 40th Regiment, on the charge of having violently assaulted Surgeon-Major H. M. Webb, M.B., attached to the staff of the 2nd Depot battalion at Chatham, while engaged in the performance of his medical duties. The crime of assaults on the part of soldiers on medical officers has very much increased of late, and during the last few months no less than five courts-martial have taken place at Chatham on soldiers charged with similar offences. There is another soldier awaiting his trial by general court-martial for an offence of the same kind, to which the attention of the authorities at the Horse Guards is just now being seriously directed with the view of discovering the causes of such insubordination. The Court, after fully investigating the particulars of the outrage on Surgeon-Major Webb, found the prisoner Guilty.

PHYSICAL EDUCATION. Our boys and girls who grow up in large cities are sadly in need of a thorough system of physical training, which shall expand the lungs, strengthen the limbs, and give the muscles a chance to grow, by a freer circulation of the blood through the veins and arteries. The air which our innocents must breathe in a large city is bad enough. But when, after the child has reached the years of school-room discipline, to the physical impurities of city life are added six or seven hours' daily session in a crowded school-room, and several hours of study at home, it is not to be wondered why at the end of such juvenile mal-training, our young men and women are anæmic, nervous, and weak of muscle—physically and morally arrived at premature old age. We have repeatedly, and for years, advocated a complete change in our present system of public education. It is crowd-poisoning physically, and crowd-poisoning mentally. Our school-rooms, as a rule, are neither sufficiently large nor comfortable, nor at all built with a view to thorough ventilation. Just as the rule seems to be, to crowd the largest number of pupils into the smallest possible space, so the plan of instruction is to force as many and different studies at the same time, to the utter neglect of all sound pedagogic rule, and to the great disadvantage of a really sound and rational development of the pupil's mind, and acquisition of real knowledge. It seems, however, that occasionally our school authorities and the people are getting alarmed at the want of common sense which characterises their proceedings, and laudable efforts are made to change a state of things, for which there is really no excuse. At a recent meeting of the Board of School Controllers of Philadelphia, the question of introducing physical exercise in the schools was introduced; and a committee recommended the instruction of a sufficient number of teachers, not only in the exercise of light gymnastics and calisthenics, but also in the theory and principles of their application. They believed that such teachers would soon themselves be able to impart information, and before long, generally will be able to take charge of their respective classes. These recommendations, with others to the same purport, were adopted—not, however, without some opposition. One of the members of the board was afraid that too many new things were being introduced, and the scholars would be crowded in their studies. (*Philad. Med. Reporter.*)

ABSORPTION OF VAPOURS BY CHARCOAL. Mr. Hunter has found that the dense carbon obtained from the shell of the cocoa-nut is pre-eminently endowed with the power of absorption. The saturation-point of the carbon is diminished by increase of temperature; and of all the vapours examined, that of methylic alcohol is the most freely absorbed. Dr. Stenhouse, who has paid attention to the practical use of charcoal as a means of purifying air, has always found the dense varieties of charcoal to be the most effective, on account of the smaller size of their cavities.

A PRACTICAL JURY. At an industrial exhibition recently held at Vienne (Isère) a variety of artificial legs, constructed on an entirely new principle, were exposed to view. The jurors whose duty it was to decide on the comparative merits of the instruments were much perplexed. At last they bethought them of assembling half-a-dozen Crimean and Mexican *amputés* and starting them over a half-mile course equipped with the rival legs. The prize is stated to have been won by an *invalid*, both of whose legs had been taken off at the knee, but who, nevertheless, went over the distance in nine minutes.

THE TOUGH AND THE TENDER. In the army and among returned soldiers I have noted one fact in particular somewhat at variance with the usual theories. It is that light-haired men, of the nervous, sanguine type, stand campaigning better than the dark-haired men, of bilious temperament. Look through a raw regiment on its way to the field, and you will find fully one-half its members to be of the black-haired, dark-skinned, large-boned, bilious type. See that same regiment on its return for muster out, and you will find that the black-haired element has melted away, leaving two-thirds, perhaps three-fourths of the regiment to be represented by red, brown, and flaxen hair. It is also noticed that men from the cities, slighter in *physique*, and apparently at the outset unable to endure fatigue and privation, stand a severe campaign much better than men from the agricultural districts. A thin, pale-looking dry goods clerk will do more marching and starving than many a brawny plough-boy who looks muscular enough to take a bull by the tail and throw him over a staked-and-ridered fence. (*American News.*)

CHLOROFORM AND ETHER. Dr. Gross, in his *System of Surgery*, after a careful review of the relative value of ether and chloroform as anæsthetics, says that he has always preferred chloroform, believing it to possess decided advantages over ether, although its administration unquestionably requires greater care and attention. Among the more important of these advantages are, first, the more rapid manifestations of the anæsthetic action of the remedy, the system becoming affected much sooner as a general rule, than it does by ether; secondly, a smaller amount of laryngeal and bronchial irritation; thirdly, the more easy maintenance of the anæsthetic influence after the system has once been fairly affected; and lastly, the less liability to causing vomiting and other unpleasant consequences. Although he has given chloroform in several thousand cases, for the most trivial, as well as for the most severe and protracted operations, no death has occurred in his hands; and in the only two instances where he felt any serious alarm, the danger was occasioned, not by fault of the article itself, but by its injudicious administration. Dr. Gross believes that pure chloroform is an essential to safety. With regard to its mode of administration he prefers a napkin folded in the form of a cone. An empty state of the stomach is desirable, first, because if given soon after a meal it causes

vomiting; and secondly, a crowded condition of that organ materially interferes with the movements of the diaphragm. When the patient is feeble, or pale, or timid, it would be advisable to give him immediately before the operation, from half an ounce to an ounce of brandy, and the dose may afterwards be repeated if the effect is to be maintained for an unusual length of time. Dr. Gross insists upon some one being appointed to watch the patient during the inhalation. He also advises anæsthetics never to be given to females, except in presence of witnesses.

THE "SOCIAL EVIL" AND THE MILITARY AUTHORITIES. A few weeks since we published an extract from the correspondence of the *New York Times*, detailing the manner in which the military authorities at Nashville had dealt with prostitution. A similar experiment is being tried in Mobile, as will appear from the following extract from an order from the head-quarters of that district: 1. To mitigate the evils of prostitution, to prevent the increase of disease, and to provide proper medical attendance for such women as may be infected, it is ordered that a hospital for the care of abandoned women be established, under the direction and control of the medical director of this city. 2. Such a system of registration and examination will be enforced as will lead to the detection of disease, and all the staff departments connected with these head-quarters will afford every assistance in their power to facilitate the execution of this order. The sword not unfrequently cuts the knot over which wise and cautious minds have long laboured. The very thought of legalising such an horribly debauching vice is repugnant to all our moral feelings. It shocks all our sensibilities. But, looking at it, not from the stand-point of prejudice, but as physicians and philosophers, we may discuss the question whether, constituted as society is, the evil would not be diminished, if the law should recognise and regulate it. (*Philadelphia Med. and Surg. Reporter.*)

OPERATION DAYS AT THE HOSPITALS.

MONDAY.....	Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 9 A.M. and 1.30 P.M.—Royal London Ophthalmic, 11 A.M.
TUESDAY.....	GUY'S, 14 P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.
WEDNESDAY.....	St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.
THURSDAY.....	St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopaedic, 2 P.M.—Royal London Ophthalmic, 11 A.M.
FRIDAY.....	Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.
SATURDAY.....	St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.—Lock Clinical Demonstrations Operations, 1 P.M.—Royal Free, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY.	Medical Society of London, 8 P.M.—Mr. James Lee, "A Case of Abscess of the Pilon's Gland of the Scrotum by Dr. Jones, at the Lock Hospital."
TUESDAY.	Pathological Society of London, 8 P.M.—Anatomical Society, 8 P.M.—Statistical.
WEDNESDAY.	Geological.
THURSDAY.	Barometrical Society of London, 8 P.M.—Mr. Sedgwick, "On the Influence of Atmospheric Pressure on the Form of the Earth."—Lancet, 8 P.M.—Chemical.

TO CORRESPONDENTS.

* * * *For communications for the Journal, to be addressed to the Editor, at, Great Queen St., Lincoln's Inn Fields, W.C.*

COMMUNICATIONS.—To prevent a not uncommon misconception, we beg to inform our correspondents that, as a rule, all communications which are not returned to their authors, are retained for publication.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

THE GRIFFIN TESTIMONIAL FUND.—**SIR:** The following subscription has been further received on behalf of the above Fund:—
Jas. Crisp, Esq., Chippingham, per Dr. W. H. Colburn, 5s.
Amount previously announced, £193: 7: 3.

I am, etc., **ROBERT FOWLER, M.D.,**
Treasurer and Hon. Sec.

145, Bishopsgate Street Without, December 15th, 1865.

POOR-LAW MEDICAL REFERENCE.—**SIR:** Will you oblige me with space to lay before the profession generally, an artful and obscure circumstance. At a meeting of the Guardians of the Chester-le-Street Union, on the 7th ultimo, the Chairman asked me if I knew anything about a "letter" which appeared in the *Lancet* and *British Medical Journal*, December 2nd. I denied all knowledge of it. The clerk being requested to read it, I at once recognised it to be a copy of one written by me to Mr. Griffin, of Weymouth, that gentleman having thought proper to send it for publication without my knowledge. I do not complain of Mr. Griffin in his anxiety to benefit the profession; but I feel sorry that any "letter" written by me should have reached you for publication without my name being subscribed. I have a great dislike to see statements made, and the "author" of them skulk behind the screen. Had it not been for the honourable conduct of the Chairman, who brought the case before me, I should not have known they were in possession of any "medical news" whatever. I must confess I felt ashamed for the apparent duplicity of my conduct; but I am doubly more for the *profession* and *profession* who could cast his "profession" adrift, and show up Mr. Griffin's weakness, in order to have a shot at both guardians and medical officer. The question arises—Has every Board in the kingdom been favoured with a copy of these papers? If not, what a wonderful hit some individual made when he forwarded the copies to this Board. It could not be to help Mr. Griffin's labours; because his statement is that he is powerless, unless the profession come forward and assist him. It is a sad state of affairs. Persons who act in this clandestine manner would take office at any price regardless of their duty to the sick poor. So long as such are to be found, Mr. Griffin's labours may cease; as the hope of improvement is truly forlorn. In conclusion, I had no complaint against the Guardians of this Union; on the contrary, I have always experienced kindness and consideration, their only regret being, that I did not make my complaint to the Board.

I am, etc., **JOHN JACKSON, Medical Officer.**

Great Usworth, Gateshead, Dec. 11th, 1865.

BOOKS RECEIVED.

1. *Outlines of Elementary Botany, for the Use of Students.* By A. Silver, M.D. London: 1865.
2. *Harveian Oration for 1865.* By Henry W. Acland, M.D., F.R.S. London: 1865.
3. *On Cancer, its Allies and Counterfeits.* By T. Weedon Cooke. London: 1865.
4. *The Anatomical Remembrancer.* Sixth edition. London: 1866.
5. *The Pocket Formulary.* By Henry Beasley. Eighth edition. London: 1866.
6. *On Intrathoracic Cancer.* By John Cockle, M.D. Part II. London: 1865.
7. *An Introduction to the Study of Medicine.* By G. W. Balfour, M.D. Edinburgh: 1865.
8. *Treatise on the Principles and Practice of Ophthalmic Medicine and Surgery.* By T. Wharton Jones, F.R.S. London: 1865.
9. *Australia for the Consumptive.* By I. B. Brown. London: 1865.

SUBSCRIPTIONS.

The following Laws of the Association will be strictly enforced:—

15. The subscription to the Association shall be One Guinea annually; and each member on paying his subscription shall be entitled to receive the publications of the Association of the current year. The subscriptions shall date from the 1st of January in each year, and shall be considered as due unless notice of withdrawal be given in writing to the Secretary on or before the 1st of December previous. If any member's subscription remain unpaid twelve months after it shall have become due, the publications of the Society shall be withheld from such member until his arrears be paid.

16. The name of no member shall remain on the books of the Association, whose arrears extend over three years; but the omission of the name from the list of members shall not be deemed, either in honour or equity, to relieve any member from his liability for the subscriptions due for the period during which he has availed himself of the privileges of membership.

T. WATKIN WILLIAMS, General Secretary.

Birmingham, December 1865.

COMMUNICATIONS have been received from:—**Dr. WILLIAM NEWMAN; Dr. WM. CARR; THE HONORARY SECRETARY OF THE HARVEIAN SOCIETY OF LONDON; Mr. T. M. STONE; Mr. GEORGE LAWSON; Dr. MACKENZIE; THE REGISTRAR OF THE MEDICAL SOCIETY OF LONDON; Mr. LIPSCOMB; Dr. SIMPSON; Mr. F. M. MACKENZIE; Dr. A. MEADOWS; Mr. PAGET; THE HONORARY SECRETARY OF THE OBSTETRICAL SOCIETY; Mr. J. J. GODFREY; Dr. ATTFIELD; Dr. C. BARNAM; Mr. C. P. COOMBS; Mr. JOHN JACKSON; Mr. A. B. STEELE; Dr. R. FOWLER; Dr. ALEXANDER FLEMING; Mr. J. W. HULKE; Mr. DIX; and Dr. A. SMART.**

ADVERTISEMENTS.

ESTABLISHED 1818.

Mr. J. Baxter Langley, M.R.C.S.
F.R.S., F.R.C., late of King's College, London, F.R.C.
PROFESSOR OF ANATOMY, Lincoln's Inn Fields, W.C.

In a rich agricultural district,

a genuine Practice for transfer, established fifty years. Average income £200. Appointments £25. No opposition within five miles. House, garden, stable, and coach house, rent £25. Good hunting in the locality. Very few terms from practice all together.—Address "T, 783," Mr. Langley, as above.

South Devon.—An excellent

non-dispensing Practice for transfer, established forty-five years. Income, until recently, £300. Patients of the upper and middle class. Lowest fee, three visits, £1:1. No midwifery. House in the best position in the town; rent £25. A high class professional man can be introduced to a large connexion, but vendor requires rather superior address than pecuniary means in his successor.—Address "T, 785," Mr. Langley, as above.

Hants.—Unopposed Practice

for sale. Income £400. Appointments £200. Terms £300.—Address "T, 784," Mr. Langley, as above.

Notts.—In a large and pleasant

town, an old gentleman retiring from practice is anxious to meet with a successor qualified for a practice entirely amongst the upper classes. The average gross income has been about £600 a year; but the failing health of the vendor would induce him to accept very moderate terms. Introduction as long as desired.—Address "T, 783," Mr. Langley, as above.

Cornwall.—With long introduction,

a transferable Practice for sale. Income £600. Appointments £20. Private patients of a good class.—Address "T, 780," Mr. Langley, as above.

Durham.—In consequence of ill

health, the vendor of an old established Practice wishes to make an immediate arrangement with a successor. Income £325. Appointments £25. The practice is capable of great increase as the town is rapidly improving. Terms £300, by instalments.—Address "T, 779," Mr. Langley, as above.

Addresses and Papers

READ AT

THE THIRTY-THIRD ANNUAL MEETING OF THE BRITISH MEDICAL ASSOCIATION.

[Held in LEAMINGTON, AUGUST 1st, 2nd, 3rd, and 4th, 1865.]

CONCERNING THE TREATMENT OF CONSTIPATION AND OF STOPPAGE OF THE BOWELS;

WITH SPECIAL REFERENCE TO THE USE OF
ATROPIA AND OF GALVANISM.By ALEXANDER FLEMING, M.D., Fellow of the Royal
College of Physicians, London, and Senior
Physician to the Queen's Hospital,
Birmingham.

I HAVE NOW for many years employed atropia in cases of epilepsy, asthma, and other disorders; and about eight years since my attention was forcibly directed to its effect in promoting the action of the bowels. In the course of my practice, when I had occasion to prescribe atropia, I noticed frequently that, in from one to four days, a slight relaxation of the bowels took place. The stools were but little altered in character, and the intestinal secretion but slightly increased; still, the action of the bowels was decidedly easier, and, if constipation had existed, it was removed. Occasionally the purging was more marked. I believe that this effect is brought about by increased peristaltic action. The cause of this increased action may be direct stimulation of the muscular coat by the atropia carried to it with the blood; but other causes have been suggested to my mind from close observation of the effects of atropia on other parts of the body, more especially on the throat, stomach, and bladder. When this drug is exhibited in small and medicinal doses, it causes remarkable dryness of the throat and tongue, difficulty in, yet constant efforts at, swallowing. The changes in the act of micturition are remarkable and noteworthy. This is often hurried and frequent, sometimes interrupted, and occasionally there is slight stranguary. I have seen a patient compelled to make water every five minutes. In the throat, the mucous secretion is obviously checked, the membrane is seen to be dry, and the surface is thus rendered more susceptible of irritation; hence the constant efforts at deglutition. I believe the effect of the drug on other mucous membranes to be of the same nature; and, in the bladder, this arrest of the mucous secretion results in irregular and frequent micturition. According to this view, its action on the bowels is easily explained. The mucous secretion being checked, the irritation caused by the contents of the intestinal canal, when its surface is thus unprotected, provokes more prompt and vigorous contractile action.

Secondly, atropia constricts the smaller arteries; and we can understand that a gut, dormant and paralysed by distension, is the subject of passive congestion, the continuance of which will contribute to maintain its state of inertia. Atropia, acting on the arteries, checks the supply of blood to the bowel, relieves the congested muscle, and thus facilitates its return to healthy action. This *modus operandi* is analogous to the well known effect of blood-letting

or leeches, in relieving the congestion of, and unloading an inflamed intestine.

Accepting these views of the mode of action of atropia on the bowels, we at once perceive its advantage over the ordinary irritant purges in the treatment, not only of simple constipation, but especially of the more serious and alarming cases of intestinal obstruction from impacted fæces. The ordinary irritant purges provoke increased secretion and peristaltic action of the gut above the obstruction; this may succeed in propelling the accumulation forward, but should it fail in doing so, we have inverted action and vomiting, with the further risks of enteritis and general, and it may be fatal, exhaustion of the patient. Atropia, on the contrary, operates through the blood on the entire canal; acts directly on that part of the gut which is distended by the accumulation, and so paralysed. Deprived, by the drying qualities of the drug, of its natural coating of mucus, the mass more readily provokes irritation; the natural contractile action is re-established; and the bowel is more or less quickly relieved of its contents.

There is another circumstance connected with atropia, which distinguishes its operation from that of common purgatives; its action is not followed by reaction; its relaxing power is not succeeded by a disposition to constipation. On the contrary, the improved action of the bowels is, comparatively speaking, sustained.

The powder and extract of the crude drug belladonna have been employed successfully in constipation by Bretonneau, Trousseau, Fleury, Drs. Brinton, Routh, Fuller, Leared, and others; and a most interesting paper on the Use of Belladonna in Intestinal Obstruction was read at the Bristol meeting of our Association in 1863.

The causes of constipation, and the conditions under which it occurs, vary infinitely; each case requiring separate consideration, especially as regards the hygienic and dietetic treatment.

It is not my intention to enter now into the question of the regimen and diet of constipation; but, to prevent any misconception as to my view of their value, let me state distinctly, that I assign to them the first place in importance as curative means, and regard medicinal agents in the light only of valuable auxiliaries. At the same time, the ever should be avoided of underrating the value of medicines. In former times, they were relied on too exclusively; of late, under the influence of hydropathy and homoeopathy, their importance has been most unwisely neglected. It is the function of the philosophical therapist to recognise the respective value of all remedial agents, whether hygienic, dietetic, or medicinal, and to assign to each their relative importance.

This truth is forcibly illustrated in the disease now under consideration; for while, in the more simple forms of constipation, regimen and diet are often equal to the cure, many examples of a more obstinate nature have occurred to me, where these means alone have signally failed to give relief, but where recovery has ensued when the treatment I shall now describe has been strictly followed.

In cases of simple constipation, I have exhibited atropia in various forms, both in pill and in solution; but my later experience has led me to the adoption of a plan of treatment, of which the following is an outline.

The subjoined draught is given the first thing in the morning and the last thing at night on an empty stomach.

℞ Magnesia sulphatis ʒj; acidi sulphurici aromat. ℥x; tinct. aurantii ʒj; aquæ ad ʒj. M.

Ten minims (containing one-sixtieth of a grain) of

a solution* of atropia are added to the draught at bed-time; and the dose is increased nightly by two minims, until a very slight degree of the earlier physiological effects of the drug—dry throat, wide pupil, and dim sight—is produced. This is attained with much precision and safety; but it may be necessary to give thirty, forty, or even fifty minims, according to the strength of the patient, before this result is attained. The dose should then be somewhat diminished, and continued at the reduced quantity for two or three weeks, as circumstances may indicate. I then discontinue the drug gradually; and finally replace it with strychnia, giving five minims of a solution† in both morning and evening draughts for a week or two; or the strychnia may be given alone as soon as the saline draught can be dispensed with. This commonly suffices to restore the normal tone of the bowel, and completes the medicinal treatment.

When constipation is neglected, the feces accumulating gradually distend the bowel, and finally deprive the muscular coat of its irritability and contractility, and we have established one of the most frequent forms of obstruction of the bowels. (The observations in the present paper refer to this form only.)

If, after a moderate use of the ordinary purgatives by the mouth and in the form of enemata, the obstruction shows no disposition to yield, and the patient suffers from pain and distension of the belly, with (it may be) nausea and vomiting, I prohibit entirely the use of the more powerful cathartics, the exhibition of which increases the vomiting and irritation and may provoke inflammation. I desire the patient to be confined to liquid food; viz., milk and beef-tea alternately every four hours. If there be much vomiting, I direct the milk to be mixed with one-third of Carrara water, and the quantity of food at each meal to be very small, until the irritability of the stomach has subsided. The following draught is prescribed every four hours, one hour before each meal.

R Magnesie sulphatis ζj ; solutionis atropie (author) $m\text{ iv}$; acidi sulphurici diluti $m\text{ x}$; aquæ, ad ζj . M. Fiat haustus.

Should there be much spasmodic pain, I add half a drachm of chloric ether, prepared by distillation, to each dose. This draught is, for the most part, readily borne by the stomach; promotes gently the action of the bowels; and softens their contents. The atropia favours, in the manner already indicated, the contractile power of the gut. In using atropia in the manner specified, the patient must be seen twice daily; for, as a slight degree of the physiological action of the drug should be induced, the dose should be increased, diminished, or omitted, according to the effect observed. If pain and indications of approaching inflammation be present, warm fo-

* The solution of atropia which I use is made thus:—Atropia, 1 grain; distilled water, 5 drachms. Dissolve thoroughly with the aid of a few drops of diluted muriatic acid, and add of rectified spirit sufficient to make ten drachms. This solution keeps well, and is of uniform strength. The tincture and extract of belladonna, however carefully prepared, vary much in power. I have found the tincture of one chemist seven times the strength of the same preparation from another and equally respectable chemist; and the extract is even more uncertain. The internal, and at the same time efficient, use of these preparations is for this reason very unsafe. The solution is so proportioned, that ten minims, containing one-sixteenth of a grain of atropia, is the connecting dose for the adult.

† The solution of strychnia which I use is made thus:—Strychnia, 2 grains, distilled water, 5 drachms. Dissolve the strychnia thoroughly with help of a little diluted muriatic acid, and add of rectified spirit sufficient to make ten drachms. This solution has the same advantages over the powder, extract and tincture of nuxvomica, that the solution of atropia has over the tincture and extract of belladonna. It is uniform in strength, passes readily into the circulation, and the dose can be ascertained with accuracy. The ordinary commencing daily dose is ten minims, and contains one-thirtieth of a grain of strychnia.

mentations to the belly are demanded; on the other hand, if these symptoms be absent, the general purpose of the medication is promoted by frictions two or three times a day with warm liniments; the rubbing to be so applied as to promote the normal course of the intestinal contents.

In a considerable proportion of cases, this treatment alone affords the desired relief; in other and more obstinate examples, we have to conjoin the use of aperient enemata. These should be used two or three times daily; and be introduced by means of the rectum-tube as high as possible into the bowel.

When ordinary injections fail, ice-cold water sometimes succeeds; and it is well to bear this in mind.

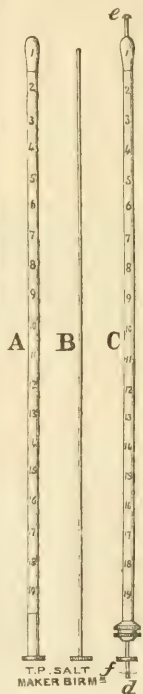
In inserting the tube for any distance into the rectum, much annoyance is often experienced by its doubling upon itself. I have overcome this difficulty by the use of a stilette within the tube. Should any impediment, such as a fold of membrane, obstruct the passage, the withdrawal of the stilette for an inch or two allows the flexible tube to adapt itself to sinuosities of the intestine, and facilitates its farther introduction. I have had the tube marked off in inches, to indicate precisely the extent of insertion. The higher it can be passed with safety, the more efficient is the injection.

Between the enemata, galvanism should be applied to the bowels. This agent should be conducted through the rectum, and passed, as nearly as may be possible, through the paralysed gut; care being taken to employ it gently, but repeatedly, our object being rather to restore the action of the bowel by small but successive doses of the stimulus, instead of attempting to dislodge the impacted contents by one powerful application of the galvanic current.

Employed in this manner, the galvanism is infinitely more efficient than when passed in the ordinary mode from the back to the belly. It gives rise, however, to acute suffering; and, unless

it be used gently, as I have directed, tends to exhaust the patient.

The following is the apparatus I employ. Through a rectum-tube, twenty inches long, a copper wire is passed with a brass button at the distal extremity; a hole being drilled at the opposite end for the reception of one of the wires of the galvano-magnetic machine. The tube being passed into the rectum, the current is completed by applying to the abdominal walls the excitor of the other wire. This excitor—which is sometimes a sponge, sometimes a cylinder of metal, and at other times an olive-shaped metallic button covered with leather—should be moved along the course of the distended bowel, and its position constantly shifted; the skin of the belly being kept moist with salt water.*



* The above sketch exhibits the instruments referred to in the text. A. Rectum-tube, marked off in inches. B. The stilette, which, when passed into the tube, reaches to within one-eighth of an inch

When the current is gentle, its application may be continued for half an hour at a time, and from time to time a sharper shock may be transmitted; the force of the current, and its duration, being carefully adapted to the strength of the patient.

I use Duchenne's galvano-magnetic machine, as with it the current can be usefully modified in various ways.

I have employed galvanism by the rectum in the manner indicated, in intestinal obstruction, since 1857.

Such is the outline of the treatment of intestinal obstruction from impacted feces, which I can say with confidence has furnished very satisfactory results.

In conclusion, it may not be superfluous to add that, in the diagnosis of the cause of stoppage of the bowels, we may often be at fault, and treat as a case of simple accumulation, some one or other of the many forms of insuperable obstruction. It is satisfactory to know, that the medicines here recommended may do good and can do no harm in such a case; but the suspicion of error in diagnosis obviously enjoins much caution in the use of galvanism. This was well shown in a case of complete obstruction in an elderly female, which I saw in consultation with Mr. Hoskins of this town. The usual treatment had been judiciously employed. Atropia was then administered, and most efficiently, so far as regards its physiological action. Galvanism was also carefully used. The obstruction was insuperable, and finally proved fatal. The patient, however, lived for a week after the use of these measures, in comparative ease; showing that no harm had resulted from their employment. A *post mortem* examination was not obtained.

For the better illustration of the nature of the results furnished by the treatment described above, I subjoin histories in detail of five cases.

CASE I. *Severe Constipation of three years' standing; Colic, Vomiting, and serious Exhaustion; Failure of ordinary Methods of Treatment; Use of Atropia; Recovery.* The patient, a young lady, aged 18, came under my care in September 1861. She was then suffering from almost constant spasms of the bowels, causing intense agony, aggravated after every attempt to take the simplest food; the vomiting and retching were incessant. There was no fever nor tenderness of the belly. She was very weak, confined to bed; the countenance was pale; the pulse was feeble, but not frequent; and the case wore an aspect of much anxiety.

History. Three years previously to the time of my seeing this patient, she had suffered from prolonged and most obstinate constipation, brought on by gross neglect of the bowels at school. The stomach became irritable, rejecting many articles of food; and the least imprudence in diet brought on spasmodic attacks of pain in the belly and vomiting. After repeated, but unsuccessful, attempts to obtain relief under medical treatment in various places, her friends placed her at Malvern under the water-cure. She derived no permanent benefit; though, from the strict attention to diet, her general health was improved, and the attacks for a time were not quite so frequent. They returned, however, shortly with redoubled violence, accompanied by excessive flatulence, twisting of the bowels, and severe suffering. The irritation of the stomach increased, until the simplest food produced so much pain that she was, as she expressed it, "terrified to eat."

of the end. C. Rectum-tube, arranged for the application of galvanism. d. Copper wire running through it, and terminating in the brass button (e.). f. Hole in the wire for attachment to the galvanic battery.

After a careful examination of the case, in which I had the valuable assistance of Professor Simpson of Edinburgh, it was concluded that there was no inflammation, but that the peristaltic action of the bowels was perverted; in the smaller intestines, it was abnormally active, leading to severe spasmodic contortions and heaving of the belly; while the colon was unduly distended and more or less completely paralysed. There was then no absolute obstruction, but a constant tendency to constipation.

Acting on this diagnosis, the treatment of constipation described in this paper, was adopted. The patient was restricted to a milk-diet. Atropism was fully induced; blisters were repeatedly applied to the belly; and aperient enemata were administered from time to time. Under this medication, which occupied about a fortnight, the colon was gradually unloaded of its accumulated contents, and the vomiting and spasms quickly subsided. The stomach became tolerant of food; the normal appetite returned; and the patient rapidly regained flesh and strength.

The cure was absolutely permanent. The stomach was delicate for some months; but, with a moderate attention to diet, the patient continued well. There was no return of constipation or spasms of the bowels. The young lady is now in the enjoyment of excellent health in all respects.

I have no hesitation in describing this as a remarkable case. The relation between the physiological action of atropia and the improvement of the symptoms was unequivocal; lastly, the short duration of the treatment, and the completeness of the cure, contrasted very strikingly with the lengthened and unsuccessful efforts at relief which had been made at previous times in the earlier history of the case.

CASE II. *Stoppage of the Bowels from Fœcal Accumulation; Colic; Stercoraceous Vomiting; Failure of Ordinary Treatment; Atropism on the thirteenth day; Recovery.* (This case occurred in the practice of Dr. Spencer Thomson of Burton-on-Trent, to whom I am indebted for the following notes.) L. R., aged 45, married, a thin, spare, delicate woman, was seized on the night of October 20th, 1863, with severe twisting pain in the bowels, incessant vomiting, and complete constipation. The bowels had been opened on the previous day. Within twenty-four hours, the vomiting became stercoraceous; and continued so, with intermissions, for thirteen days of the sixteen during which the obstruction lasted. During the latter half of the period of the attack, there was much tympanitic distension and tenderness, but there never were any positive signs of peritoneal inflammation.

The remedies resorted to were at first bismuth, prussic acid, opium, and chloroform, to subdue the irritable condition of the stomach; counter-irritants to the belly; and a persevering use of every variety of purgative injection.

No relief was obtained. On the thirteenth day of the attack, one drachm of the following mixture was directed to be taken every hour.

℞ Solutionis atropiæ (Fleming) ℥xv; acidi hydrocyanici diluti ℥xv; aquæ ʒij. M.

Soon after the above was commenced, the stomach became quiet, and retained the medicine, as well as small quantities of beef-tea and brandy and water. In forty-eight hours, the atropism being now manifest, the obstruction showed signs of yielding, and the bowels were gradually completely relieved; and, on the sixteenth day from the commencement of the attack, all signs of obstruction were removed. Mrs. R. gradually recovered, and is now (April 1864) in her usual health, having had no return or even threatening of the disease since. The catamenia, which were

irregular for some months previous to the attack, have since been quite normal.

CASE III. *Obstruction from Faecal Masses; Constant Sickness and Vomiting; Use of Salines, Atropia, and Galvanism; Gradual breaking down and Removal of the Accumulations; Recovery.* S. L., aged 50, when placed under my care, was suffering from severe tormina, constant retching and vomiting, and obstruction of seven days' standing. The pulse was frequent and feeble, the countenance anxious, and the skin covered with perspiration. Three distinct tumours were to be felt in the belly; one in the upper part of the ascending colon; one at the corner, between the ascending and transverse colons; and the third in the transverse colon itself. These were moveable, and presented the other features of faecal masses. They differed in hardness, the central one being much the hardest of the three. The diet, saline draughts, atropia, aperient injections with the rectum-tube, and after several days galvanism, were employed as indicated in my paper. The vomiting rapidly ceased, and the patient was soon able to take food well. In three days, the bowels began to act, and continued to do so two or three times daily; the evacuations were small in quantity and fluid. The tumours in the belly gradually decreased in size, and finally were dispersed.

In the discharges, the gritty and insoluble components of the faeculent concretions were readily distinguished; they were composed of small pieces of bone, undigested tendon, etc. The patient was an old dyspeptic, through whose stomach the harder portions of the food were apt to pass undissolved.

Galvanism in this case was used daily, but very gently, for a fortnight, and was passed through the colon in the neighbourhood of the swellings. When the galvanic current was powerful, the suffering was acute, and could not have been maintained without risk of undue exhaustion. Therefore the utmost care was required in its administration; and no attempt was made to secure the immediate expulsion of the faecal masses.

In the third week of the treatment, the intestinal canal was clear of obstruction; and the patient, though very weak, was convalescent. He made a good recovery.

CASE IV. *Simple Constipation of long standing, in a Healthy Subject; Failure of Dietetic and Ordinary Modes of Cure; Use of Atropia; Recovery.* J. J., aged 27, a strong healthy young man, living in the country, applied to me in April 1862, on account of constipation. His bowels had for years been obstinate, and for eighteen months he was obliged to take aperient medicines daily; otherwise he would pass three or four days without going to the closet, and would then suffer much pain at stool. So long as he continued taking aperients, his appetite and general health were good. He had several times been under medical care, with temporary advantage; and had endeavoured to rectify the evil by diet and exercise, but unsuccessfully.

I directed him to sponge with salt water once daily, in the morning; to rub the belly vigorously; to take abundant exercise (without fatigue); to omit from the diet, tea, coffee, and stimulants, with the exception of a glass and a half of claret mixed with water to dinner; to take cocoa to breakfast, porridge to supper, and vegetables and fruit in moderation. The medicinal part of the treatment consisted of the saline draughts and atropia, as indicated in this paper. A moderate degree of atropism was induced. The improvement was slow, but very marked. In three weeks he was able to discontinue his medicines, but has ever since persevered more or less closely with the regimen and diet. It is now eighteen

months ago; and he has not during that time, except at rare intervals, been troubled with constipation.

CASE V. *Obstruction; Slight Stricture; Faecal Accumulation; Severe Tormina, Sickness, and Vomiting; Salines, Atropia, and Enemata; Recovery.* (I saw this patient, whose case I will relate very briefly, in October of last year, in consultation with Mr. Ross Jordan.) W. C., aged 35, had suffered for five days from obstruction, severe tormina, and incessant retching and vomiting. There were tenderness, distension, with dull percussion in the left iliac region. There was obvious accumulation in the descending colon. Salines, atropia, and enemata, were employed, with the result of gradually unloading the bowel, and restoring the healthy character of the evacuations, with the exception that the stools continued to be slightly flattened.

It appears that a year ago he had sought advice, on account of indigestion, from a quack, who gave him four doses of some drug (probably lobelia), which purged him very severely, causing much pain, and discharge of blood and mucus. Since then, the bowels have continued to trouble him; and the symptoms point to a slight constriction—the consequence, probably, of inflammation—about the sigmoid flexure.

Original Communications.

TWO CASES OF BELLADONNA POISONING.

By C. P. COOMBS, M.B. Lond., Beckington, near Bath.

A LITTLE boy, aged 3, was brought to St. Mary's Hospital one evening in January 1864, with delirium of a very peculiar character. About two hours before admission, he had swallowed some eye-lotion which had been supplied by the ophthalmic department of the hospital. As appeared afterwards, the lotion contained atropine; but I cannot say how much was swallowed.

The child's face was flushed; the pupils were largely dilated. He muttered, cried, and sometimes laughed. The movements of the arms and head were at once suggestive of perverted vision. In attempting to take hold of a cup, his hand would grasp the air at some distance from it, etc. Emetics were given, and the stomach thoroughly emptied. The child was then put into a warm bath, and a dose of castor-oil administered, which acted in the night. When I saw him again at 9 the next morning, he was comfortably taking his breakfast, and was sent home the same day.

My second case was that of a boy aged 4. About 3 p.m. on the 22nd of November, 1865, he was playing with some other children, and struck his head against a table; soon after which he told his mother that he felt giddy and was going to fall. At 4 p.m. I saw him, and found his face flushed and pulse full, and his body in constant motion. He could not stand by himself, because of the ungovernable movements of his legs. There being no reason to suspect poison of any kind, I did not administer emetics, but gave some calomel.

At 8 p.m. I saw him again. He had no more control over his limbs than he had in the afternoon; striking his legs against a wall by which he was lying, and trying to put his hands in his mouth to bite them, and snatching at the air. His pupils

were largely dilated and unalterable; and I do not think he could see anything held close to him. He could not speak distinctly; and deglutition was much impaired.

In the night, he was sick twice, and the bowels were relieved once. He had no rest at all.

In the morning, at 8, I saw him again. He could then speak, and knew what was said to him. His face was not flushed. I gave him some calomel and jalap, which acted freely; and with each motion there was marked amelioration of his symptoms. At 1 P.M., when I saw him, he was well, with the exception of some irregularity in the movement of his legs.

At my second visit (five hours after the commencement of the symptoms), I was struck by the resemblance of the case to the one reported above, and made careful inquiries as to what he had eaten, and whether he had access to deadly nightshade or any of the poisonous solanaceæ; but could obtain no clue. But, on the second day, he confessed to having drunk something out of a bottle, which I found to contain belladonna lotion; and, by a rough calculation, he must have had about twenty grains of the extract.

REMARKS. In both these cases, the treatment was all but *nil*; and so they seem to confirm the opinion expressed by Dr. Skinner at Liverpool (as reported in the JOURNAL of November 18th, 1865), that Nature acts well in such cases. They also point to the stimulant, rather than sedative, action of belladonna.

INVERSION OF THE UTERUS.

By JOHN BIRCHENALL, Esq., Macclesfield.

DR. MARION SIMS' cases of inversion of the uterus, recently reported in the JOURNAL, reminded me that a similar misadventure occurred in my own practice about thirty-five years ago.

My patient was a single woman, about 25 years of age, rather tall and spare, of substrumous diathesis, fair complexion, and nervous temperament. It was her first pregnancy. The pains of labour came on early in the morning; and at eight o'clock A.M., I found the head of the child occupying the pelvic cavity; the os uteri thin and considerably dilated; and the pains, which were brisk, recurring every two or three minutes, until 11 o'clock, when delivery was accomplished in the natural way. After the lapse of some ten or twelve minutes more, as the uterus had contracted, and the placenta was unexpelled, I made gentle traction by the cord (which I had been accustomed to do when there was nothing to contraindicate it) for the purpose of exciting the expulsive efforts. Though no force was employed, this was immediately followed by a shriek on the part of my patient, and the simultaneous protrusion into the vaginal orifice of the undetached placental mass, overlapped on its lower margin by the smooth and livid edge of the inverted uterus. In the dilemma, I sent for an experienced accoucheur; but, as he was not in the way, I proceeded carefully to detach the placenta. This was easily effected, as there was no adhesion. I then replaced the uterus within the pelvis, and, grasping the fundus within the ends of my fingers and thumb, gave a moulding pressure to the organ, which, to my great gratification, after a few seconds, receded by a sudden involution, and everything returned to its normal condition. There was no hæmorrhage, nor any subsequent inconvenience, to retard the recovery.

My patient continued in perfect health, nursing her child during the few months she remained in

Macclesfield; but, as she left the town before her infant was weaned, I had no opportunity of ascertaining the subsequent functional condition of the uterus.

Transactions of Branches.

BATH AND BRISTOL BRANCH.

ON THE TREATMENT OF RETENTION OF THE MENSES FROM OCCLUSION OF THE VAGINA AND UTERUS.

By W. MICHELL CLARKE, Esq., Clifton.

(Read October 23rd, 1865.)

THERE was admitted into the Bristol General Hospital, under the care of Dr. Martyn, on December 31st, 1864, a young woman, who was suffering from retention of urine; her age was 28. Upon attempting to pass a catheter, the house-surgeon found that the vagina was completely occluded, and the patient was transferred to me.

She gave the following history. Eight years previously she was delivered of a still-born child, which was, at the time of its birth, in a state of putrescence. She was a long time recovering, was confined to her bed several months; and, when at length she was able to get up, she discovered that her vagina was perfectly closed. She had not menstruated since the date of the confinement; but at her catamenial periods, she had been accustomed to have a good deal of bearing down pain, and a sharp stitch in her side, which were usually relieved by diarrhoea. In the intervals, her health was good, and she never experienced any vicarious discharge of blood. For the last four months, however, she had suffered from gradually increasing difficulty of micturition until on December 9th, she found herself unable to pass urine at all, and since that date she had had the catheter passed several times, the introduction of the instrument having been, I believe, attended with considerable difficulty. I found that the orifice of the urethra was much dilated, so that the difficulty arose from no narrowness of the canal; but the catheter required to be depressed very much at its outer extremity, in order to its introduction. Why the urethra was so much dilated, I cannot tell, as my patient was a single woman, and not, I believe, in the habit of indulging in sexual intercourse. In similar cases that have been recorded, of complete occlusion of the vagina, there was no doubt that the urethra had taken the place of the vagina in coition.

After emptying the bladder, I found a large tumour in the abdominal cavity, corresponding in size and shape to the pregnant uterus of the fifth or sixth month; and there was, moreover, a smaller tumour projecting from the right side of the larger, which felt like a fibrous growth. The principal tumour gave no sensation of fluctuation, but communicated a soft doughy feeling to the hand.

The vagina was completely closed at its orifice by an extensive cicatrix, which drew the urethra and rectum together, and it seemed not easy to say to what depth this cicatrix extended; but after a very careful examination, I could not discover the smallest perforation; there were two very small openings, but they only admitted a probe a very little way.

On introducing the finger into the rectum, a large tumour was felt pressing back upon that viscus, and occupying the most of the pelvic cavity; and this was further found to correspond with the swelling felt through the abdominal wall. I could have no doubt

that it was caused by the distension of the uterus with menstrual fluid, although eight years appeared a very long time in comparison with the size of the enlargement. There is but little doubt, however, that in many of these cases of obstruction of the vagina, the quantity of the menstrual secretion is very much less than under ordinary circumstances; and it will be remembered that in this instance at each monthly period, there was an attack of diarrhoea, which probably materially lessened the amount. In some instances, of still more strange provision, Dr. Kennedy has noticed that although there have been the usual monthly symptoms, the secretion has ceased when an obstruction of this kind has been set up, and there has been no accumulation at all. (Churchill's *Diseases of Women*, p. 111.)

On January 9th, 1865, I had the advantage of a consultation with Dr. Swayne, who agreed with me as to the diagnosis, and also as to the necessity of attempting to evacuate the contents of the uterus. The management of such a case as the one now narrated, is attended by two dangers; and, although I have no doubt that these are well known and understood by the members of this society, the instances of the disease are themselves so rare, that I have thought it worth while to bring the subject before this meeting, and the rather that I adopted one or two measures of treatment which were new and apparently successful.

The chief difficulty of the surgeon consists in the nice dissection that is required in order to avoid wounding the urethra or bladder in front, and the rectum behind. I had no doubt that the proper practice was to attempt to make one's way between these, and so to reach the uterus, and restore, as far as possible, the vagina, and not to puncture through the rectum and establish a fistulous opening for the future menstrual flow, as has been done in similar cases. This last course would, of course, have been very easy, but it appears to me an unscientific mode of proceeding, and one not to be adopted unless the establishment of the natural route should be found to be impossible. That it might be found impracticable to dissect between the bladder and rectum in a case of this kind, I can quite believe; for, in the present instance, the difficulties were very great, as the urethra, bladder, and rectum were joined together in a tight unyielding cicatrix, which extended to a depth that could not be ascertained, and the vagina was entirely obliterated. Moreover, it may happen in a case of this kind that the proper track may be lost, and the peritoneum wounded. Dr. E. Kennedy remarks of this case that "the thinness of the texture to be divided, the danger of wounding the bladder on one side, or the rectum on the other, or getting into the peritoneal cavity above, the depth of parts in which the operation has to be performed, and the confined space afforded to the operation, render it as difficult and dangerous as any operation that can by possibility be undertaken." (Churchill, *op. cit.*, p. 119.) This is, perhaps, a somewhat exaggerated statement, and the difficulties may be surmounted by a very patient and careful operation, combining cutting and tearing the parts asunder cautiously with the finger, and I find very few cases recorded in which the patient has succumbed to any accident or misadventure of the mere operative proceeding; but the second danger, and the greatest to the patient, comes on after the operation is concluded—the fluid evacuated—and when everything seems to have been satisfactorily accomplished. I knew before the present case came under my notice, that patients who had been the subject of retention of the menses, whether from unruptured and imperforate hymen, or from an occluded vagina or uterus,

were peculiarly liable to die a few days after the evacuation of the menstrual fluid had been accomplished; but until I looked up the matter specially, I was not prepared for the very large number of deaths that have resulted from this operation. Many cases are recorded in which the very simple operation of puncturing the imperforate hymen has been followed in a few days by peritonitis and death, and it seems quite the usual thing, in all operations of this kind, for the patient to suffer an attack of what the writers call irritative fever, and to run some danger. The following typical case is quoted by Hutchinson in the fourth volume of Holmes's *Surgery*, p. 494.

"A very healthy girl, aged 16, residing at a village near York, came under treatment in 1851, on account of retained menses. On examination, a round elastic tense body, the size of an orange, was found protruding between the labia. A common lancet was plunged into the centre of this swelling, and a stream of dark treacle-like fluid without smell followed. About two quarts were discharged. On the second day after the incision, slight chilliness occurred; on the third day she was feverish, and the vaginal fluid had an offensive smell; on the fifth day the existence of peritonitis was very evident, and she had a rapid pulse and foul tongue. From this date she passed into a condition of low irritative fever, attended with much sickness, etc., and death took place on the twenty-fourth day."

And similar cases may be found recorded; several are given in Churchill's work above quoted; others besides the one just read, in Holmes's *Surgery*; several by Ramsbotham, in the sixteenth volume of the *Medical Gazette*, p. 327; one by Sir Benjamin Brodie, and one by Mr. Paget of Leicester; and to these might be added more, scattered through the various periodicals.

I was very much interested to ascertain the cause of this great mortality, and to see if I could do anything to mitigate the hazard that my patient would have to undergo—a hazard so great, indeed, as to induce one to reflect whether any interference was absolutely necessary, and to have led Dupuytren, Sabatier, and Capuron to object to operating in imperforate vagina, when the os uteri is also imperforate. (Churchill, p. 102.) Dupuytren opened the closed wound through the vagina in several cases, and the inflammatory symptoms were so severe after the operation, that he finally decided upon giving it up entirely, and rather to allow the patient to die more quietly and slowly than to speedily hasten her death by the operation, which, he states, always results from inflammation of the womb, and which is the more violent in proportion to its distension. (Baker Brown, *Obstetrical Transactions*, vol. iv, p. 21.)

In my own case, an operation was imperative, for the distension had reached such a point as to prevent the passage of urine, and relief was urgently called for; and indeed, in other such cases of retention of the menses, the emptying of the uterus is the proper practice, whatever be the risk, for that the distension itself cannot go on indefinitely without danger, is shewn by the following history, and the remarkable point is that it can go on so long. A case is given by Dr. Munk in the *London Medical Gazette*, "in which a girl of 18, who had never menstruated, died after a three days' illness, with symptoms of acute peritonitis. There was found after death an imperforate vagina, consequent, apparently, on cicatrised adhesions. In the peritoneal sac was a large quantity of thick blood, of similar character to that which—to the quantity of about five ounces—occupied the uterine cavity. Both Fallopian tubes were dilated sufficiently to admit a finger, and near the extrem-

ity of the left was a small laceration, from which the fluid had escaped." (Holmes's *Surgery*, vol. iv, p. 475.)

The liability to such an accident, if there were no urgent symptoms present in a given case, would indicate the necessity of interference. It may also, I think, be made out from the recorded cases, that the earlier the evacuation, the less is the danger incurred.

With regard to the cause of the mortality in these cases, a very curious fact comes out of the examinations that have been made, and one for which we should hardly have been prepared. In a large number of instances, it has been noted that a large quantity of blood of the menstrual character has been found in the peritoneum, having usually escaped through a rupture of the dilated Fallopian tube, and to the irritation of this fluid, the peritonitis appears to have been due. In one case, however, the fluid seems to have escaped into the peritoneum without any previous rupture of the tube. Now why this escape from the distended tube should be more liable to occur when the uterus is opened and the pressure lessened, than when all the cavities are closed and the pressure at its greatest, seems by no means clear; and different authors have perplexed themselves much in striving after a solution of the mystery. A plausible explanation has been offered by Bernutz; viz., that the blood is forced out of the tube by the uterus contracting as the blood flows out of the puncture. (Graily Hewitt, *Diseases of Women*, p. 502.) But to my mind, the solution of the fact is to be found in another direction; and it appears to me a significant fact that, in nearly all the cases the blood had escaped through a rupture or ulceration of the Fallopian tube, and sometimes it is noted, as in a case by MM. Bernutz and Goupil, that the blood was half putrefied. (Holmes, vol. iv, p. 445.) Another point of great consequence is that as noticed by Graily Hewitt (*op. cit.*, p. 503.) A certain number of deaths are to be attributed to purulent absorption, the admission of air producing decomposition of the blood and pyæmia; and this, I believe, is the danger, not of the uterus contracting too quickly and forcing the blood into the peritoneal cavity, but of its not contracting readily enough to prevent the admission of air, which must inevitably get it unless the cavity be closed rapidly; and the result of its admission must be the rapid decomposition of the fluid in the uterus and Fallopian tubes.

Some of the deaths are undoubtedly from septicæmia or pyæmia; and I believe that the decomposition of the fluid will also serve to explain in other cases, the mystery of the presence of the blood in the peritoneal cavity. Undergoing decomposition, it becomes, of course, very irritating, leads to the formation of pus, and seeks an outlet for itself; under the influence of the inflammation set up, the already thinned Fallopian tube ruptures or ulcerates, and gives exit to its contents. This certainly appears to me to be the solution of the enigma most in accordance with the history of the cases recorded, which do not, on the other hand, seem to present any evidence of violent or rapid contraction of the uterus.

Taking this view of the subject, and being desirous of getting the uterus to contract quickly upon its contents and expel them, I resolved to act upon a suggestion made to me by my colleague, Dr. Martyn, and administer ergot immediately after the operation. I also decided upon giving turpentine at regular intervals, which, I believe, has the power of protecting the blood in some manner against the injurious effect of the poisons resulting from the decomposition of fluids about the veins.

On January 12th, the patient having been put

under the influence of chloroform by Dr. Harris, I proceeded to operate. She was placed in the lithotomy position, the bowels having been previously emptied by the administration of castor-oil, and an injection of warm water. I introduced a catheter into the bladder, and this was held there very carefully by the assistant house-surgeon, Mr. Leach, during the whole of the operation. With the forefinger of my left hand, I guarded the rectum from injury. The dissection was no easy business; but gradually, I succeeded in opening the vagina, partly cutting, and partly tearing, and at length exposed a prominent soft tumour. This was evidently the uterus. I could discover no os uteri; it appeared to have been lost in the scar, and so I proceeded to dissect through the most projecting part of the tumour. I aimed at making a small opening; but very soon the swelling split open, and out gushed a large quantity of dark grumous-looking blood, evidently menstrual, but without any odour, or other evidence of decomposition.

The patient had borne the operation well, having been kept under the influence of chloroform all the time. She was now put back to bed.

A scruple of fresh coarsely powdered ergot was given at once in brandy and water; a sponge was fastened over the vulva to absorb the fluid, and to prevent the free admission of air; and she was ordered to take ten grains of ergot every four hours, and also half-a-drachm of turpentine in mucilage and water; for diet, the milk diet of the hospital, with one pint of beef-tea and six ounces of sherry as extras. After she was in bed, the uterus continued to discharge freely.

On January 13th, the day following the operation, she said she felt much better, and she appeared very well, complaining only of headache and pain in the side; she had shivered slightly during the night; there was no decomposition of the fluid, which continued to flow away. The vagina was washed out with tepid water, and the ergot and turpentine were continued.

On the 14th, second day after operation, she was doing well; pulse 96. The abdominal tumour had almost disappeared; but the uterus could still be felt bulging into the rectum. The abdomen was rather more resonant than natural. The vagina was washed out, and the medicines continued.

On the 15th, third day after operation, she continued to do well, but was in low spirits. A little pus and some fibrinous shreds came away from the vagina with the injection of warm water. The treatment was continued. The bowels were freely moved on this day.

On the 16th, she continued to progress. She said she found the discharge increased after taking the ergot.

On the 17th, there was little or no discharge. She found the washing out of the vagina painful. She was ordered to have two drachms of castor-oil next morning, unless the bowels were previously opened.

After this date the ergot was gradually left off, and she continued to go on well. At times she complained a good deal of pain in the back and side, but her recovery was steady and progressive, and was only delayed and made long by the difficulty of keeping the vagina open, and of getting it to heal. This was a most slow process. She omitted the turpentine on January 24th, and took instead tincture of henbane with camphor julep.

On January 27th, she was somewhat unwell from the irritation of a sponge-tent which I had introduced to keep the vagina open, but recovered upon its withdrawal. On this date I introduced a speculum, and saw a sort of leucorrhœal discharge coming

from an opening in the uterus. She was now taking meat diet.

I need not enumerate the details of the subsequent treatment; the main difficulty was in keeping the vagina open; it had been so entirely lost in the destruction that had been undergone, and in the resulting scar, that it appeared almost impossible for it to heal. I kept it plugged with oiled lint, and treated it with lead washes, lotions of nitrate of silver, and so on; and a speculum was introduced from time to time. On March 20th, it is noted that upon introducing the speculum, I could not find the opening into the uterus; it seemed impossible to prevent the contraction of the upper part of the vagina.

On April 12th, she commenced to menstruate, and the catamenia continued present until the 15th. On May 10th, the menstrual discharge again took place, and I tried again to find the opening into the uterus by the flow of the menstrual fluid, but without success. The dread of the examination put a stop to the discharge.

On June 9th, there was again a very slight menstrual discharge; and on July 11th, it is noted that she had been menstruating freely for three days. On July 14th, the vagina having almost healed, she went back to her service.

I have seen her from time to time since. She continues in perfect health, but has not menstruated since she left the hospital.

On Friday last (October 20th, 1865), I got her to come to the hospital, that I might make a note of her present condition. She was in perfect health, but had not menstruated since July.* On examination, I found the vagina very much contracted, and only just large enough to admit the finger at the upper part. It was impossible to see any part of the uterus. Examined by the rectum, I found the uterus quite empty, and could still feel the small fibrous tumour attached to the right side of the fundus, which I had noticed at the time of her admission.

The important points in the foregoing case (and I have tried to make this paper contain the chief practical matters involved in the consideration of the subject of retention of the menses from occlusion of the vagina) are the choice of the operation, and the subsequent treatment. The success of a single case does not prove the propriety of the course pursued, but the very satisfactory progress of my patient will induce me to adopt the same treatment, should I be called upon to manage a similar case.

What was new in the treatment—for the propriety of attempting to restore the vagina rather than of puncturing by the rectum, has been often insisted upon, and often done—was the administration of ergot immediately after the operation, and also of turpentine. The former was undoubtedly the most important; for if the danger in these cases be from the rapid contraction of the uterus forcing the blood from the Fallopian tubes into the peritoneal cavity, it would not be good practice; but if, as I believe, the risk arises from the decomposition of the fluid in an inert uterus, and from the local irritation caused by this fluid, as well as from the absorption of its products, then I think that the administration of ergot, by ensuring a steady and rapid contraction of the uterus, will go some way to ensure the safety of the patient.

* This patient has called upon me since the above was written, and told me that she had again menstruated. The discharge was natural, in quantity and quality.

VISITATION OF EXAMINATIONS. Last week, the examinations at Oxford for the degree of M.B. were visited by Dr. Paget and Dr. Quain, as delegates from the English Branch of the Medical Council.

Reviews and Notices.

TRANSACTIONS OF THE ODONTOLOGICAL SOCIETY OF GREAT BRITAIN. Vol. IV, 1863-64-65. Pp. 317. London: 1865.

THIS volume contains the papers read at the monthly meetings of the Odontological Society from November 1863 to June 1865.

The first paper is one by Mr. Alfred Coleman, on Cystic Tumours. He thus classifies these growths.

"Cystic tumours may be conveniently divided into two classes; viz., those arising from or formed out of some previously existing structure, and those which arise as distinct and independent bodies—new formations.

"Among the first may be reckoned cysts formed by the dilatation of certain gland-ducts, distended cellular tissue, etc. Of this class of tumours we have some arising in connection with the teeth. Thus the peridental membrane may become detached from the fang of a tooth, and secrete in the sac thus formed the ordinary products of a cystic tumour. . . . Tumours originating in this manner are, I believe, by no means uncommon; and that many of the so-called cases of dropsy of the antrum are in reality cystic tumours, arising from the periosteal of the teeth, which absorb the flow of that cavity, and afterwards expand in it, I have little doubt." (Pp. 2-3.)

The author then goes on to speak at some length on the subject of proliferous cysts, containing often products identical with many of the structures found in the body. He enumerates and comments on the various tissues found, describing elaborately the various forms of teeth.

"The teeth occurring in these situations arise doubtless from papule formed on the surface of the mucous membrane; but I have not been able to prove that it is so. At a very early stage of their development they are found in sacs, which are usually much more delicate membranes than the dental follicles of the mouth. In most cases, also, the alveoli do not make their appearance so early, and sometimes are not formed at all. In other cases, the teeth are found fully formed in bony crypts, like cases of retarded dentition. . . .

"The teeth are found resembling—1, temporary; 2, permanent; 3, supernumerary and malformed teeth. The latter are, perhaps, the most commonly met with."

Mr. Coleman notices it as a remarkable fact, that the teeth in proliferous cysts are almost invariably those of the upper jaw. As regards their structure, he says that, as far as the examinations which he has made have shown, the enamel is more or less imperfect; the dentine is more perfectly developed, closely resembling that of ordinary teeth; the cementum frequently seems mixed up with the dentine, and is irregularly distributed; the pulp-cavity is sometimes absent; nerve-fibres have been found; blood-vessels may be readily made out; and bone is found in the tumours, the centres of ossification and the arrangement of the osseous tissue being very irregular.

The author concludes his paper by theorising on the origin of proliferous tumours, which he regards as being connected by series of links to compound cystic tumours and to all morbid bodies possessing a quasi-independent existence. He adopts the view

of Mr. Paget, that tumours have an independent existence; and also the explanation given by the same talented surgeon of the circumstance that they generally resemble the structures in which they arise; viz.:

"That various organs or structures act on the blood as secreting glands, when compared with other organs or structures; thus, for instance, blood deficient in certain ingredients that had been abstracted by a gravid uterus might contain, consequently, an abnormal amount of those that would nourish a mammary gland, which would also favour the growth of a chronic mammary tumour." (P. 22.)

Regarding the production of these tumours (proliferous), some have supposed them to be products of extrauterine conception; while many have adopted the view that the ovaries may develop most of the structures found in the body, without sexual intercourse. Mr. Salter regards the formation of ovarian proliferous tumours as probably analogous to parthenogenesis among insects. Mr. Coleman, however, thinks that

"We have no tenable grounds for drawing this distinction between ovarian tumours and the tumours found in other parts of the body, the gradations from tumours bearing one single tissue like fat, or a simple serous fluid, up to those containing the most highly organised structures." (P. 24.)

He refers the origin of these tumours to the development of germs existing in the body—to abortive efforts of Nature for the continuance of the species. "The germs," he says, "whatever they may be, may be continually forming in all parts of the body, but may, fortunately, rarely find the necessary conditions for their development." For the almost entire absence of arrangement of the structures developed in proliferous tumours, he suggests as an explanation, that "one of the conditions for producing the orderly arrangement of the structures may be the influence of the spermatic and other fluids brought into contact with the developing germ."

The second paper is a partial Report of a Committee appointed to investigate the Compounds employed for Filling Teeth, most generally known as Osteo-plastic. A completion of the Report is given in a subsequent paper.

Next come three papers of which abstracts were given in the first volume of the JOURNAL for 1864; viz.: Pathology of Dental Caries, by Mr. Spence Bate; the Extraction of Teeth and Roots, by Mr. Kyan; and the Causes and Treatment of some Forms of Irregularity, by Mr. Cartwright.

Dr. Thomas Ballard has a paper on a subject regarding which he has several times laid his views before the profession—the Constitutional Ill-effects of Fruitless Sucking.

The next papers are by Mr. C. J. Fox, on the Preparation of the Mouth for the Reception of Artificial Teeth; the Treatment of Congenital Cleft Palate, by Dr. N. W. Kingsley; Remarks on the Collection of Skulls in the Crypt of Hythe Church, Kent, by Mr. Cartwright and Mr. Coleman; Some Forms of Irregularity, and their Treatment, by Mr. Coleman; Artificial Velums, by Dr. Rottenstein; Rhizodontropy, by Mr. Hulme; Treatment of Congenital Cleft Palate, by Mr. Ramsay; and the Use of Carbolic Acid in Dentistry, by Mr. Woodhouse.

Abstracts of these papers have already appeared in the JOURNAL.

The volume is admirably got up, with a large clear type and good paper, and contains several well executed plates.

THE POCKET FORMULARY, AND SYNOPSIS OF THE BRITISH AND FOREIGN PHARMACOPEIAS; comprising Standard and Approved Formulæ for the Preparations and Compounds employed in Medical Practice. By HENRY BEASLEY. Eighth Edition, including the Formulæ of the British Pharmacopœia. Pp. 583. London: 1866.

THE object of this book is well known. In the advertisement prefixed, the author says:

"In addition to the formulæ and processes of the last editions of the Pharmacopœias of London, Edinburgh, and Dublin—as well as many which have been successively rejected from previous ones, but which are still occasionally required—it has comprised a copious selection from the American, French, German, and other foreign pharmacopœias; from the well known Formulæ of Magendie, Dunglison, Foy, Bouchardat, Swediaur, and others; from the pharmacopœias of the principal hospitals of this and other countries; from the best systematic works on Medicine, Materia Medica, Surgery, and Pharmacy; from single treatises on particular remedies; and from the British and Foreign periodicals. Care has been taken to include the remedies and forms most recently introduced up to the date of publication of each edition. In the eighth edition are included all the formulæ of the *British Pharmacopœia* of 1864."

The book contains a great amount of useful information for those who desire to know the composition of various articles of pharmacy. We think, however, that in his desire to include everything that may be required, the author has gone quite up to the bounds of safety in inserting the formulæ for such philosophical preparations as oil of bricks (*Oleum Lateræcum*) and oil of earth-worms (*Oleum Lumbricorum*).

A TREATISE ON THE PRINCIPLES AND PRACTICE OF OPHTHALMIC MEDICINE AND SURGERY. By T. WHARTON JONES, F.R.S., Professor of Ophthalmic Medicine and Surgery in University College, London, etc. Third Edition, recast, much enlarged, and illustrated by numerous additional Engravings. Pp. 806. London: 1865.

MR. WHARTON JONES says that, in preparing this new edition of his work, he has endeavoured to make it as complete an exposition as possible of the present advanced state of ophthalmic medicine and surgery. It has, therefore, greatly increased in size, containing half as many pages again as the former edition. The author has incorporated, in many instances, annotations made by Dr. Foucher, the editor of the French translation of the work; and also those made by Dr. Atlee in the third American edition; together with the most recent researches of Donders on the adjustment of the sight and the use of spectacles. Several figures have also been copied from the *Atlas der Ophthalmoscopie* of Dr. Liebreich, by whom they were placed at the disposal of Mr. Jones.

The book appears to be that which its author has professed to make it—a thoroughly comprehensive treatise of ophthalmic medicine and surgery. It

contains nine coloured plates, and one hundred and seventy-three woodcuts, several of which are coloured. It holds an honourable position among the generally excellent series of manuals published by Messrs. Churchill and Sons.

British Medical Journal.

SATURDAY, DECEMBER 23RD, 1865.

THE COLLEGE OF SURGEONS.

WE were not altogether unprepared for the decision arrived at by the Council of the College of Surgeons on the 14th instant. For some time past it had been whispered about in London that the Council of the College of Surgeons had resolved not to grant the petition of the British Medical Association—viz., that country Fellows of the College should be allowed to vote by papers. To all who are acquainted with the fulness of the illiberality of spirit which has so long guided and still guides the actions of the Council, the decision will give no surprise. Some might have thought that, for the sake of gaining a temporary popularity, and of so postponing the inevitable conclusion of the present system of things, the Council would, in wisdom and for its own sake, have done this plain and easy act of justice. And we doubt not that, in truth, the Council would have done it, had not the obtaining of a Charter been necessary. Herein we may assuredly look for the refusal. The mere cost of a new Charter—a hundred pounds or so—would hardly have stopped the action of a great corporation whose income amounts to some £12,000 per annum. But why, then, it may be asked, did the College not go for a new Charter? As the Council does not allow its deliberations—its reasons and unreasons for action and inaction—to appear before the profession, we must draw our own surmises for an answer.

We are, however, told, as the ostensible excuse, that voting by papers would diminish the "active and thoughtful interest in the affairs of the College which personal attendance is calculated to promote." The ingenious inventor of this idea deserves both credit and reward. Those Fellows only, say the College, who will come up to town are worthy of having a vote. The leading surgeons in the country, the very men who are overwhelmed with work, who rarely are able even to spare a few hours of relaxation for their pleasure, whose time is precious to them beyond even what it is to London surgeons, are told that they shall have no vote, no power of exercising the special privilege vested in their Fellowship, unless they choose to pay the penalty of time and money which is to them involved in a journey to London. The Council, in fact, want the

profession to believe that country Fellows are a mere set of children; and have resolved that the test of their capacity for appreciating the merits of candidates for the Council shall be that they take a journey to London. No journey, no vote. Will country Fellows accept the compliment paid to their intelligence and patriotism? They, the Fellows, the very men who were created to form a constituency for electing the Council, are told by the Council that their votes, if given by paper, instead of in person, would be "detrimental to the welfare of the College". Surely there are not two men in the profession who believe that the reason alleged is the veritable reason why the Council rejected the proposal? To believe this would be to say that the Council had deliberately insulted the intelligence of the country Fellows.

We need not go far to find a much more plain and simple explanation of the refusal; and it is this. The words "new Charter" naturally suggested the idea, and with it the fear, of reform among the Retrogradists of the Council—the lovers of inaction and of things as they are. It no doubt occurred to them that, if a new Charter were sought for, inconvenient questions might be put to the College by those who grant the Charter; that, in fact, inquiries into matters affecting the constitution of the College, which would hardly bear satisfactory inquiry, might be made. Doubtless, in this direction we must look for the explanation of the Council's refusal. The Council well knows that the system which presides over the management of the College is quite inconsistent with modern ideas of reform and justice—will not bear publicity and searching discussion; that it is a system which belongs, like Waverley, to sixty years ago, but is utterly unsuited to these days. The refusal is, therefore, a maintenance of a state of things which should have become obsolete when the Municipal Act was passed, a continuance of the old system of close boroughism. It is a glove of defiance thrown down by the obstructives—a proclamation of determined resistance to all reform; and we trust that, as such, it will not be forgotten at the next election of Councillors. One thing, at all events, is very sure. Resistance to just reform leads assuredly to revolution. The day of reckoning may be put off; but the longer it is delayed, the greater the accumulation of pent-up force, and consequently the more crushing its effects when the unavoidable day of reaction comes. The Council, if it thus continue to oppose the sentiment of the profession and of the liberal men within it, will, we venture to prophesy, one day have the whole apparatus tumbling down about its ears, and be itself smothered in the dust and cobwebs.

The following is the answer received by the Secretary of the Association from the Royal College of Surgeons, in answer to the Memorial of the British Medical Association.

"Royal College of Surgeons of England, 16th December, 1865.

"SIR,—I have laid before the Council of this College your letter of the 14th of August last, and the accompanying Memorial from the President and Members of the British Medical Association, 'again bringing under the notice of the Council of this College the general dissatisfaction of the Fellows and Members of the College at the mode of electing the Council, and earnestly requesting that the Council will be pleased to obtain a new or supplementary Charter, in order to render it lawful for the election of Councillors to be conducted by means of voting-papers, which may be filled up by non-resident electors, after some such plan as that prescribed for the Universities of Oxford, Cambridge, and Dublin, in their election of Members of Parliament.'

"I am desired to acquaint you that the Memorial has been deliberately considered by the Council.

"Every attention has been paid to the wishes of so large a number of the profession as that which is represented by the British Medical Association.

"The Council are fully aware of the great convenience which voting by proxy might afford to many of the country Fellows, yet cannot lose sight of the fact that a great number of the Fellows of the College residing at a considerable distance in the country have regularly attended the annual elections of the Members of Council; and the Council are of opinion that voting by proxy would tend seriously to diminish the active and thoughtful interest in the affairs of the College which personal attendance on the part of the Fellows is calculated to promote; and that such a mode of election would thereby be detrimental to the welfare of the College.

"I am desired to add that the Council do not therefore deem it expedient to apply to Government for a new or supplementary Charter to carry out the request contained in the Memorial from the President and Members of the British Medical Association.

"I am, sir, your obedient servant,

"EDWARD TRIMMER, Secretary.

"T. Watkin Williams, Esq., General Secretary,
British Medical Association."

RINDERPEST CURES.

THE *Times* at last, taught by dire experience, is beginning to confess indirectly the immense mischief which it has done, for months past, in assisting, by its ignorant recommendations, in the spread of the Rinderpest. It is now opening its eyes to what science proclaimed from the first, that there is, in a national sense, only one cure for the Cattle-Plague which is worthy of a moment's consideration—its prevention. The *Times* is happily getting sick of recommending "arsenicum" in trillionth doses as a preservative, and in decillionth doses as a remedial agent of the disease; and is evidently losing faith in the fifty various quackeries, which have received its imprimatur. We are now told that

"The Cattle-Plague shows no signs of subsidence, and is driving us towards one definite remedy—the general and permanent substitution of meat-markets for cattle-markets. Put the butchers on the road instead of the oxen, and the whole difficulty will be at an end. The only way of checking the Cattle-Plague is by stopping the movement of cattle. The Royal Commissioners, the Agricultural Societies of the kingdom, the West of England Society, the Smith-

field Club, etc., are at one upon the subject. All see that nothing but the stoppage of cattle traffic, as far as practicable, will stop the Cattle-Plague. Send the butcher to the ox, and all difficulties would disappear."

Curiously enough, at the very moment when the *Times* appears really to understand the gravity of the actual situation, we find one of our medical journals taking in hand the defence of a *Times* doctor's recommendations. Our obscure friend the "Metropolitan Hospital Surgeon", could not have had much faith in his own advice, nor have been very proud of it, or he would have authenticated his prescription with his signature. He probably, however, might have done so had he known that a medical journal would have been found to take up his cause. We may, indeed, be permitted to express surprise that, in the face of this dire national calamity, in the face of the fact that we have to deal with probably one of the most virulently contagious diseases known, a medical journal of scientific repute should have been found to defend the vagaries of a "Metropolitan Hospital Surgeon". When Rinderpest is spreading and killing and threatening the general destruction of our bovine species, and even of our sheep, the "Surgeon" advises us, by way of consolation and to stop its ravages, that we should "study its natural history." And the *Medical Times and Gazette* endorses his proposal; which is mainly as follows: First take 1000, or better still 10,000, diseased oxen; let the disease in them run its natural course; and with due philosophic and pathological and clinical note-book-taking, mark down what you see. When you have so far cleared the way, then give some single remedy—for example, alcohol—and try your luck again in a like manner upon 1000 or 10,000 more diseased cattle. Having settled this, once again go in upon another 1000 or 10,000 with any other likely remedy; and so run on through the whole list of likely remedies in the Pharmacopœia. In this way, you will at last obtain real philosophic information, and learn how to treat the disease.

Now have we really, after all, much reason to cavil at the *Times*, and to express anger and surprise that it should turn the medical profession into ridicule and patronise all the existing varieties of quackery, when we see such proposals as the above recommended by a "Metropolitan Hospital Surgeon", and defended by a metropolitan medical journal? Is there anything intrinsically more absurd in the proposal of giving preventive doses of "arsenicum" à la homœopathy, than in the proposal of learning the "natural history of the disease" by forming an indefinite number of malignantly contagious foci "of 1000, or better still 10,000", diseased cattle all over the country, in order to get at a knowledge of its treatment? A "Metropolitan Surgeon" engaged in such an inquiry, would certainly far outstrip the philosopher who could "peep and botanise upon his

mother's grave." He would most assuredly, long before he had arrived at the end of his profound study, have to sit—a Rokitsansky-Marius (with the *Medical Times and Gazette* in his hands)—brooding over the universal destruction of our horned animals. His pathological museum, it is true, might be crammed to the ceiling with splendid morbid specimens illustrative of Rinderpest; but his larder would be innocent of Christmas beef.

The general history of Rinderpest is already only too well known. What is of infinite more importance, is to know how we may be rid of it. As for its drug treatment, we have already said, and we repeat it, medical science, if it have taught us anything certain about specific fevers, has taught us this—that there is no specific cure for them when once they have got possession of the body; that they will, spite of physicians and metropolitan surgeons, run their course in the body. Common sense and science therefore tell us, when we consider the contagious character of the disease, to stamp it out by the most energetic means. And, therefore, have we said, and again repeat it, that the only possible and really efficacious remedy for this virulent pestilence is to prevent its spread; that "*the only cure of the disease is the prevention of the contagion of it.*"

We must suggest to those members of our profession who desire to essay remedial agents as cures for the Cattle-Plague that, in their eagerness to find a remedy for the disease, they overlook the main point in this great national difficulty. They forget that there is a difference between a man and a brute; and that we may treat the one very differently to the other, if the occasion require it. They forget that, in order to try their experiments, they must keep alive, and of necessity thereby assist in the spread of the most contagious of all known diseases. No one will deny that the most effectual mode of arresting a grievous pestilential fever is to kill and bury out of sight, as rapidly as may be, every individual attacked by it. The patient who dies rapidly of small-pox and is buried out of the land, is infinitely less likely to spread the disease than he who lives through the attack. Just so with this Cattle-Plague, the instant destruction of the animal and the arrestment of all removal of living cattle are clearly the rational cure for it. The very contagious character of the disease also has not been fully appreciated by gentlemen who would try their hand at its cure. We believe it is an acknowledged fact, that cattle-inspectors have themselves widely spread the disease about the country; that it has been conveyed about a district by the cattle-doctor much in the same way as puerperal fever has often been by accoucheurs. So much so, that in some parts of the country the cry has been raised, "Bury the ox and burn the inspector." We have heard on good authority that there are cow-sheds into which the disease has never penetrated; and

for the sole reason that no fresh cattle and no inspectors have been admitted into them since the disease broke out.

No one would talk of curing malignant small-pox by the use of drugs? But in what degree, as regards malignancy, does Rinderpest differ from malignant small-pox? We would remind our readers that, in the letter in the *Times*, signed "Q" (which we may venture to ascribe to one who, as a Commissioner, has studied this disease in all its bearings as fully as any one in the country—we mean Dr. Quain), not one word is said about the treatment of the disease. The writer shews clearly enough, curer of diseases though he be, that, in his opinion, this was not an occasion for the trying of remedies.

We must be permitted to say, therefore, that a very considerable degree of responsibility attaches to every one who is engaged in attempts to cure the disease; we mean the responsibility which attaches to their being instruments of assisting in its spread. When yellow fever, like a deadly pestilence, comes near a country, what is the remedy? Is it not, by the most energetic means, to prevent its spread and arrest it *in situ*? Does any one in face of a virulent yellow fever talk about drug-experiments? No, surely. Why, then, should we treat differently this equally virulent disease, where only the lives of brutes are concerned?

SYPHILISATION IN LONDON.

On Monday last, at the Medical Society of London, Mr. James Lane read a summary of the history of cases of syphilis which have, under Professor Boeck's own superintendence, been subjected to syphilisation at the Lock Hospital during the last few months. A crowded meeting assembled on the occasion to meet Professor Boeck, who was also present. Mr. Lane's paper went to show that the remedy was still on its trial, so far as these experiments are concerned. Mr. Lane, in fact, stated that he was not at present able to offer any definite opinion as to the value of the process as a means of cure. From the nature of the case, it necessarily happens that a long period of time, as well as many experiments, are required in order to obtain a fair view of the results. All that he would say at present was this, that, if he had nothing to adduce positively favourable to syphilisation, he had nothing unfavourable to say of it. He had brought the cases forward in their present unfinished form, in order that the Society might have an opportunity of meeting Professor Boeck, who is on the point of leaving England. Mr. Lane paid a high compliment to Professor Boeck, and bore witness to his candour and high scientific attainments. At a future time he will produce his experience of the treatment in a more full and complete form. He said that the marks left by the pro-

cess were really in most cases very insignificant—not so bad, indeed, as are those often produced by syphilitic rupia. Nor was any objection found on the part of the patients operated on (and they were almost all females) to submit to the treatment.

Much exaggeration exists in the minds of the profession on these points. The treatment had in no one of the twenty-three cases produced any unpleasant consequences; but all the patients had improved in health under it; and, in those few whose care was approaching a termination, the symptoms of the disease were disappearing.

This much, therefore, appears to be proved of syphilisation in Mr. James Lane's hands: that there is, *per se*, no *à priori* objection to its use. The main point which remains to be decided is the effect of the treatment over the disease; and this, of course, time only can decide. If, as Professor Boeck asserts, the relapses are considerably fewer than after mercurial treatment, and at the same time only of a very mild and passing character; and if the disease may be said to be virtually eradicated from the body by syphilisation, the remedy must be admitted to be most valuable, and, in fact, far superior to mercury or any remedy yet known. It is admitted that, under the influence of mercury, the symptoms of secondary syphilis disappear more rapidly than under syphilisation; but then what is also admitted is, that relapses frequently occur, and that the severity of the symptoms of the disease increases with each succeeding relapse. The rapid mercurial cure may be, therefore, a deceptive cure.

Professor Boeck, again, lays stress on a fact, the importance of which has only of late years been dawning upon us; and that is, the fatal character of the internal diseases produced by syphilis—of the liver, kidney, brain, etc.; and it is, he asserts, in warding off those diseases, that syphilisation is of such value. The objections taken to syphilisation by Mr. De Méric were of a feeble character, and merely a re-echo of what has been so often said in Paris—viz., that it was immoral. Mr. De Méric also contradicted himself. He accused his compatriots of Paris of narrow-mindedness in refusing M. Auzias-Turenne an opportunity of practising syphilisation in the French hospitals, and at the same time complimented England for its liberality in letting the thing be tried at the Lock Hospital. But if the proceeding be, as he asserts it is, of an immoral character, his blame of his own countrymen is wrong, and his praise of his English *confrères* very equivocal. His argument against syphilisation as a cure for syphilis really amounted to nothing; viz., that he did not understand how such a remedy can produce the effects asserted of it. He forgot, as Mr. Lane told him, that, if his argument were worth anything, it would apply to nearly every dose of physic we give. Assuredly, only one thing can

settle such a question, and that is experience. Those, therefore, who argue of its use from an *à priori* idea of syphilisation, build their arguments on a quicksand. They might just as well argue about the probable effects of a dose of Epsom salts from a consideration of their chemical character, or deny the virtue of quinine in ague because they do not know how it acts. And, in this respect, it is only fair to say, that Professor Boeck has now had thirteen years' experience of the remedy; that his convictions are derived from the results of operations performed on a very large scale; that he is confirmed in the belief of the excellence of syphilisation by what he has seen; that he is admittedly a man of large scientific attainments, and a most honest and careful observer; that what he says, therefore, is fully entitled to consideration; that his opponents have not facts, but opinions only, to set off against his statements; and that only fact and experiment can decide the matter. Besides this, it is no slight testimony in favour of his opinion, that such men as Dr. Bidentkap should have an equally firm belief in the remedy—belief founded on experiment. Opposition, therefore, like that of Mr. De Méric, must be regarded as mere play of words. As to the suggestion of immorality in the proceeding, we can only say that we are surprised to hear it uttered in a learned medical society. Would Mr. De Méric refuse to give mercury to a case of secondary syphilis, if he knew it to be a perfect remedy for the disease, and that it would prevent the patient ever afterwards suffering from syphilis? Would he, on moral grounds, abstain from the use of so perfect a remedy? Surely not. And yet this is precisely what his argument comes to in the case of syphilisation.

Mr. James Lane and Mr. Gascoven have determined to continue the experiments after the departure of Professor Boeck; and we may, therefore, anticipate that in due time, and not at a very distant date, the profession will have the results of their very carefully conducted experiments laid before them in a complete form.

MR. CEELY of Aylesbury has, we believe, thoroughly satisfied himself that the Rinderpest is a specific eruptive fever, having no relation either to typhus or typhoid fever. He has satisfied himself, from historical records, that the Rinderpest which formerly visited this country was a specific eruptive fever; and it was from this study of the past history of the disease that he came to this conclusion. If, he argued, the present cattle epidemic is the Rinderpest of former days, it must be accompanied with an eruption. Like Le Verrier with his new planet, he said to pathologists, Seek for an eruption and you will find one. Pathologists have sought and have found the eruption to be a constant phenomenon of

the disease. The Medical Committee of the Norwich Cattle-Plague Association, who have just issued a report, refer to the fact in the following terms.

"Quite recently the attention of your Committee has been directed to the state of the skin in the diseased animals. It appears now to be certain that, in a large proportion of cases of Rinderpest, certain spottings or markings are present upon some portions of the skin, and can be easily seen after death by shaving off the hair and holding the integument up to the light. They are also rendered more distinct by the earlier processes which the hide undergoes in the course of tanning. These spots, when examined, appear either as papulae or imperfect vesicles, or as small rounded spots or stains scattered over the surface, in small or larger number, and they appear to be most numerous behind the shoulder. On the smooth skin, also, surrounding the vulva of the cow, small scattered spots or markings may be found. They look to the naked eye like petechiae; but, on examination with a magnifying-glass, they are seen to be really elevated above the surface, and to be, in fact, papulae or pimples, acuminated, with indistinct vesications or semi-purulent corrugations of their apex; their colour and general appearance approximating very closely to that of the spottings that have been seen on the mucous membrane of the larynx and trachea. Such appearances confirm very forcibly what has been said as to the specific and eruptive type of the disease; and indeed, in the opinion of your Committee, supply the only link hitherto wanting to prove most conclusively the truth of what has been advanced above."

This phase of the case will naturally bring forward the question of vaccination as prophylactic of the disease. We shall hope shortly to lay before the profession a full account of Mr. Ceely's views on this important matter. The report of the Norwich Commission above alluded to, is a valuable and instructive document. The members of the Committee are, Dr. Eade, Dr. Bateman, Mr. Nichols, and Mr. Cadge, with Messrs. Wells and Smith, M.R.C.V.S., and Mr. Forrester as Secretary. We regret that we are only able summarily to allude to it. Their conclusions are as follows.

"1. That the disease is the result of a specific blood-poison. 2. That it is an eruptive disease, closely allied in its nature to the exanthemata in man. 3. That it is both infectious and contagious. 4. That it is communicable from ox to ox, from sheep to sheep, and between these two classes of animals by mere association. 5. That it is also inoculable by means of the discharges from bullocks to sheep, from sheep to bullocks, and to each other respectively. 6. That the disease as seen in sheep is identical in nature with that of bullocks, but is milder in type, and is also modified as to its *post mortem* appearances."

A full account is given in the report of the symptoms of the disease, as observed in the ox and the sheep, as well as of the *post mortem* appearances. With regard to its communicability to man, they say:

"The human species does not appear to be liable to suffer either from exposure to contaminated air, or from punctured wounds made by instruments charged with fluid from the carcasses; neither does it appear that the diseased meat is, in its early stages, unwhole-

some as food; but that the poison may enter into the human system, and be retained there, is shown by the fact that the smell peculiar to this disease may be perceptible in urine and stools passed many hours after its inhalation. How peculiar and characteristic this smell is, is borne testimony to by all who have had any experience of the disease; and, indeed, from it alone, as emitted by the living animals, or in a still more marked degree by the dead carcasses, and especially their abdominal viscera, the presence of the disease may often be diagnosed."

The Committee add, that they have as yet no data before them from which to judge of the efficacy of any kind of treatment of the disease.

We are glad to find that our distinguished associate, Dr. Barham of Truro, has been diffusing sound and sensible doctrines of the Rinderpest in his neighbourhood; and especially that the landowners and farmers have had the good sense to listen to, and so to reap the benefit of, his advice. In a letter he says:

"The main purpose with which I have penned these lines is the endeavour to urge the necessity of effectual separation of cattle supposed to be affected with disease from those which remain apparently healthy, and the utmost vigilance in preventing the conveyance of the plague-germs to the latter, and in removing the discharges. From the reports of recent meetings, and what I hear of the common practice, I apprehend that the measures usually adopted are by no means sufficiently decided."

He then gives a plan for penning the cattle, when diseased, in semi-open sheds. With respect to the drug-cure of the disease, he speaks plainly out.

"I do not wish to intrude on the province of the veterinary surgeon, and will only remark generally that, in mankind, fevers analogous to Rinderpest may be guided in their course with much advantage; but, speaking strictly, no cure for them has yet been discovered, and it does not appear that more can be said in respect to animals. It is possible, however, to do a great deal of harm; and I cannot but think that to do nothing would be far better than to throw in large doses of active drugs and stimulants totally alien to the constitutions of these ruminants."

Remarks like these we wish we could more frequently meet with from the authorities of our profession. Most assuredly no verbal abuse of quackeries will ever put them down; but, if the lesson which may be learnt from Dr. Barham's words were fully practised by us all, we should soon see one, at all events, of the most rampant of quackeries, sink to its proper level in the dust.

DR. CRISP considers, like Mr. Ceely, that Rinderpest "has little or no resemblance to typhus; but that it is a malignant spotted fever of an exanthematous character." His recommendations for treating the disease are:

"Destroy all animals when necessary; compensate all losses; appoint a chief inspector in every county; establish temporary dead meat markets; kill all foreign animals at the ports of landing, and all sheep and oxen where they now are; stop all movements of sheep and cattle for six weeks, unless under spe-

cial circumstances, and by an order from the county inspector: order all dogs to be tied or shut up; and prevent hunting in every county in England."

The Rev. S. Surtees says, in the *Times*:

"The Rinderpest has been peculiarly fatal in my parish. The homoeopathic treatment has been so highly vaunted, that it is to be feared that farmers generally throughout England are careless of other remedies. I think it ought to be known that we have tried arsenicum in several cases, not administered by the herdman, but carefully and regularly by the farmer himself, and that it is a complete and total failure, both as a preventive and a cure. Those treated by the allopathic veterinaries, and by the several nostrums or remedies in your columns, have failed alike. Having witnessed the failure of every remedy in turn, I am reluctantly, against my own conviction, obliged to confess that the Commissioners are right, and the pole-axe should be used."

THE cholera still lingers in Paris; and there was lately a slight increase of deaths from cholera in that city. On the 11th, there were sixteen deaths; on the 12th, the same number—six in hospitals and ten in the city. Twelve patients were admitted into the hospitals, and four cases broke out in the sick wards. On the 13th, there were fifteen patients admitted, and three cases in the sick wards. The deaths were on that day three in the hospitals and ten in the city.

THE Imperial Academy of Medicine distributed its annual prizes on the 12th instant. The prize of the Academy, 1000 francs, was adjudged to Dr. Martin, its subject being Traumatic Paralysis. Baron Portal's prize of 1000 francs, "On the Specific Anatomical Characters, if there be any, of Cancer," was gained by M. Cornil. There were six competitors for Madame de Civrieux's prize of 1000 francs; the question being, "The Relations between General Paralysis and Madness." M. Magnan took the prize. Capuron's prize of a like value, "the Pulse in the Puerperal State," was not adjudged. An encouragement, however, of 600 francs was given to M. Hemey, one of three competitors. Baron Barbier's impossible prize of 8000 francs, for a cure of incurable diseases, found seven candidates. A prize of 7000 francs was adjudged, as the nearest approach to the programme, to M. Chassaignac, as author of "Ecrasement Linéaire." M. Amussat's prize of 2000 francs found four candidates, but no takers; but recompenses were given to two of them. Eight works were sent in for Godard's prize of 1000 francs; but the Academy gave only two recompenses.

M. Bouchut, of the Children's Hospital, tells us that since 1862 he has paid great attention to the diagnosis, by means of the ophthalmoscope, of cerebral hæmorrhage, softening of the brain, hydrocephalus, compression, and other diseases of the brain. His observations, now sixty in number, prove that all diseases which interfere with the cerebral circulation impede more or less the venous circula-

tion of the eye, rendering the veins of the retina more distinct, dilated, and varicose; sometimes rupturing them, filling them with clots, and causing serous infiltration and hæmorrhage in the retina, and consequent atrophy, etc.—all which lesions are appreciable by the aid of the microscope.

ROYAL COLLEGE OF SURGEONS.

FROM the annual report of the Royal College of Surgeons of England, it appears that, during the past collegiate year, there have been sixteen meetings of the Council, and fifty-four of the Court of Examiners. During this time, seventeen members have passed the examination for the fellowship, and three have been rejected for twelve months. For the Primary or Anatomical and Physiological Examination for membership, 366 passed, and 131 were rejected for three months. At the Pass or Surgical and Pathological Examination, 402 passed, and 60 were referred back to their studies for six months. During the year, 12 assistant-surgeons presented themselves for examination for promotion to the rank of naval surgeon; of whom, 8 were reported to the Admiralty as having passed to the satisfaction of the Court, and four were referred to their professional studies for a period of three months. The Board of Examiners in Midwifery have had three meetings, and have passed 39 candidates and rejected 3. The Board of Examiners in Dental Surgery have passed only 4 candidates during the year, and rejected 2. Since the institution of the fellowship, it appears that 116 candidates have passed the preliminary examination in classics, mathematics, and French, for that distinction. The senior member of the Council and Court of Examiners is Mr. Lawrence, who appears to have been admitted a member of the College so long ago as September 6th, 1805, and who is in his 83rd year. The oldest officer of the College is Mr. T. M. Stone, who appears as having been appointed assistant-librarian thirty-three years ago. Three members of the Court of Examiners have each filled the President's chair twice; viz., Mr. Lawrence, in 1846 and 1855, having been elected a member of the Court in 1840; Mr. South, in 1851 and 1860, having been elected a member of the Court in 1848; and Mr. Luke, in 1853 and 1862, having been elected a member of Council in 1851.

From a report just published, it appears that, during the past collegiate year, the income of the Royal College of Surgeons amounted to £11,634:14:8; and the disbursements to £12,085:18:2; being an excess over receipts of £451:13:6. The members of the Council and Courts of Examiners divided amongst themselves £3890:12:0. The next largest amount is set down for salaries and wages; viz., £3208:13:8. The income appears to decrease, whilst the disbursements increase; as there appears a diminution of £882 for the dental diplomas alone, and also a decrease in the number of licences granted in midwifery.

Association Intelligence.

BIRMINGHAM AND MIDLAND COUNTIES BRANCH: GENERAL MEETING.

The third general meeting of the present session was held at the Birmingham Library on Dec. 14th; JAS. RUSSELL, M.D., President, in the Chair. There were present twenty-one members of the Branch and two visitors.

Vote of Thanks to Dr. Wade. On the motion of Dr. JEAFFERSON, President of the Association, seconded by Mr. HADLEY, a cordial vote of thanks was passed to Dr. Wade, on his resignation of the office of Honorary Secretary to the Branch.

New Members. The following gentlemen were elected members of the Branch. John Cooper Garman, Esq., Wednesbury; Wm. Chancellor Garman, Esq., Wednesbury; J. Shaw, Esq., Handsworth; R. P. Walker, Esq., Birmingham; Dr. Vinrace, Birmingham; F. Steele, M.D., General Hospital, Birmingham; Christopher Jeaffreson, Esq., Sydenham College, Birmingham; James Wood, M.D., Queen's Hospital, Birmingham.

New Secretary. On the motion of Dr. JEAFFERSON, seconded by ALFRED BAKER, Esq., Mr. T. H. Bartleet was elected Honorary Secretary of the Branch.

Papers. The following papers were read.

1. Paraplegia. By J. Russell, M.D. The paper was followed by a discussion.
2. New Modification of the Russian Vapour Bath; with Cases successfully treated thereby. By James Williams, M.D.

Reports of Societies.

OBSTETRICAL SOCIETY OF LONDON.

WEDNESDAY, NOVEMBER 1ST, 1865.

ROBERT BARNES, M.D., President, in the Chair.

THE PRESIDENT announced that the Council had resolved to hold a *conversazione* in March next, for the purpose of exhibiting a full collection of instruments used in obstetric practice.

Specimens. Dr. BARNES exhibited a monstrous Fœtus brought to him by Mr. Thane of Canonbury. Also, a voluminous Fibroid Tumour, weighing 1 lb. 13 oz., which, with the assistance of Dr. Hicks, he had successfully removed from the uterus of a lady a month ago.

Dr. RUSSELL of St. Alban's laid before the Society the particulars of a case of Hydatiform Degeneration of the Ovum.

CASE OF OVIOTOMY. BY J. H. AVELING, M.D.

The operation was performed as follows. As soon as the cyst was reached it was tapped, and the fluid (twenty-one pints) withdrawn. No adhesions existed, and the sac was withdrawn easily. The pedicle, which was short, and about four fingers in breadth, was transfixed by a needle carrying a double thread. The two ends of each ligature were then brought up on either side, and drawn through two wire coils five inches and a half long. Each coil had fitted upon its end a cross-bar; and around these cross-bars the ligatures were secured after they had been drawn sufficiently tight to compress the vessels. The pedicle, after it had been placed in the hook of Dr. Aveling's polyprite and crushed through, was then

returned *in situ*, and the wound closed with iron-wire sutures. The coil-clamps were removed in forty-eight hours; and the patient made a favourable recovery.

Mr. SPENCER WELLS said that no one method of dealing with the pedicle could be applicable in all cases of ovariectomy. A long pedicle was dealt with so successfully by the clamp, that he desired no better method; but it was still doubtful what was the best mode of proceeding when the pedicle is short. The plan of leaving the ends of silk or twine ligatures hanging out through the wound was so unsuccessful, that the apparatus of Dr. Aveling would probably prove of great advantage in cases of short pedicle in weak patients.

Dr. MARION SIMS said that the clamp was a great improvement on the ligature. He thought Mr. Baker Brown's plan of severing the pedicle by the actual cautery promised great results. He viewed Dr. Aveling's method with favour. He always used a silver wire, and left it to be accutulated. He said the distal end of the severed pedicle did not slough where the wire was applied. The wire became imbedded and hidden in its tissue.

CASE OF LABOUR: CERVIX UTERI HYPERTROPHIED AND UNEVOLUTED. BY G. ROPER, ESQ.

A. E., aged 37, in labour with her eighth child, was found to have the cervix uteri elongated and enlarged, so as to fill the vagina. The os externum was sufficiently dilated to admit the hand, but the os internum was undilated. The occiput presented. Version having been tried and failed, and the funis being pulseless, the head was perforated, and after some difficulty the child was extracted. During extraction the cervix uteri protruded from the vulva, and the effects of pressure and distension on it could be well observed. The difficulty consisted, not in having a rigid os uteri to deal with, but the entire cervix had to be expanded, dilatation of the os internum constituting the chief difficulty. The author discussed the question whether craniotomy alone, or dismemberment and exvisceration of the fœtus, is the best for such a case.

PROCIDENTIA UTERI. BY J. MARION SIMS, M.D.

Dr. SIMS said that a procidentia was complete when the vagina was inverted and formed its outer covering—incomplete when the cervix only passed through the vulva; that a broad public arch, divergent rami, a relaxed perineum, and a retroversion, were essential to its production; that in some cases the infravaginal cervix was elongated, and came down first, but that in the majority of chronic cases a vagino-cystocele formed the first stage of procidentia. For the first he advocated amputation of the cervix, and said this was generally alone sufficient; but for the second he preferred to narrow the vagina. This idea, he said, originated with Marshall Hall; but he did not think the operation had ever succeeded till the introduction of metallic sutures. He then gave an account of the operation from the time he first performed it in 1857 till now, showing its gradual advancement to its present state of perfection. He illustrated the subject fully by diagrams. In 1857 he narrowed the anterior wall of the vagina by excising a large ellipsis of it, and then bringing the lateral borders together with silver sutures. Afterwards he simply denuded the surface of its epithelial membrane; then he simplified the operation by making a V-shaped scarification; and subsequently he made it trowel-shaped or triangular, the point being at the neck of the bladder, and the broad portion in juxtaposition with the cervix uteri. In all these methods, the object was to remove the cysto-

cele, and afford a support to the parts just at the anterior cul-de-sac. By diagrams he illustrated the method of operating, and claimed for it, when properly done, the greatest success. He did not pretend to institute a comparison between this and the perineal operation for the same trouble; but he had been driven to work out this plan in consequence of having often failed with the other. He only wished to add another resource to our means of curing such a disgusting infirmity, for we now had three methods: 1, amputation; 2, the perineal operation; 3, the narrowing of the vagina, as advocated by him.

Mr. NUNN had on several occasions operated for prolapsus uteri after the plan recommended by Mr. Baker Brown. In most of the cases a partial rupture of the perineum had existed. In them the result of the operation was satisfactory on the whole. Where no rupture of the perineum existed, as in young women who had never borne children, Mr. Brown's operation failed. He also stated that he had himself adopted, and had also seen Mr. Brown on many occasions practise, a proceeding somewhat resembling that described by Dr. Sims—namely, the removal of a V-shaped portion of the mucous membrane of the vagina reaching from the fourchette to within an inch or so of the cervix, the difference being that this removal was made from the posterior instead of the anterior or vesical wall of the vagina.

Mr. SPENCER WELLS said that the operation suggested by Dr. Marshall Hall had been performed many years ago in London. He (Mr. Wells) had seen two ladies upon whom it had been performed by the late Dr. Hemming, of Kentish Town.

Mr. CHAMBERS regarded Dr. Sims' proposal as a valuable contribution to female surgery; but, in common with Mr. Baker Brown, he (Mr. Chambers) had for years past combined the two operations in cases requiring such a procedure, and he felt bound to say that the anterior operation, as performed by Mr. Brown, was a very simple one when compared with that of Dr. Sims.

Dr. WYNN WILLIAMS remarked that, as regards the success of the operation performed by Mr. Baker Brown, he had met with several cases, and he must say that the patients appeared to him to have been but little benefited by the operation. He recommended the pessary, which acts by making tense the mucous membrane reflected from the vagina to the uterus, the uterus being suspended between the blades of the pessary.

Dr. WILKINS, of Australia, stated that he had operated on two cases of procidentia uteri, following closely the method of Mr. Baker Brown as described in his book. Permanent success had followed the operation, even though one of the cases had been of twelve years' standing. Dr. Tracey, of Melbourne, had also operated on several cases, and he believed with similar results.

The PRESIDENT had performed Mr. Brown's operation several times. He had found prolapsus return in spite of the provision of a good perineum. Further, he had repeatedly seen the uterus remain *in situ* notwithstanding large perineal luxation. It seemed to him that Mr. Brown's operation was performed in the wrong place. It had no effect in providing support where it was wanted—namely, anteriorly, at the connection of the cervix uteri with the base of the bladder. This object seemed to be perfectly accomplished by the admirably reasoned out and ingenious operation of Dr. Sims.

Dr. Sims, in reply, said that no one method of operating could be applicable under all circumstances to all cases. If there was a lacerated perineum it was proper to restore it. If there was elongation of the infra-vaginal portion of the cervix, then the

proper operation was amputation of the cervix, and this was probably all that was necessary in such cases. In the majority of cases of procidentia—in all those where a vagino-cystocele formed the first stage of descent—he was satisfied that the operation he had described, viz., that of narrowing the vagina by forming a longitudinal fold of its tissue on the anterior surface, reaching from the neck of the bladder to the neck of the womb, would be one of the safest, simplest, and best.

HARVEIAN SOCIETY OF LONDON.

THURSDAY, NOVEMBER 2ND, 1865.

J. B. LANGMORE, M.B., President, in the Chair.

Cancer of the Eye. Mr. J. Z. LAURENCE exhibited two specimens of cancer of the eyeball. In one case, the diagnosis had been obscure; and the patient had been advised by the surgeon she consulted to submit to iridectomy. Mr. Laurence thought surgeons would soon require to be told, not when iridectomy ought to be employed, but when it ought not to be employed.

Cholera in Egypt. Dr. TILBURY FOX read a paper on the cholera in Egypt. The object of his paper was to describe—1. The untenability of the theory of spontaneous development; 2. The source of the cholera-poison in India; 3. The influence and great transporting power of ships and currents of air; 4. The line of investigation required of the International Sanitary Commission; 5. The action of good food as a preventive; 6. The plan for prevention and treatment found to be most successful of late. The author had recently visited Alexandria, Cairo, Jerusalem, Damascus, and other eastern localities, and had enjoyed admirable opportunities for investigating the circumstances attending the recent outbreak of cholera in Mecca. The disease first appeared in Alexandria in a wretched quarter, filthy to the last degree. Hot winds had prevailed in Egypt during the year, and a murrain had existed among the cattle. The heat had been excessive—as much as 115° Fahr. in the shade during the day, falling to 60° at night. The water-supply was bad and scanty, even in the best hotels. Pilgrims to Mecca, 700,000 in number, all reduced to the lowest ebb of vitality by hunger, filth, and disease, and played on by the exhalations of 700,000 animals (for each pilgrim must sacrifice one animal at the tomb of the prophet), were congregated at Mecca when cholera burst forth.

The disease was not generated, however, at Mecca. Cholera was a peculiar and special poison, and generated independently of hygienic influences, although most attacking those whose health was undermined by bad diet, filth, etc. This poison was manifestly transported to Europe from India, where it was endemic; and from Mecca to Alexandria; for, previously to the outbreak at Mecca, several vessels arriving at Jeddah from India had lost many passengers by cholera—eighty in one vessel. The transference of the disease from India to Arabia illustrated the law of action of poisonous diseases, which required a poison, a transference, and a suitable soil.

India was the nursery of cholera; and, although the *Times* newspaper had lately argued in favour of the spontaneous generation of cholera, the author was convinced that, like the Rinderpest, etc., cholera was contagious. The conductor of the plague from India to Mecca was the poor Indian pilgrim, arriving half starved, with an attack of diarrhoea or semi-fever, at Jeddah from the cholera hotbed. Burton had mentioned that the cholera had visited Medina four times before his visit to it in 1853. We could

not, therefore, the author said, refuse to see that the tendency of each succeeding epidemic was to affect more and more widely the range of countries around; and that, in any succeeding outbreak, we in England might anticipate a greater likelihood of our country being affected far more, as it seemed we were disposed to place less reliance on quarantine. Besides the influence of individuals and ships, currents of air coming from infected localities would account for sporadic cases occurring at a distance from a focus of contagion. Winds could carry the ashes of volcanoes for forty or fifty leagues; and Dr. Sedgwick said he had seen fine sand on the sails of ships five hundred miles out at sea. We often heard of cholera breaking out in places after a storm, or on a ship at sea when stinking clouds have passed over it.

The true and effectual check, by which the epidemic might be strangled in the birth, must be applied before the pilgrims reached Mecca. There should be quarantine of all vessels arriving at Jeddah from India; and it was the duty of England to see to this, since India was the nursery of the disease, and English vessels conveyed it into Europe through Egypt.

Cholera was decreasing in France; but it lingered on the continent, and might enter England through Russia or Denmark in the spring. It was, therefore, necessary to be on our guard. Persons who committed excesses, whether rich or poor, had been found during the recent epidemic at Marseilles to be most liable to be attacked. Good food was an important prophylactic; and, if quarantine were established, great care should be taken that the inmates should be well fed—a precaution often neglected.

Dr. Fox called attention to the fact that, in case of the outbreak of cholera in the spring, the prospects of the poor during the ensuing winter were far from good. The price of butcher's meat was excessively high, and so were coals. The care of the poor in such times was a sacred duty, which it behoved the rich not to neglect, if but from self-regarding motives. And of what avail was it to preach up the observation of sanitary laws to persons too poor to be either adequately fed, or clothed, or warmed? The dining-halls were, therefore, a step in the right direction.

Diarrhoea was by no means an invariable antecedent of cholera; and the collapse was independent of the diarrhoea in true cholera. A flannel belt should be worn in cholera times. All drains and closets should be disinfected. All the attendants on patients with the disease should wear respirators, and the most simple was a layer of silk over the mouth. Nurses should drink a solution of an alkaline sulphate as an antiseptic. In the East, latterly, cherry laurel water, opium, chlorodyne, and nuxvomica, had been used; and also acetate of lead for the diarrhoea, with dilute sulphuric acid, and chloric ether, and kino. The most successful plan had consisted in restoring the circulation by means of warm applications to the extremities, and controlling the diarrhoea. When collapse supervened rapidly, stimulants were indicated; but, generally speaking, they were not needed. Mustard baths, or hot-air baths, with warm diluents, were of great service. In some cases of collapse, one-twelfth of a grain of strychnine, given every half-hour, had produced good effect; even a fourth of a grain had been given. Belladonna, freely administered, was useful in some cases of collapse. Ice to the spine would be of service in some cases, although he protested against the indiscriminate use of this application. Frictions with oil of mustard, or aconite ointment, or cajuput oil, and turpentine stupes, were useful. Concentrated broths should be administered. Calomel in large doses had

been praised; it probably acted locally. The alkaline sulphites were greatly preferable, and did no incidental mischief. Salines were contraindicated. In cases of collapse, when absorption was lost—a circumstance which sometimes, although rarely, took place—the hypodermic injection of morphia well deserved a trial.

Dr. FULLER could not believe that the arrival of a ship was necessary for the outbreak of cholera in any locality. Weeks after ships had been at sea, the disease had broken out, and ceased again as suddenly. Dr. Snow had attributed the Golden Square outbreak to the defections of the cholera patients getting into the pump-water. He (Dr. Fuller) could not agree to this view of the matter. The outbreak of the cholera was too rapid at that place. One evening, all were well; and, before twenty-four hours had elapsed, sixty or seventy persons had died, and many scores had been attacked. The pump, too, was not suspected until long after the origin of the outbreak. In fact, he did not believe that drinking the rice-water stools would give rise to cholera, and should not himself be afraid of any evil consequence even if a pint of it were drunk. He did not believe that cholera was contagious. Then glycerine traps had disproved the theory of animalcules in the air. After all theories had been exhausted, he felt inclined to believe in some telluric influence affecting the nerve-centres of organic life. There was not any distinction between cholera and choleric. Bilious diarrhoea could not be compared with true cholera. British cholera was a misnomer. Sporadic cases of cholera were identical with those occurring during cholera epidemics. As to the administration of large doses of belladonna or strychnine, these were most dangerous; for, after the collapse had passed away, the patient would not unlikely die of the effects of these drugs. All remedies in the collapsed state were in vain, in his experience; and he would prefer only an occasional emetic, with ice-water for drink, a mustard bath, with mustard poultices to the epigastrium, and frictions with cajuput oil or some stimulating embrocation to the extremities. During the early stages, dilute sulphuric acid in full doses, calomel, and ice-cold water to drink, were the best treatment. Ice to the spine was no novelty; it had been often used in India, without in any way being a cure of the disease. Warm douches along the back were sometimes soothing applications also, but not curative.

Dr. MENZIES had in 1831 been commissioned by Government to investigate cholera on the continent. He had found, in the treatment of several cases which had then come under his notice, that decoction of cinchona with almond emulsion had been of use in tonifying the stomach. With this he had used a pill of calomel gr. v, powdered opium gr. ii; and had applied sinapisms to the epigastrium, and hot-water bottles to the extremities, with diffusible stimulants. In some cases, he had found slight bloodletting of service. Small quantities of iced water, given occasionally, were useful. Seasons in the tropics when no storms were heard were the most unhealthy. Asiatic cholera was essentially a disease of hot climates, and developed under certain conditions of the atmosphere. He had generally observed it to rage most during easterly winds. In 1855, at Shorncliffe, this was notably the case. Although a non-contagionist, he thought that the specific poison of cholera was often conveyed by individuals from infected localities. Hence the necessity for quarantine, and the insulation of persons affected. Troops should be removed to a distance from the seat of the epidemic. Cleanliness and ventilation should be enforced. Small quantities of iced water, given from time to time,

were of greatest importance in treating the disease. Iced water should not be given *ad libitum*, but only from time to time. This acted as a tonic to the stomach. Also a pill containing gr. v of calomel with gr. ij of opium, with the application of heat and sinapisms to the extremities. This was the treatment which had succeeded best in his experience. As to Dr. Chapman's plan of ice to the spine, he was inclined to think well of the plan, as it agreed in theory with his own views.

Mr. SEDGWICK had seen a great deal of cholera in India, and heard it much discussed; and he must say that the contagious theory was, to say the least, doubtful. As an argument against contagion, he cited the case of four members of a family who, in 1854, died of cholera after partaking of a piece of bad meat roasted. This occurred in one apartment of a model lodging-house, in which there were eighteen sets of rooms. No other inmate of the house died. The rooms were papered afresh, and left empty for five or six weeks. The next family that entered the rooms, however, lost two members by the disease. No other lodger had it, which militated much against any theory of contagion. As to drugs during collapse, he agreed that none were of any use; but the hypodermic plan of administering opium ought to be tried during the next epidemic. Ice-bags along the spine might doubtless sometimes cause reaction, but might also do harm by promoting secondary fever—a condition which was the most fatal of all during the last epidemic. In India, where bleeding was not so disliked as here, secondary fever was rarer. He had often bled patients in collapse, with good results.

Dr. BROADBENT expressed astonishment at Dr. Fuller's views. All epidemics of cholera had come westward from India, in the track of trade. Against this were put individual cases of apparently unaccountable appearance at sea, and its simultaneous development in different parts of London. Equally remarkable apparent exceptions to contagion might be cited in the case of small-pox or any other contagious disease. In his opinion, when all possible allowances had been made for local causes and atmospheric influences, there was in the history of cholera epidemic something which could not be accounted for except on the supposition of a specific contagious poison. Dr. Fox had shown that it came to Mecca from India. Overcrowding, of course, would propagate the disease. As to terrestrial emanations, no one could understand this; and it would be as well to say at once that we knew nothing of the cause of cholera, in so many words.

Dr. DRYSDALE was convinced that cholera was contagious. Dr. Baly and others had, he thought, set this point clearly before the profession; and he did hope that Dr. Fuller's observations would neither lead himself nor any other person to attempt the dangerous experiment of drinking a portion of the rice-water dejections. Such experiments were noble, but most dangerous. Non-contagionists could not explain why the cholera came from Cairo to Alexandria, from Alexandria to Marseilles, from Marseilles to Paris—from Alexandria to Southampton by the *Nyasa*, and recently to America in a ship. If this were not contagion, he could not understand what was. As Dr. Fox said, poverty was the great fomentor of cholera and other epidemics; and he might add that, so long as such large families were so prevalent, poverty would flourish, and every now and then some contagion like cholera would find, alas! too many victims. The treatment of the early stage of cholera was that of diarrhoea—opium and astringents. M. Velpeau's recommendation of five minims of laudanum every two hours, on sugar, was,

good. Hot bottles to the feet, and plenty of cold water to drink, fulfilled the other indications. Empiric nostrums did more harm than good. Opium should be injected hypodermically in collapse in the next epidemic. Ventilation and cleansing of towns should be proceeded with.

Dr. GREENHOW had not been able to find sufficient evidence to convince him of the contagion of cholera. He had made personal investigations during the epidemics of 1849 and 1854; and no well authenticated case of contagion had been found, although several had been reported to him as examples of contagion. Cholera was not new to this country during the present century. In the latter half of the seventeenth century the disease had prevailed, and was so well described by Willis and Morton as to leave no doubt as to its identity with Asiatic cholera. Several years before 1831, there had been an increase in the mortality from diseases of a proluvial character. The disease was not supposed to have reached London until February 1832, yet in 1831 some cases of cholera had occurred there, and the disease broke out in Sunderland in October 1831. Every year since that date, there had been sporadic cases of what in a cholera epidemic would have been termed Asiatic cholera. Different theories had been put forward by contagionists. Dr. Snow thought that the dejections tainted the drinking-water. Dr. Thiersch said that the stools must first be putrefied before they could spread the disease; and Pettenkofer, that the dejections must act as a ferment in a porous soil already charged with night-soil. Doubtless cholera prevailed where the air was vitiated by emanations from feces; but this was all the truth contained in these theories. Why, then, did cholera not appear every year? Because some one other factor was required. During past epidemics, the barometer had been high, the air very still; and it was said that there was deficiency of electric movement. It was quite conceivable that, in such atmospheric conditions, both a different form of decomposition might take place, giving rise to unusual products, and that the latter might be retained longer in the vicinity of human dwellings. He could also conceive it possible that some exceptional telluric influence might exist at such times. However this might be, cholera had come on in 1831 spite of a rigid quarantine; and he thought it most desirable that the attention of the medical profession and of the public should be directed rather to the removal of the local conditions which appeared, under every existing theory, to be necessary to the spread of the disease, than to any attempts to prevent its importation by means of restrictions on commerce, which would certainly prove both futile and vexatious.

Mr. CURGENVEN said that he was a believer in contagion. The disease took the same path as travellers—from Cairo to Constantinople, to Ancona, etc., instead of going to inland parts quite in the vicinity. Then it came to Malta, then Marseilles, then Paris; then to Southampton by the *Nyasa*, on which vessels four persons had died. A milliner died in London of the disease; she had just come from Paris, where it was raging. The disease would probably visit us in spring. Impure air or water would not cause cholera; they merely predisposed to it, as they do to typhus or typhoid fever, etc. In 1853, a nurse at the Royal Free Hospital caught the disease from a cholera patient she met at the gate, and died of it. In epidemic times, the poison is in the air, and merely requires a fit soil to germinate. Calomel, he thought, was the sheet-anchor in treating cholera—a scruple at a time, with ten grains of powdered ginger, followed by an ounce of castor-oil. This stopped purging; and the patients recovered, if this were given before the collapse supervened. The

calomel was not absorbed. During collapse, camphor and opium were the best remedies. In the Crimean war, those treated with calomel, as above, all recovered, if seen before the collapse.

Dr. HART VINEN thought that the progress of cholera pointed towards contagion, and had seen several cases which strengthened his belief. A German baker died of cholera. The woman who nursed him died; and several persons who came to see him took it and died. The persons in the next house also died. In 1854, he had seen cases where no unhygienic condition could account for the occurrence of the disease. An old lady, who kept a school in St. John's Wood, was one of the first fatal cases; also a curate died. As to treatment, calomel in large doses, and astringents, were in his opinion the best. Acetate of lead and opium were an excellent remedy.

Mr. OWEN said that Dr. Greenhow's admirable remarks had only tended to prove that cholera might be generated without contagion, not that it was non-contagious. The contagionists, he thought, had the best of the argument. The recent outbreak at Epping was traced to a person who had visited Southampton, where the disease existed at the time of his visit. As to the case of a student who had partaken of the rice-water stools without harm, this proved only that many persons might be subjected to poisonous influences and escape unhurt. It was fortunate that such difference of opinion existed as to the contagiousness of cholera. If the profession were unanimous, the public would be apt to take a panic, and thus increase the evil.

Mr. ADAMS had been connected with St. Thomas's Hospital in 1848-9—the cholera year. At that time, the views of Mr. Grainger—a non-contagionist—were in the ascendant. During the epidemic, there was but one nurse of the cholera wards attacked. The students all escaped. He (Mr. Adams) had made all the *post mortem* examinations; and he could only say he did not think that the disease was directly contagious by individuals, although the fact of its travelling the beaten track was certainly staggering. In 1849, no one had any fear of contagion. He had found denudation of the intestinal epithelium in all cases where collapse was complete. As to treatment, all seemed alike at that time. A pail of water at the bed side seemed, on the whole, most successful.

The PRESIDENT had seen a great deal of cholera in Whitechapel in 1832. He had then found most advantage from administering two grains of calomel every ten minutes, with camphor and diluents, and the application of warmth to the extremities. He still remained a believer in contagion, after all said by Drs. Fuller and Greenhow. Mr. Sedgwick's case, he thought, was one of contagion from the walls of the room. Cholera travelled slowly along the routes of trade, like human beings; influenza rapidly, and over wide areas.

Dr. MUSHET avowed himself to be a non-contagionist. Elevation above sea-level would account for the route taken by cholera, elevated places being much less subject to cholera than low-lying places. In 1854, at the Marylebone Infirmary, all plans of treatment were tried. The castor-oil plan was uniformly fatal. Sulphuric acid, on the whole, was the best. Nurses of the cholera wards escaped untouched; and, in the cases where persons were taken, it was found that they had slept near a foul privy. The undertakers, who were constantly with the dead, escaped. He had then seen no sufficient evidence for the contagion theory.

Dr. GREENHOW said that in 1854 stinks were the fashionable account of the origin of the disease; now

contagion seemed the reigning theory. It must be remembered that, in 1831, there was stringent quarantine, and yet that the disease prevailed in spite of it. He did not say that cholera was not contagious, but only that he could not find sufficient evidence of this fact.

Dr. TILBURY FOX, in reply, said that he had received information from the East corroborative of his views as to the origin of the recent epidemic in India. Before the pilgrims arrived at Mecca, it had prevailed at Aden and at Mokallah. It was, curiously, as yet unknown in Australia. Contagion, as now defined, included ships or pilgrims, animals, or even clouds rising from an infected city.

LIVERPOOL MEDICAL INSTITUTION.

THURSDAY, NOV. 30TH, 1865.

W. H. MANFOLD, Esq., Vice-President, in the Chair.

Specimens. Dr. BARRETT showed a Biliary Calculus, weighing two drachms and a quarter, that had been passed *per rectum* by a patient under his care.

Dr. RAWDON showed an Urinary Calculus, removed from a patient in the Infirmary by Mr. Stubbs. A piece of bougie about one inch in length was found forming the nucleus. In this case, curiously enough, there were no symptoms whatever of stone in the bladder. The patient was suffering from organic stricture of the urethra; and it was decided that perineal section was the most appropriate treatment. Mr. Stubbs performed the operation in the usual way; and on an instrument being introduced into the bladder, a stone was felt, and without much difficulty removed through the perineal wound. The patient had been in the habit of introducing a bougie, and remembered, three months previously, a piece breaking off; but, as no untoward symptoms resulted, he thought nothing further of it.

Dr. RAWDON also showed a Bladder containing the ear of one of the grasses which the patient had himself introduced. He supposed that he was suffering from stricture; to remedy which he was in the habit of passing different materials into his urethra. On this occasion, he selected the ear of one of the grasses, three and a half inches long, with a stalk of one inch and a quarter. This was introduced readily enough, but could not be withdrawn. Further efforts on his part only made matters worse; the ear being forced from the urethra into the bladder. When admitted into the Infirmary, he was suffering from most acute cystitis. A lithotrite removed a considerable portion of the foreign body covered with phosphates. The symptoms, however, were not abated; and death was the result. On opening the abdomen, there was general peritonitis; the viscera being either coherent or coated with a layer of lymph. Within the abdominal cavity were four or five pints of turbid serum, which exhaled a very ammoniacal odour. Upon examining the bladder, a large ear of one of the grasses covered with phosphatic deposit was found impacted in the viscus. The stalk, which was exceedingly stiff and unyielding, had pierced the walls of the bladder and protruded into the peritoneal cavity. The aperture would admit the passage of the little finger. The pelvic cellular tissue was infiltrated with purulent urinous fluid. The inflammation extended up the ureters to the pelvis of the kidney.

Vaccination. A paper was read by Mr. A. B. STEELE, on Vaccination in its Medico-legal Aspect; and with special reference to the possibility of transmitting other diseases by its means.

Under the first head, the author pointed out the defects of the Vaccination Act; and alluded to recent

cases of prosecution at Norwich, in which parents in a respectable position in life (clergymen and others) were summoned and fined, not because they had neglected to have their children vaccinated, but because their medical attendants had failed to furnish to the Registrar the certificates required by the Act. This appeared to him a perversion of justice, if not of law, inasmuch as one individual was punished for the *laches* of another. He doubted whether the decision of the local magistrates in these cases would have been confirmed on appeal to a higher court.

In reference to the transmission of other diseases by vaccination, it should be remembered that the question was one, for the decision of which we were chiefly dependent upon negative evidence. The imputation that other diseases might be transmitted was one which vaccination might afford to bear; for, were it ever so true, the alleged evil—even to the sufferer—would be little in comparison with his gain; and the total amount of such evils, compared to the social advantages of vaccination, would be too small to appreciate. But, in fact, the imputation is, at least, generally erroneous. It is an example of that common fallacy of calling whatever happens to come after an event its effect—*propter quia post*. The infant is generally vaccinated at three or four months of age; thus, whatever physical or moral evils belong to human life are very likely to be preceded by vaccination. To say that properly performed vaccination can directly cause eczema, scrofula, or other specific constitutional disease, is an assertion not warranted either by practical experience or by pathological probability. To say, that indirectly it may do so; that, in the very few instances where it produces excessive results, the disturbance thus occasioned may, by depressing or fevering the child, temporarily assist or excite other causes of disturbance; that, under such exceptional circumstances, it may for the time of its operation predispose the child to this complaint and to that, may excite the scrofulous child to show its scrofula, and the eczematous child to show its eczema—these are assertions which may or may not be true; which are more easily made than either established or refuted; but which, if admitted in their utmost scope, really allege nothing against vaccination—nothing which might not as practically be alleged against a cold in the head or a cut finger, an undigested meal, or any other of the thousand minor accidents of every day life.

It is probable that many of those evils which have from time to time excited prejudices against vaccination are the result of ill performed vaccination; understanding by that phrase, not merely such vaccination as is done by an unskilful hand—the worst effect of clumsiness being commonly that the operation simply fails—but especially such as is done without due inquiry into the health of the child to be vaccinated, or without due care for the quality of the lymph employed. All that belongs to the mere manual dexterity of vaccination is learnt from a minute's teaching and an hour's practice; but not so easily the philosophy of the procedure or the precautions necessary to make it harmless and useful. From Jenner onward, all great masters of vaccination have urged that its merits will always appear proportionate to the merits of its performers. If sickly children, or those breeding other disorders, having skin-diseases or teething; or if children, healthy or unhealthy, are vaccinated with improper materials, the results must at least be unsatisfactory and possibly dangerous; especially as regards the quality of lymph, the careless or uneducated vaccinator is using a dangerous weapon. It is only during a part of the course of a vaccine vesicle that its lymph is in a fit state for use; for, after a given period, when it pos-

sesses its maximum of simple infective power, it tends more and more towards the quality of common inflammatory products, having less efficacy for its real purpose, and is specially able to produce undesired results. A similar evil may follow the use of lymph from vesicles which have already been accidentally ruptured, or where from any cause, local or constitutional, their specific fluid is likely to have been modified by common irritative processes. Still more critical changes occur in lymph which, after being taken from the arm, has not been properly preserved; for, under the influence of air and moisture, it tends, like other dead organic matter, to putrid decomposition, and inoculation with it, when thus changing, can be hardly more useful or less dangerous than a casual scratch in the dissecting-room.

As to the different modes of preserving lymph, the author's experience led him to prefer the ivory points, as, amongst other advantages, the lymph, being dry, was not liable to decomposition, and had been proved to retain its activity almost indefinitely. Without wishing to depreciate the ingenious and elegant invention of the capillary-tubes, as a matter of personal experience he had not found them so invariably useful as the dry lymph; and such also was the recorded opinion of Mr. Marson, a very high authority on the subject. He (the author) thought it possible that, as the lymph in the tubes was in a moist state, and not absolutely isolated from atmospheric air, and liable also to exposure to light, or to accidental imperfect insulation, it might occasionally undergo some change, sufficient to deprive it of its specific influence. In this climate, with ordinary care, such accidents would rarely occur. The danger of taking matter from irritated vesicles, or from such as were at too advanced a period of their course, was more likely to happen; and there is reason to believe that the employment of this ambiguous irritative matter has occasioned much of the mischief and scandal.

The communication to one child of the constitutional or local diseases of another, through carelessness in the choice of lymph, is an accident that can scarcely happen, unless under circumstances of gross and punishable misconduct; for, in whatever other respects vaccinators may be apt to neglect the necessary precautions to ensure success, we cannot believe that they would ever knowingly take lymph from any but healthy subjects. But we may go further, and insist that there are strong grounds for believing that lymph taken from a true Jennerian vesicle at the proper period of its development can produce none but normal results. Actual experiment has shown, that lymph taken from a Jennerian vesicle on the arm of a patient who is at the same time suffering from small-pox, is capable only of communicating the vaccine infection; showing that it preserves its own contagion pure and isolated, even when the system is drenched with the subtle infection of small-pox. Some of the diseases supposed to have been transmitted by vaccination—scrofula and many skin-diseases—are known to be incommunicable by direct inoculation with their own specific discharges; and with regard to those which are inoculable, it is doubtful whether the constitutional existence of such diseases can qualify the contents of a Jennerian vesicle without modifying its characteristic development. In France, experiments on a large scale have been made, showing that vaccine lymph taken from children suffering from other diseases, such as scrofula, syphilis, and many others, produced its ordinary effects and never transmitted any other infection. Professor Sigmund of Vienna relates experiments showing that, when the discharge of chancre has been designedly mixed with ordinary vaccine lymph, the insertion of this compound poison has been fol-

lowed only by the ordinary local results of syphilitic infection. No Jennerian vesicle has been formed, no signs have existed of any possible combination of the two infections. Even in those few recorded cases, in which it seems almost certain that a person pretending to vaccinate did really effect a syphilitic inoculation, it is probable that syphilitic virus has been used instead of vaccine lymph. This may seem incredible; but mistakes scarcely less unlikely to occur have happened more than once; namely, the unintentional employment of variculous matter instead of vaccine lymph. The question, Has lymph from a true Jennerian vesicle ever been a vehicle of syphilitic infection to the vaccinated person? has been answered in the negative by a large number of medical authorities, both national and individual, in this and most other continental countries, including such names as Alison, Baly, Paget, Ceely, West, Acton, and others; the Faculty of Medicine at Prague, Baden, Bavaria, Denmark, France, Portugal, Prussia, Sweden, Norway, and Württemberg. These all concur in stating that the actual occurrence of syphilitic infection by means of vaccination has not come within their observation. A few, however, express a belief in the possibility of such an occurrence, and the necessity for taking precautions against it. On the other hand, Mr. Henry Lee believes in the transmission of syphilis by vaccination; and, in his clinical lectures, quotes some few practitioners in this country who have expressed a similar opinion; but the statements he quotes appear to be vague and unsupported by any accurate observations. Mr. Lee himself has undoubtedly, by careful experiment and observation, gone far to show that the generally accepted doctrine of the inoculability of secondary syphilis is incorrect. He gives an elaborately detailed history of the extraordinary occurrence at Rivalta, where thirty-nine children were vaccinated from one child and seven from another, and all became syphilitic. There are, however, certain particulars wanting to make this evidence perfectly conclusive. The condition of the child and of the vesicles from which the lymph was taken is not clearly stated; but it is stated that the lymph used was taken on the tenth day, which is a violation of the invariable rule observed by good vaccinators. Mr. Lee speaks of two-fold infection; and believes that two or more different poisons may be introduced into the system at the same time, and produce their specific effects. He thinks that in the cases at Rivalta, the matter inoculated contained the true vaccine-poison, because the children in whom it was used were insusceptible of subsequent cow-pock. It was taken from syphilitic children, and therefore contained the virus of that infection, and had been allowed to undergo decomposition by remaining too long in the vesicle in hot weather; and he traces three distinct effects upon the children, due to each of these poisons; viz., vaccine disease, syphilis, and a form of blood-poisoning. Admitting these conclusions to be fully and satisfactorily established (which the author was scarcely prepared for), the plain and important practical lesson to be learnt from them by all vaccinators, was to render their recurrence impossible by the simple precautions given by Mr. Lee: 1, always to use clean instruments; 2, never to draw blood in taking the lymph; 3, never to take lymph later than the eighth day.

DEATHS AMONG THE TROOPS IN JAMAICA. Seventy men of the 6th Royal Regiment have lately been admitted into hospital, of whom six have died. It is noticed that the troops who took no part in suppressing the insurrection have suffered far more from sickness than those who underwent great exposure and privations in the Monklands district.

Correspondence.

ACUPRESSURE.

LETTER FROM J. Y. SIMPSON, M.D.

SIR,—In the last number of your JOURNAL (December 2nd, p. 595) you have inserted from my colleague, Professor Syme, a letter animadverting upon acupressure. As his remarks on this subject are only calculated to mislead both you and your readers, you must kindly grant me adequate space to reply to them.

Let me begin by observing that Mr. Syme has no knowledge whatsoever of the subject of acupressure practically, for he has never once yet, I believe, tried it himself, nor ever once, as far as I have been able to learn, seen it employed by others. All the objections which he has ever yet adduced against it are hypothetical, and not real; and his late semi-statistical observations on it in your journal, brief though they be, are, like all his previous observations on the same subject, grievously inexact in several ways, as, for example, in relation to—

A. *The late Progress of Acupressure in Scotland.* Mr. Syme speaks of the practice as “expiring” in this northern division of the island. It is extending steadily, instead of “expiring.” How painfully devoid of correctness Mr. Syme’s testimony on this point is, let your readers judge for themselves by, for instance, such a criterion as the following.

In such a small kingdom as Scotland, we have, of course, very few public Professors and Lecturers on Systematic Surgery or Clinical Surgery. You might count them up easily upon your fingers. Three of the number are, it is well known here, bound to Mr. Syme in ties of family relationship and of practice; and no one could well expect them to try, much less adopt, acupressure, as long as Mr. Syme himself strenuously holds out against it. Of the very few Scottish Surgical Professors and Lecturers that remain after this deduction, THREE have of late publicly declared their strong and decided opinion of the general superiority of acupressure over the ligature. But lest any member of the Association may deem it impossible that Mr. Syme should have so misrepresented to them the existing state of matters among us on this question, let me cite the published opinions of the three Scottish teachers to whom I allude.

1. In the *Medical Times and Gazette* for July 1st and 8th of this year (1865) that eminent and esteemed teacher, Dr. Pirrie, Professor of Surgery in the University of Aberdeen, has published a variety of “major operations,” in which he arrested the hæmorrhage in amputation and other wounds by acupressure, besides employing it in many minor wounds. “In many cases (he observes) in hospital and private practice in which I have employed acupressure, its use has been most satisfactory.” He points out that besides being “perfectly reliable” as a hæmstatic, it is “the quickest, the easiest of application, and the safest means yet devised for arresting bleeding;” and he adds: “I considered it a duty to give acupressure a fair trial. I wished to form an unprejudiced judgment regarding it, and the conclusion at which I have arrived is, that it has many and great advantages over the ligature. I have therefore resolved, in all suitable cases, to give it the preference—a resolution in the propriety of which two of my excellent hospital colleagues, who have also employed acupressure with satisfactory results, several able surgeons who made visits to our hospital to see the proceeding,

and the whole body of medical students at the University, most cordially concur."

2. Besides Mr. Syme himself, the only other University lecturer on Clinical Surgery in Scotland is Dr. Keith, of Aberdeen—a gentleman who has, I believe, performed lithotomy more frequently and successfully than any other living British surgeon. In the *Medical Times and Gazette* for September 9th, 1865, Dr. Keith has given a detailed account of his successful employment of acupressure in various operations. Among his appended remarks, he observes—"We desire to suppress hæmorrhage promptly, effectually, permanently, after every surgical operation. Acupressure" (he adds) "is equal to *all* this, and in *every* emergency." After stating his "unqualified approval of it (acupressure) as quite safe and quite sufficient for arresting arterial hæmorrhage, having fewer drawbacks than the mode by silk ligature," Dr. Keith quaintly adds—"We do not much need to condemn the use of silk thread more than do people condemn stage coaches when other conveyances cannot be had; but wherever a locomotive is available I suppose most people nowadays would prefer it; and so with silk thread and acupressure."

3. In the Edinburgh Infirmary a colleague of Mr. Syme's—Dr. Watson, the able Lecturer on Surgery in our extra-academical medical school—has described in the *Edinburgh Medical Journal* for July 1865, a series of operations in which he used the acupressure of arteries instead of their deligation. In the last number of the same *JOURNAL* (December, p. 569) you will find his more matured opinions on the subject in a clear, candid, and excellent speech before the Edinburgh Medico-Chirurgical Society. The entire speech is too long to quote here in full; but, among other observations, he remarks that "at one time he had thought that acupressure did not possess any special advantages, and that it was open to certain theoretical disadvantages." Now, "the only question with him came to be, whether it should be employed in *all* cases, or only in some. . . . Dr. Gillespie and others said that though acupressure might be suitable in certain cases, it was not so advantageous in others. It might be so; but Dr. Watson had not found anything in its employment in recent wounds to make him doubt its easy adaptation to *any* case. Some thought that acupressure was not adapted for such large vessels as the femoral artery. His friend, Mr. Brown, of Carlisle, had lately told him, as the result of his extensive experience, that of *all* vessels the femoral artery was the one to which acupressure would be most easily and successfully applied. . . . Since he had begun to employ acupressure, so well satisfied was he with its effects and the general facility of its application, that he had only resorted to the ligature in two cases, and in both the bleeding came from an already suppurating surface." After various details, he closed by observing "that he would desire to express his firm conviction that acupressure should be adopted; and he would recommend those who at present spoke against it on merely theoretical grounds to make themselves practically acquainted with it."

Other Scottish teachers of surgery besides the three named are trying, or beginning to try, acupressure. Last week, for instance, I was told by my friend and colleague, Professor Spence, that he had successfully employed it to compress the facial artery before proceeding to remove the upper jaw. But for my present purpose, in opposition to Mr. Syme's observation that acupressure was "expiring" in Scotland, I am quite content to show that it is extending, being already adopted as their general rule of practice by three of our very best and most successful Scottish teachers of surgery, and taught by them to three large

classes of students as the proper practice for them to follow in the course of their future professional lives.

It is not six years since acupressure was publicly suggested, yet during that brief period it has spread more than the ligature did during the first hundred years of its existence. Can Mr. Syme name any surgical procedure that has ever spread more swiftly and steadily than acupressure? And rarely has a surgical proceeding been ever proposed that was more revolutionary and extensive in its character. For it involves a change of practice not in *one* operation or disease, but in *all* operations and all diseases in which the surgeon requires to lay open bleeding vessels with his knife.

B. *The Cases and Operations fitted for Acupressure.*

In his first public attack upon acupressure, Mr. Syme declared the idea of arresting surgical hæmorrhage by needles instead of threads to be "the merest nonsense," and averred that at best "it could only be adopted where the vessel lay in the integuments or textures adhering to them."* At that time, by these and other similar remarks, he openly showed that he totally and stoutly misunderstood the whole subject alike in both its principles and practice. Since that time his knowledge on acupressure has advanced a little, though wonderfully little. He seems in regard to it to have been for some years living like our dear old American friend Rip Van Winkle—in an entranced state of strange and mysterious unconsciousness of passing events. As proof of this, look at one of his remarks in that late letter of his, "The truth is (says he, and it is a favourite asseveration of Mr. Syme's)—the truth is that in a few operations, and more especially amputations, it is sometimes possible to arrest the bleeding" by acupressure. Why does he use the word "sometimes?" In what operation is it not "possible to arrest the bleeding" by it? Drs. Pirrie, Keith, Watson, and others have latterly used it solely and entirely in all their operations, as amputations, excisions of the mamma, removal of tumours, hernia, castration, cuts of the wrist and other parts—in short, in *all* wounds, artificial and accidental, where there are open arterial mouths and where it is an object to heal the wounds by primary union. Some amount and length of practice may be required to use either the needle or ligature readily in all cases. But during the last five years the needle has repeatedly succeeded where the ligature has failed—more frequently, perhaps, than the reverse. I have cited various striking instances of this fact in my essay on "Acupressure" (see Chapter xvi, "*Instances of Acupressure succeeding where the Ligature has failed.*") Dr. McKinlay, Surgeon to the Paisley Hospital, a most accomplished operator, gave, two or three weeks ago, the details of ten cases of amputation treated with acupressure to the Medico-Chirurgical Society of Edinburgh, and stated that the first circumstance which induced him to try the needle was meeting with a case of amputation below the knee, where the interosseous artery retracted so far that all attempts to secure it by the ligature entirely failed. In his despair he made acupressure of the vessel with a common darning-needle, and at once succeeded in stopping the flow of blood. This success led him to resort to the practice in other operations, and "he now had recourse to acupressure instead of the ligature in all the surgical wounds he met with, besides amputation; and, after much experience with this new method of arresting hæmorrhage, he had been forced to the conclusion that it was simpler, safer, and better than delegation. In his surgical pocket-case he carried now the means of

* *Lancet* for May 5th, 1860, p. 116.

using acupressure, instead of the old means of applying ligatures."*

For arriving at this result, and being bold enough to state the result itself to the Medico-Chirurgical Society of Edinburgh, Mr. Syme indirectly denounces Dr. McKimlay in your columns as "an obscure practitioner" "sounding his little trumpet", and seeking notoriety by venturing to "deviate from established usage, and run counter to sound surgical principle." Such language cannot, of course, affect in the least degree Dr. McKimlay's very high character and standing.

C. *The Advantages of Acupressure.* Mr. Syme states in his letter that acupressure, when used in amputations and other operations, has not "any advantage" over the ligature. He makes this averment without, as I have already stated, any practical or personal knowledge whatsoever of the subject. He is in this respect, perhaps the least entitled of all our surgeons to offer to the profession any exact opinion upon the matter.

As a practical surgeon perhaps he may comprehend the problem of its "advantages" in the following way. Like every other British surgeon, I take it for granted that Mr. Syme holds that wounds should be healed as much as possible, and *entirely if possible*, by the first intention rather than by the second—in days rather than in weeks—at once, without any further surgical interference, rather than by a long and wretched series of painful dressings and suppurations. Now, up to within the last five years when acupressure was first introduced, there existed in the whole past records of surgery few, or indeed no, cases of amputation of the limbs where *entire* union of the wound had taken place by the first intention. The presence of the ligatures at the ligatured points and along their tracks inevitably prevented primary union at these parts at least of the wound. To quote the words of one of the living patriarchs of European surgery, Professor Chelius—"Healing of the wound after amputation (says he) *never* takes place by complete agglutination in the strict sense of the word."[†] But in one chapter of my work on Acupressure, I last year adduced seven cases of amputation in which acupressure was used, and where that "complete agglutination" took place which, as Chelius states, "never takes place" under the ligature. Others have been recorded since that time. Professor Pirrie holds, and has always held, that no wound should be said to heal by the first intention where *one single drop* of pus can be seen. Yet in his thirteen cases of large wounds treated by acupressure, and published by him in the paper already referred to, he states that *three* healed entirely by the first intention. As containing enormous bare surfaces of both bone and flesh, the largest and most difficult wound, perhaps, to heal by the first intention is the "vast solution of continuity left by excision of the knee-joint." In a case of this operation which I saw performed by Dr. Watson, and where the vessels were closed by acupressure, complete primary union occurred,—in as far, at least, that a few globules of pus were traceable by the microscope, in the discharge during the ninth, tenth, and eleventh days, but none were ever visible to the naked eye. After two cases of castration treated by acupressure, Dr. Watson has seen complete primary union; and also in some other cases. In the very first amputation case—one of the forearm—in which he employed the needles, "if (he says) union by the first intention was not absolutely obtained, there was as close an approach to it as possible." And yet Mr. Syme and the opponents of acupressure have anxiously

gainsaid these results. In reference to this last instance, for example, of amputation of the forearm, Mr. Syme—without ever asking the leave or consent of his colleague, Dr. Watson, or without ever seeing the case—published it briefly as "amputation of forearm. My house-surgeon was called up on the following night on account of hæmorrhage."[‡] But Mr. Syme's house-surgeon was never called up to see the case for secondary hæmorrhage, for there never was any such hæmorrhage in the case.[§]

Acupressure has the aforesaid "advantages" over deligation in the healing of divided parts, because the needle is different from the ligature in being always early withdrawn, and hence leaving no foreign body whatever between the raw flap or sides of the wound intended to unite together; and because the needle does not, like the ligature, lacerate and strangle the mouth of each bleeding artery; nor leave, like it in every wound, as many points of sloughing, ulceration, and suppuration as there are arteries tied. A late critic rather criticises me for bringing forward an array of the "opinions (to quote his own words) of surgeons whose authority is unquestionable" to show merely what he says "is known and admitted by everybody," namely, "that the small part of the artery below the situation of the ligature *must die* in almost every case, and be cast off as a slough, and that, at any rate, in every case the ligature itself must be loosened from the tissues embraced in it by a process of ulceration and suppuration."[¶]

With three, four, or more such separate centres or points—however small—of sloughing, suppuration, and ulceration going on under the use of deligation within the cavity of any amputation or other wound, is not the chance, or indeed the possibility, of primary union systematically set at defiance and deliberately prevented?

When we consider the injuries and lesions which the ligature thus inevitably produces, and which, on the contrary, the needle avoids, need we wonder to find the writer just cited declare, like Chelius, that (up to this time at least) "it is the unanimous confession of surgeons in every part of the world, that the primary union of the stump of an amputation is an event which they have *never* witnessed?"

A few years ago, Mr. Syme, following the opinion which—in addition to this strangulation, sloughing, etc., of the bed of the artery by the loop of the ligature—even this recent surgical author correctly describes as the pathological opinion "known and admitted by everybody," stated that the ligature, when applied to an artery, "at once deprives the part embraced within its noose of vitality." Of course, this devitalised portion of every individual tied artery is of necessity separated and extruded from the living tissues by those inflammatory processes of suppuration and ulceration by which all dead matters are detached and ejected from the system. Yet, by some strange clerical or reporter's error, as I am inclined to hold, you, in your JOURNAL, have represented Mr. Syme as having stated last August, in his Address at Leamington, when advertising to the needle and ligature in hæmorrhage, that "the ligature occasions *no* irritation, inflammation, or gangrene"—an allegation quite contrary, of course, to the most simple and elementary doctrines in the pathology of surgery. Further, even the body or tail of the ligature, in its course through the lips of the wound, is a source of irritation and inflammation to the textures in contact with it; for, since the time of Hippocrates downwards, organic threads, when drawn

* *Lancet*, Medical Journal, December 1861, 56a.

† See his *System of Surgery*, translated by Mr. Smith, vol. ii, p. 904.

‡ *Lancet* for April 1st, 1865, p. 333.

§ See Dr. Watson's full account of the case in the *Edinburgh Medical Journal*, 18 July 1865, p. 47 and p. 49.

¶ *Medico-Chirurgical Review* for October 1865, p. 318.

through living tissues, have been always known and acknowledged as speedily producing inflammatory irritation and suppuration along their tracks: in other words, they quickly act as setons or issues, and that whether the strand consists of one thread or of twenty. The strange statement, however, of Mr. Syme still stands in your pages—that “the truth is, the ligature occasions no irritation, inflammation, or gangrene;” and in relation to it, I am disposed to feel sure, to use the expressive words of Mr. Syme himself, that, “should any Edinburgh or Glasgow student happen to stumble on so remarkable a piece of information, he would certainly rub his eyes in astonishment.” (See his late letter to you.) Supposing a student at the College of Surgeons, or at the Army or Navy Boards, boldly and pertinaciously maintaining that, if a cut were made in the human body, and small pieces of flesh on the sides of the cut were then left strangulated by loops of silk thread, no gangrene, inflammation, or irritation would follow, would or would not the young candidate be considered as having a proper knowledge of the rudimentary principles of surgical pathology?

In his letter to you of November 29th, Mr. Syme observes: “You express disapproval of newspapers as vehicles of professional instruction, and yet no longer than a week ago you quoted an expiring puff from this source to show that acupressure was fully established in Scotland.” I have never seen, and I am sure neither Mr. Syme nor you have ever seen, any statement in any Scotch newspaper that could in the remotest degree bear this interpretation. The idea is entirely a romance of Mr. Syme’s or your own. Its only possible groundwork, as far as I can see, is the simple and innocent fact that, two or three weeks ago, one of the Edinburgh newspapers—the *Daily Review*—mentioned amongst other things, in an article on the opening of the Medical School at Edinburgh, that, at the first meetings of two of our medical societies, acupressure happened to form the subject of papers and discussions, and casually stated that it was reported at the Royal Medical Society that Mr. Syme was expected to try a new description of temporary ligature invented by Mr. Churchill, and which could be removed, like acupressure-needles, within a day or two after it was applied; and that, at a debate at the Medico-Chirurgical Society, following a paper of Dr. McKimlay’s of Paisley, none of the hospital surgeons present stood up in defence of the ligature.

You have expressed an editorial doubt whether “credence” could be given to such a statement.* You will find that the correspondent of the *Medical Times*—and I do not know who the gentleman is—makes a similar remark as to the non-defence of the ligature by the Edinburgh hospital surgeons present at this discussion, observing it as “a significant fact that only one gentleman, Dr. Gillespie, attempted to hint that the method by ligature had been unfairly decried.”† Your Edinburgh correspondent, however, in his letter to your JOURNAL of same date (Nov. 18), notices duly the opening of the Medico-Chirurgical Society, mentions one of the papers read at it by Dr. Duncan, but carefully suppresses all notice both of Dr. McKimlay’s paper and of the discussion.‡

The “Edinburgh paper” whose “credence” you call in question, in re-adverting to the subject a week ago, makes the following remarks, which I copy.

“THE BRITISH MEDICAL JOURNAL, we observe, expresses a doubt whether it was really true that none of the hospital surgeons who heard the discussion on

acupressure, spoke in favour of the ligature; and expresses more than a doubt—a conviction—as to the impropriety and inconvenience of practical medical details being given in popular journals. With regard to the matter of fact, we are glad to be able to assure our medical contemporary that the statement of which doubt is expressed is literally and absolutely correct. With regard to the matter of opinion, it is satisfactory to be able to refer to high authority, as opposed to the MEDICAL JOURNAL, it being well known that, for several years, notices of Mr. Syme’s remarkable operations have, from time to time, been furnished to a local contemporary by a well known medical story-writer.”

I do not know if it is worth the trouble of adding that, in the number of the *Medical Circular* for February 22nd, 1865, you will find an article still more severely animadverting on the notices occasionally published in the *Scotsman* and *Times* newspapers of some of Mr. Syme’s operations. In other words, they accuse and prove Mr. Syme guilty of the very conduct which you and he now affect to reprobate in his late letter, and the paragraph which led to that letter.

When, in January 1860, I first published a paper on acupressure, venturing to suggest it as a hæmostatic means in surgery, I tried to describe the practice proposed in terms which, I hoped, could not possibly offend or displease any member of the profession. But the very proposition was speedily denounced by Professor Syme, as if it were some dire attempt to injure him; and since then he has repeatedly and gratuitously made paroxysmal onslaughts on acupressure and its abettors. Against some of his attacks I have taken the trouble—perhaps the unnecessary trouble, as on the present occasion—of defending the new practice. But I hope you and your readers will excuse me from noticing any further observations of Mr. Syme in the matter, unless such observations are made and written in a very different spirit from those in which he has previously indulged.

I am, etc.,

J. Y. SIMPSON.

Edinburgh, December 18th.

[Professor Simpson’s letter would have appeared in the JOURNAL of last week, had it not, as originally forwarded to us, contained some very strong personal allusions which we declined to publish. EDITOR.]

THE ELIMINATIVE TREATMENT OF CHOLERA.

LETTER FROM GEORGE BODINGTON, L.R.C.P.ED.

SIR,—It is with some reluctance that I venture to offer a few remarks on the subject above named, particularly in reference to the letter from Mr. Startin, as communicated by Dr. George Johnson, and published in the JOURNAL of the 16th instant.

I shall not presume to question the truthfulness of Dr. George Johnson’s theory of the “eliminative” cure of cholera, but only beg to observe that the practice of Mr. Newton in 1827, as described by Mr. Startin, cannot correctly be said to be eliminative. Five grains to one drachm of sulphate of magnesia in each dose, dissolved in the compound infusion of roses, is rather more of a tonic and astringent remedy, than a purgative or eliminative one. Besides, the acid was given alone, without the salts, if the pain and tenesmus continued; and even “ginger, kino, and a few drops of laudanum,” were added to the mixture, which, of course, were anything but eliminative. The question, therefore, is, Was Mr. Newton’s successful practice due to the small amount of purgative administered, which was so quickly

* See the BRITISH MEDICAL JOURNAL, November 18th, p. 544.

† See the *Medical Times and Gazette*, November 18th, p. 562.

‡ See the BRITISH MEDICAL JOURNAL, November 18th, p. 544.

abandoned; or to the efficacy of the tonic and astringent vehicle which contained it, and which was persevered in to the end, after the purgative was withdrawn?

If the cures were effected by the purgative salts as an eliminative, then the acid infusion need not have been given at all; but it seems Mr. Newton's basis of cure was the acid as a tonic and astringent, as he omitted the salts, and relied mainly on the former as his remedial agent. Therefore it must be admitted, I think, that Mr. Newton's practice was not in accordance with Dr. George Johnson's theory—was not, in fact, eliminative, but, in its principal points, tonic and astringent. Obviously, this practice of Mr. Newton's was scarcely in any respect in correspondence with that recommended by Dr. George Johnson—viz., the administration of castor-oil. In closer alliance with the latter was the practice mentioned by another of your correspondents, consisting of two grains of calomel every hour; the result being, that upwards of thirty per cent. of the patients so treated died.

The advantages of the acid treatment appear to be these, viz., that it is tonic, astringent, and, more than all, chemically antagonistic to the cholera poison. The best methods of administering the mineral acids in cholera rest with the profession, and might vary according as the circumstances and symptoms of the cases were presented to view.

I am, etc., GEORGE BODINGTON.

Sutton Coldfield, December 18th, 1865.

POOR-LAW MEDICAL REFORM.

LETTER FROM RICHARD GRIFFIN, ESQ.

SIR,—I must again crave your indulgence for space to inform the Poor-law medical officers that I have prepared the draft of a Bill on the subject of Poor-law medical relief, and have transmitted it to Dr. Henry for the opinion of the Poor-law Medical Relief Committee of the British Medical Association.

I regret that the letter published by me in your JOURNAL of December 2nd should have caused any unpleasantness to Mr. Jackson, as it appears it has by his letter in your JOURNAL of December 16th. I asked its insertion, simply because it is an apt illustration of what is daily occurring in almost every union. I expunged Mr. Jackson's name and address, to avoid his being brought into collision with his guardians; but in this, it seems, I have utterly failed. I trust, however, now that the subject has been brought before the Chester le Street Board of Guardians, they will, without loss of time, take into consideration the salaries of their medical officers, and give them such an increase as will enable them to do their duty to the poor with an ungrudging spirit, which cannot be the case so long as the guardians pay only £60 per annum for attending the entire union, with a population in 1861 of 27,665, or at the rate of one halfpenny per head. Mr. Jackson puts this question: "Has every Board of Guardians in the kingdom been favoured with a copy of these papers?" My reply to this is, I have not sent them to either the Chester le Street or any other Board of Guardians, and suspect he must look a little nearer home for information.

Since the last publication of the list of subscribers, I have received the following sums of money, which I have carried to the account of the Association:—Dr. Sankey, Hollingbourn, 20s.; David Skinner, Hollingbourn, 5s.; H. T. Wood, Tavistock, 5s.; T. Robinson, Cheadle, 5s.; W. Sheppard, Ashford West, 10s.; W. Woodward, Worcester, 5s.

I am, etc., RICHARD GRIFFIN.

12, Royal Terrace, Weymouth, December 16th, 1865.

Medical News.

UNIVERSITY OF OXFORD. At a Congregation holden on December 14th, the degree of M.B. was conferred on

Smith, Heywood, M.A., Christ Church

At a Congregation on December 18th, the same degree was conferred on

Mayo, Charles, M.A., Fellow of New College
Shepherd, Augustus B., M.A., Brasenose College

APOTHECARIES' HALL. On December 14th, 1865, the following Licentiates were admitted:—

Bobart, William Matthews, Wilmot Street, Derby
Cooke, George Richards, South Belgrave
Davies, Nathaniel Edward, Llanwrst, North Wales
Edwards, Joshua Price, Tunstall, Staffordshire
Humphreys, John, Branch Dispensary, Cheltenham
Perkins, John Shirley Steele, Exeter
Philpot, Charles William, King's College Hospital
Wright, John Harrington, Lower Road, Woolwich

At the same Court, the following passed the first professional examination:—

Adecock, Charles, Queen's College, Birmingham
Stanger, William, Guy's Hospital
Willcox, Robert Lewis, King's College

APPOINTMENTS.

*HUTCHINSON, Jonathan, Esq., appointed Surgeon to the Hospital for Diseases of the Skin.

NAYLOR, George, Esq., appointed Assistant-Surgeon to the Hospital for Diseases of the Skin.

DEATHS.

BAKER. On December 15th, at Derby, aged 7, Helen Wilson, daughter of *J. Wright Baker, Esq.

CATON. On December 16th, at Brighton, Elizabeth Jane, widow of Thomas Mott Caton, M.D.

FORMBY, Richard, M.D., at Shorrocks's Hill, near Liverpool, aged 75, on December 15.

HARRIS, W., Esq., Surgeon, formerly of Bolsover, at Andover Villas, Stoke Newington, aged 67, on December 16.

JULIUS. On September 29th, at Melbourne, Australia, aged 23, George F. H., eldest son of F. G. Julius, M.D., of Richmond, Surrey.

NORCOTT. On December 12th, at Shirley, Southampton, aged 54, Louise Mary, wife of William Boyle Norcott, Esq., Surgeon.

READ, Thomas, Esq., Surgeon, at Hornton Street, Kensington, aged 64, on December 13.

RISDALE, Henry R. S., Esq., Surgeon, at Southampton, aged 28, on December 14.

TERRY. On December 28th, at Bournemouth, aged 28, John Terry, M.A., sixth son of *Henry Terry, Esq., of Northampton.

CONGRESS OF BOTANISTS. We (Reader) understand that a grand congress of European botanists is soon to be held in London, under the presidency of the veteran De Candolle, and that the Lord Mayor is to give a special dinner upon the occasion.

THE CHRISTMAS HOLIDAYS. The medical students of the University or Edinburgh, having observed in the *University Calendar* for this year a notice intimating that, whilst the usual Christmas holidays are to be granted to students of the Faculties of Arts, Law, and Divinity, they are to be denied to students of Medicine, have, in a letter addressed to the Senatus, remonstrated and protested against such innovation. The explanation given by the Senatus, is that they have sacrificed the Christmas holidays in order to be able to close the session at the end of March, instead of carrying it on to the third week in April; and that, though Englishmen like to enjoy a merry Christmas, they, being in small minority, would inflict a fortnight's unpleasant idleness on the larger number of Scotchmen. In reference to this appeal, the Court have expressed their willingness to consent to the Christmas holidays being as in recent years should the Senatus, on a reconsideration of the subject, see fit to change its mind.

HIGH BAROMETRIC PRESSURE. Dr. Fielding of Tunbridge states that the barometer during the last week has indicated a greater atmospheric pressure than he has ever recorded during the last forty years. On the 8th, it stood at 30.702; and on the 16th, at 30.747.

DR. ROBERT FOWLER is, we learn, a candidate for the appointment of medical officer to the Charterhouse, London. Dr. Fowler is well known to the profession as a scientific and earnest practitioner of medicine, and has testimonials of the highest character showing his fitness for the office which he now seeks to occupy.

ODONTOLOGICAL SOCIETY OF GREAT BRITAIN. The annual general meeting of this society will be held at 32, Soho Square, on January 8th, 1866 (instead of January 1st), at eight o'clock p.m., for the purpose of electing the officers and council for the ensuing year. Some alterations in the bye-laws will also be proposed by the Council.

EXPULSION OF FRENCH STUDENTS. Six Paris students of law and medicine who attended the Congress at Liege, and there indulged in some silly republican theories, have been officially informed that they are formally prohibited from ever continuing their studies in Paris, and that all the other law and medical schools would be closed to them for a period not specified.

UNIVERSITY OF CAMBRIDGE. The Vice-Chancellor has given notice that there will be a Congregation on Thursday, February 8th, 1866, at two o'clock, instead of at twelve, as stated in the previous notice. The grace proposing the establishment of the Professorship of Comparative Anatomy and Zoology (having received the sanction of the Council), will then be offered to the Senate.

DEATH OF M. BIXIO. The French papers announce the death of Dr. Bixio, whose name was once and for many years mixed up with political parties. During the June insurrection of 1848, he was hit by a bullet in the breast, and for a time his life was despaired of. He was a staunch republican, and admired by all as an honest man. After the *coup d'état* of the 2nd of December, he retired from public, and gave himself up to scientific pursuits. His funeral, to the surprise of many, was attended by Prince Napoleon.

GENERAL MORTALITY. The weekly return for the principal towns shows a mortality of 3,090, or at the rate of 28 in the 1,000. London this week figures as the healthiest—healthier even than Bristol, for its death-rate is 25, while Bristol is 26. Liverpool also has lost for the nonce its character as the deadliest place in England; that disgrace is this week reserved for Salford, whose death-rate is 45, while Liverpool is 43. Of the whole number of deaths, 1,440 belong to London, which is 10 below the average. The births were 4,120 for all the towns, of which 2,098 were in London. This is slightly above the average.

THE ASSAULT ON DR. HUNTER. At the Central Criminal Court, on Monday last, the trial of Jones and Merrick for the assault on Dr. Hunter came off. It will be remembered that Merrick was the husband and Jones the brother of the young woman who charged Dr. Hunter with assaulting her, and that they went to Dr. Hunter's house and inflicted on him personal chastisement for the alleged outrage. The circumstances of the assault were fully proved; and Dr. Hunter again denied on his oath the truth of the charge brought against him. The jury returned a verdict of a common assault against both.

OPERATION DAYS AT THE HOSPITALS.

MONDAY..... Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 9 A.M. and 1.30 P.M.—Royal London Ophthalmic, 11 A.M.
TUESDAY..... Guy's, 1½ P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.
WEDNESDAY.... St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.—St. Thomas's, 1.50 P.M.
THURSDAY.... St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopaedic, 2 P.M.—Royal London Ophthalmic, 11 A.M.
FRIDAY..... Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.
SATURDAY.... St. Thomas's, 9.30 A.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.—Royal Free, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

TUESDAY. Royal Medical and Chirurgical Society, 8 P.M.—Zoological.—Ethnological.
THURSDAY. Royal Society.

TO CORRESPONDENTS.

*. All letters and communications for the JOURNAL, to be addressed to the EDITOR, 37, Great Queen St., Lincoln's Inn Fields, W.C.

COMMUNICATIONS.—To prevent a not uncommon misconception, we beg to inform our correspondents that, as a rule, all communications which are not returned to their authors, are retained for publication.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

DR. MUNROE'S EXPERIMENTS IN DIGESTION.—SIR: Before we can properly estimate the value of Dr. Munroe's investigations, it is needful to know the composition of his so-called "artificial gastric juice" and the method which he adopted to prove that the deposited matter was pepsin. Probably he would favour us with this information. I am, etc., EDWARD SMITH.

16, Queen Anne Street, W., Dec. 20th, 1865.

VOTING AT THE ROYAL COLLEGE OF SURGEONS.—SIR: It may be well that I assure those who entrusted me with memorials and notes of address to the Council of the Royal College of Surgeons, that they were duly presented on Thursday last. With the former, they raised the whole number of names to one hundred and fifty.

I believe those members of Council who voted adversely to the memorialists were influenced by the feeling that the evidence of interest thus shown in a body of thirteen hundred Fellows, was not sufficient to warrant the step of going to Parliament for a new Charter. I am, etc., THOMAS PAGET.

Leicester, Dec. 19th, 1865.

COMMUNICATIONS have been received from:—MR. SAMUEL SOLLY; MR. G. GAYNE; MR. A. R. STELLER; MR. C. P. COOMBS; DR. MUNROE; DR. SIMPSON; MR. J. C. S. JENNINGS; MR. RICHARD GRIFFIN; MR. B. HARRISON; MR. J. ROBINSON; DR. GEORGE BOHINGTON; MR. T. M. STONE; MR. BARTLETT; MR. W. MICHELL; CLARKE; MR. W. J. TUBBS; DR. BOECK; DR. FOWLER; DR. JAMES RUSSELL; MR. G. NAYLOR; DR. E. SMITH; and MR. S. EVANS.

BOOKS RECEIVED.

1. A Tariff of Medical Fees for Bridgewater and its Neighbourhood. Bridgewater, 1865.
2. Catarrhus Diseases of Bone. By W. Hickman, M.B. London: 1865.
3. On Wakefulness. By W. A. Hammond, M.D. Philadelphia: 1865.
4. The Atlantic Telegraph. By W. H. Russell. London: 1865.

NEW WORKS

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Liverpool Royal Infirmary

SCHOOL of MEDICINE.—The Chair of MIDWIFERY
and DISEASES of WOMEN having become Vacant, Candidates
are requested to send in their applications on or before Wednesday,
January 10th, 1866. REGINALD HARRISON, Registrar.

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Original Communications.

ON ORAL, GASTRIC, AND DUODENAL DYSPEPSIA.

By HENRY BROWNE, M.D., Physician to the Manchester Royal Infirmary.

[Read before the Manchester Medical Society, October 1865.]

BELIEVING, with Shakespeare, that there are many things in heaven and earth not dreamt of in our philosophy—yet, in our philosophy, it appears to me, we cannot do better than adopt the positivism of Comte. At all events, his classification of phenomena, from the simpler to the more complex, seems so natural, as to suggest the doubt whether, after all, it is a discovery or not. I suppose most of us had adopted some such order long before we knew anything of the positive philosophy; and certainly we had been taught by authority a good deal about altruism, and the supremacy in rank of the moral over the intellectual faculties—two other much vaunted *soi-disant* discoveries of Comte.

Certainly it will save us from some prevalent errors to bear in mind “the hierarchy of the sciences.” The body of man, of which we have to secure, as best we may, the soundness of the solids, the purity of the fluids, and the ease of the spirits, is not merely a machine; though it is a machine, made on the most approved principles of mechanics, hydraulics, and pneumatics. It is not merely a chemical laboratory, though in it the highest phenomena claimed by the chemists are to be found; viz., those of catalysis, dialysis, and fermentation. And it is not merely an organism, though in its functions exist which the positivists themselves are constrained to range under some such term as physiological or biological. There are other phenomena which belong to the new science of sociology; and, though Comte would fain stop here, even he is constrained to talk of a religion.

I wish to call attention this evening to some of those processes usually called chemical, specially to fermentations; and, though there may be disciples of Pasteur present, they will not be required, even for argument's sake, to give up their conclusions from the demonstration of living germs in all fermentations and putrefactions. The phenomena in question, viz., fermentations, are either the highest chemical or the lowest vital phenomena; so that of their position there is no controversy. Nor, I presume, can there be a difference of opinion that any explanation of the higher phenomena by the lower is an inversion of the natural order. We cannot explain chemistry by mechanics, so neither can we explain physiology by chemistry. And yet, as Lewes has well shewn, there is great danger of this in the present day, or why should so much be written on organic chemistry?

One word more on the principles and aim of this paper. Every change in the human body is the resultant of many forces; and, when any force appears to us to be destroyed, it is not really destroyed, but has become latent. The lowest phenomena—the physical—have the power, as obvious causes, of thus rendering latent the highest; and, when the physical forces are rearranged by the surgeon, it not uncommonly happens that the very highest functions again start into activity. It is this that gives to

surgery such a fascination in the eyes of the young student. Now, I maintain, that we may employ chemical means with at least as good a prospect of success, as the surgeon uses his mechanical means. In the body there are certain processes, call them what you will—chemical or physiological—as clearly made out as facts, as are the physical facts referred to; and when we avail ourselves of them, expecting like chemical or physiological consequents, we cannot be disappointed. It is true that the higher physiological functions may alter considerably the direction of the resultant, but they rarely turn it aside altogether. For, to speak figuratively, the higher orders are more dependent on the lower than the lower are upon the higher, just as in society at large.

How dependent, for example, is the chemist on the mechanical pulverisation of his materials! And at least, equally so is the physician upon the chemical or physiological solution of the food he prescribes. The foundation would continue to exist without the superstructure; but the superstructure, whatever its exquisite perfections, would be annihilated, so to speak, without the foundation.

Without further parley, let us come to close quarters.

1. Can we accept the following propositions as facts?

All solid food must be prepared for absorption either by its solution or by its reduction to a molecular condition.

In the mouth, starch is thus prepared by being changed into dextrine and glucose.

In the stomach, flesh, cheese, and white of egg are thus prepared by being changed into peptones.

In the duodenum, fat is rendered absorbable by emulsification with the chyme.

Dr. Pavy spoke of all these changes before the College of Physicians, as of facts about which there is now no controversy.

2. Is there similar agreement that, when the various kinds of food just named do not undergo these changes in the mouth, stomach, and duodenum respectively, various other changes are apt to take place? For example—

Is not starch apt to undergo the vinous and acetic fermentations? Is it not very probable that fibrin, casein, and albumen will putrefy? And does not fat readily pass into butyric acid?

3. If so, can we pick out from the multitudinous symptoms of indigestion those which will indicate at once which of one or other of these changes is going on? I think we may.

The presence of acid in excess is known at once by a “sour stomach”; i.e., by the taste. A vinegar-like and not unpleasant taste in the mouth, edging the teeth, is the pathognomonic sign of acetous fermentation. Flatulence and “rifting” without any taste, i.e., eructations of carbonic acid, are the pathognomonic signs of vinous fermentation. With them there are almost always more or less vertigo, and other evidences of disturbed cerebral function, such as loss of memory, peevishness, and headache. Surely these cerebral symptoms are of alcoholic origin, and belong to Dr. Budd's “alcoholic dyspepsia.” Acidity without flatulence may be due simply to an excess of lactic acid. Should there be a sweet taste in the mouth, we should also suspect a craving appetite, saccharine diuresis, and emaciation—in short, diabetes. Bouchardat, as all know, attributes every case of diabetes to the primary mal-assimilation of starch. Prout recognised mal-assimilation of starch as one great cause. And, what is still more to the point, Bence Jones describes cases of intermitting diabetes where flatulence and saccharine urine replace each

other. When the transformation of starch is arrested in the earliest stages, the presence of glucose in excess soon reveals itself. All amylaceous food, then, when not digested, is apt to undergo changes which are at once recognised by their products—an excess of glucose, alcohol, carbonic acid, acetic, or an excess of lactic acid.

When protein elements of food, containing sulphur, are not digested, and undergo putrefaction, they give off some form of sulphuretted hydrogen, which the patient often describes as "the rifling of wind, with a taste like that of Harrogate water, or a rotten egg." A sinking at the pit of the stomach, often expressed as the "feeling done" there, with debility, despondency, cold feet, easily excited perspirations, and starting on dropping asleep, are almost equally pathognomonic. They are, in fact, the symptoms of septic poisoning, *i.e.*, of putrefaction. The bowels are accordingly as much inclined to looseness, as in acid dyspepsia they are to constipation. This diarrhoea is the commencement of the lenty of old writers.

At other times, a patient complains of heartburn, or of sourness of a most unpleasant and disgusting kind, like that of bad fat. His food has gone rancid; *i.e.*, the oily part of it has undergone the butyric fermentation. The stearic and margaric fermentations may replace the butyric, but in any of these carbonic acid and hydrogen may be given off, so that here also we sometimes have tasteless eructations. Other very characteristic symptoms are the relief often afforded to gastrodynia by eating; discomfort or pain being referred to the right side; and the presence of spasmodic stricture, hypochondriasis, and other evidences of remote sympathetic irritation, so fully described by Dr. James Johnson. Indeed, he says that in duodenal derangement we may have these remote sympathies only, without any direct local evidence of disease.

Is it not thus clear that the various fermentations of food may be easily and unmistakably recognised by marked symptoms; and that, in very many cases, the products of these changes are actually present, and may be demonstrated by the chemist? If so, we have not yet wandered from facts into the region of theory.

The treatment of these three forms of indigestion—the oral, the gastric, and the duodenal—is obvious. Dr. Turnbull very properly suggests antifermentatives; and the hyposulphite of soda and carbolic acid are antifermentatives. The propriety of administering alkalis in acidity, and acids in alkalinity, is equally obvious. But our chief resource consists in cutting off, as entirely as possible for a time, that kind of food which is capable of undergoing a fermentation similar to that which is annoying our patient. So far as I know, this practice is peculiar to myself, though it is borrowed from the established treatment of diabetes.

In diabetes, from Rollo's time, an exclusively animal diet has been adopted by the majority of the profession; and Camplin's bran cakes, and Durand's gluten bread, bear witness to the pains that have been taken to exclude every particle of starch. But diabetes is not always a disease of primary mal-assimilation. Sugar may be found in the destructive metamorphosis of the tissues; it may be formed in the liver; and, whenever flesh undergoes the saccharine fermentation, we have to do with something more than oral dyspepsia. Nevertheless a rigid adherence to animal food, with the jealous rejection of starch and sugar, will do all that is chemically possible by diet. It is interesting, too, to find in what favour alkalis are held, and moderated doses of opium, in the use of each of which we have analogies

in the management of the less severe forms of oral dyspepsia.

The vinous fermentation, with flatulence, is a less severe form, as is demonstrated by cases of intermitting diabetes. If, in health, acetic acid is formed, it is almost certain that an alcoholic stage has preceded. At all events, in alcoholic dyspepsia, the normal processes appear to go on one stage further before they are arrested, or err by excess. For this reason, in diabetes I have adopted the use of yeast, as recommended by Mr. Mosse, of Hampshire, to use up the sugar, and push on the digestion, so to speak. To employ similar treatment in diabetes and in alcoholic dyspepsia, appears most natural. And most cases of the latter yield to it in a few days. Still there are instances where tasteless eructations and flatulent distension continue in spite of the greatest faithfulness to directions on the part of the patient. In these cases, I suspect that the stomach changes the sugar of milk into glucose, or even that sugar is manufactured from muscle, giving them another family-likeness to diabetes; and no wonder, then, they are so obstinate. In their management we must be as obstinate, and for a prolonged period supply the need of non-nitrogenous food by hydrocarbons or fats. This, in fact, is done in the dyspepsia of tuberculosis, which is oral and obstinate; but equal care is not always taken to exclude the carbo-hydrates or starches, and especially sweet fruits. Surely we have some insight given here of the purposes to be served by the division of non-nitrogenous foods into starches and fats. In fevers, when the tongue is dry, Dr. Chambers gives beef-tea and wine; and in infancy, where also there is a deficiency of saliva, milk without bread is the natural and proper food. Whatever may be said of smoking, the loss of saliva in expectorating must be injurious.

It should not be forgotten that the decomposition of urea gives rise to carbonic acid, and therefore in obstinate cases the urine should be examined. In a process, analogous to crib-biting in the horse, some persons swallow atmospheric air, which may return very noisily. Whether gas is secreted in hysteria was a topic sometimes discussed by Dr. Todd, but one on which I can throw no further light. The common opinion that wind accumulates in the stomach, when it is empty, I regard as a popular error, though I cannot prove it to be erroneous.

Simple acidity of the stomach is the mildest form of indigestion. It may be due to acetic acid, or to an excess of lactic acid, which competes with hydrochloric acid for the honour of rendering the gastric juice acid in health. The acidity in sympathetic vomiting is probably of a normal character, being due to secretion. Soda and magnesia are the best antacids, and there are fewer combinations more useful than Gregory's mixture. When acidity is acquired by improper diet, these medicines will comfort; but they cannot cure until the cause is removed by an entire change. What can a doctor do in the Fylde district, where the farm-servants have tea and rhubarb-tart for breakfast, tea and rhubarb-tart for tea, and rhubarb-tart and tea for dinner? If the acidity be inherited, as in the strumous, it is to be regarded as a symptom of the predisposition, and there may have been no errors in diet. We have then, as a chief external sign, almost always present, Dr. Thompson's red line on the gums; a condition independent of tartar, though often associated with it, being, in fact, the commencement of alveolar inflammation. As the absorption of the alveoli continues, the teeth drop out whole, and the patient early becomes edentulous. One dentist will put on a leech, and ask if you smoke; another may accuse sugar, which certainly makes such teeth ache; but the true

treatment consists in a supply of vital stimuli found in perfection in the air of the sea-side, or on the sea. This red line is the outward sign of scrofula; it is by no means peculiar to consumption. Neither is the dislike of fat its common attendant. With sea-air for the predisposition, and cod-liver oil, bacon, or cream, for the symptom, very much may be done. Butter is theoretically right; but it is generally the last of the fats that such stomachs can tolerate, probably from its complex composition and unstable character.

One point I think I have established: that, when farinaceous food is rigidly prohibited, the patient will often be found able to take wines and beers, and will be nourished by them. Of course, when a stimulant is indicated, brandy is by far the best at first; then claret and Burgundy; and soon any fermented drink. In sound wines, fermentation has ceased, and therefore they are far preferable to home-made wines, in which fermentation is often just beginning; whilst perhaps even these are better than the fruits themselves from which the wines are made. For the same reason, I should conclude that, in degree, fermented bread should take precedence of the aerated bread and of biscuits. The fermentation has been partly got over in the fermented bread, and seems to ease the labour of insalivation. It has long been known that a lemon will cut when an orange will not; and, as soon as a patient with oral dyspepsia can take an acid, he may be considered as far advanced in convalescence. Indeed, as of wines and beers, so, *à fortiori*, one great advantage of avoiding starch at first is that acids can be then speedily tolerated, and they strengthen. In diabetes, after alkalies, when, with a diminution of sugar, great prostration is complained of, the astringent acid preparations of iron are often of service, just as in the corresponding stage of rheumatism. And, as hinted before, do not stimulants in oral dyspepsia occupy the place of opium in diabetes and rheumatism? We are much indebted to Dr. Anstie for demonstrating the correspondence of moderated doses of stimulants and narcotics.

The treatment of gastric dyspepsia need not occupy us long. Chlorine is the antidote of sulphuretted hydrogen; muriatic acid and lactic acid, one or both, will correct the alkaliescence. Pepsine, fresh made according to Dr. Pavy's recipe, might be added with advantage. Carbolic acid will arrest the putrefaction. But, above all, let the diseased organ have rest, and supply it with no albuminates. Prohibit meat, the cheese of milk, eggs, and the crucifera; just what you allow in diabetes. Do this till the rotten-egg taste is fairly gone for a day or two, and then cautiously return to their use. Port wine is felt to be most grateful to the stomach. It is acid, and, besides, some stimulus seems to be needed to relieve the painful sinking at the pit of the stomach. Tea-drinking and poor living are the chief exciting causes, with smoking. But exhaustion from any cause, as night-work and anxiety, is sufficient. Therefore, all the rest and recreation available should be called into requisition.

Duodenal dyspepsia is a more difficult disease to treat, because more complex. The duodenum receives the chyme from the stomach, and transforms it into chyle by means of the secretions of the liver and probably of the pancreas. Therefore, excepting when inflamed or ulcerated by burns and morbid poisons, impaired action in the duodenum is almost certainly secondary to disorder in one or other of these three organs just named. There is much to be cleared up respecting the so-called glycogenic function of the liver; and physiologists are divided in opinion as to the function of the pancreas. Practically, neverthe-

less, we can control heartburn and foul acidity by arresting the butyric acid fermentation. Soda is soothing. Spanish juice I have known, from a boy, to be most grateful in heartburn. Nitric acid aids the secretion of the liver; ox-gall supplies its place, but should be much more largely given than is usual. The nitro-hydrochloric acid, so much used in India as a cholagogue, I happen to have prescribed most frequently, because a form was at hand in the hospital. And, as to diet, by far the majority of the patients have been told simply to avoid butter, cream, and fat—in short, everything greasy. Tea, except at tea-time, has also been forbidden; for tea-drinking in excess has pre-existed even more frequently in duodenal than in gastric dyspepsia. The non-nitrogenous element is abundantly supplied by the starches, and by wines and beers, which are grateful and useful.

The majority of cases speedily recover—i.e., the symptoms of duodenal dyspepsia disappear, whether they have been the disease, or only symptoms of some other. Indeed, so far as we seek a chemical result, that, as I have already maintained, is certain. And who can estimate the possible consequences of one right step? Half the cases of insanity, speaking in round numbers, are due to indigestion, and to indigestion of this particular form for the most part; and surely more might be attempted by diet and medicine; for in asylums the diet is nearly uniform, and comparatively little medicine is prescribed. Epilepsy, too, is often excited by indigestion of any of the three kinds, as well as by worms, and not uncommonly disappears when the exciting cause is removed.

And, truly, the symptoms of indigestion, even when only itself a symptom, are without number: therefore, only those which are pathognomonic of each kind of indigestion have been dwelt upon. A bitter taste, for instance, is not pathognomonic of duodenal dyspepsia, though it certainly indicates the regurgitation of bile. When it is not the effect of prolonged vomiting, all sugar and fat, which are known to be bilious, should be withheld. Vomiting, just named, may be present in any of the three kinds of indigestion, and yields with them to the special treatment required. When there is organic disease, vomiting, of course, can only be soothed; but, when it is sympathetic, the late Mr. Catlow's theory holds good, and the patient may be allowed to indulge in any fancy, for in that case, as Dr. Budd suggests, the gastric fluid is secreted in the empty stomach, and is prepared to dissolve the morsel for which it has suggested the instinctive craving.

To recapitulate:

1. In oral dyspepsia, or impaired solution of starch, give no starch or sugar, and prescribe alkalies.
2. In gastric dyspepsia, or impaired solution of flesh, cheese, and eggs, give no flesh, cheese, or eggs, and prescribe acids, especially the muriatic.
3. In duodenal dyspepsia, or impaired emulsification of fat, give no fat, and prescribe cholagogues, as nitric acid.

I have flattered myself that, by prohibiting only certain kinds of food, and by allowing the greatest freedom with every other kind, we may steer fairly between Dr. James Johnson's Scylla and Charybdis. By the prohibition we avoid irritability, and by the permission we equally escape debility.

I think, too, we may reconcile the "gruel doctors", who would reduce their patients to Abernethy's biscuits, and Mr. Thomas Hunt, who for more than thirty years has advisedly recommended his patients to take whatever the most capricious appetite might suggest. Abstinence produces debility, and debility keeps up indigestion. After pro-

longed enforced fasting (and Mr. Hunt's cases, sent up from the country, have probably been restricted more and more), instinct may well be trusted; for Hippocrates says, "What pleases the appetite nourishes."

Much more might be said, as to the causes for example; and a few remarks shall be made in concluding. Many symptoms have been omitted; and only the conclusions of physiologists have been made use of, not their controversies. What has been written, however, is, I trust, perfectly plain and intelligible; and that it will prove of practical value, is a conviction increasingly strengthened by the testimony of former pupils. Indeed, so far as the solution of food is concerned—the signs of chemical or fermentative changes replacing the physiological, and the corresponding treatment required! I am enthusiastic enough to say that we are rapidly arriving at perfection.

To prove this, it may be affirmed:

1. That our knowledge is exhaustive. The chemists, as Lehmann and Mulder, divide food into five proximate principles—nitrogenous, carbo-hydrates, hydro-carbons, salts, and water. We have to do with solution, and no organs are required for the salts and water to prepare them for absorption. Therefore we have only three proximate principles left; and as to what becomes of them, and where, physiologists are agreed. As to the how, as positivists we have no need to trouble ourselves.

2. That the argument will bear the severest test. Dr. Barclay, on *Medical Errors*, has been acknowledged to be the most severe critic: therefore let us examine the logic of this paper by his rules. The phenomena of chemical or fermentative action are so obviously connected with the symptoms, that we have not to collect cases to any power of 2—1. And, as to causes and symptoms, though possibly not one of all of us here present ever saw two cases exactly alike in all the phenomena, yet we have each seen many cases exactly alike in the characteristic phenomena—so much so that, when we hear of one, we can soon assure ourselves of the other by the method of elimination. To mention a symptom not yet named, and yet most common—viz., palpitation and supposed "disease of the heart"—when a patient complains of it, we may safely say, "Then, ten to one, you've wind on the stomach." Or we may first prudently examine the neck for abnormal pulsation; employ auscultation; and inquire what emotional causes have existed. Should, then, all these inquiries fail to furnish a possible explanation of the palpitation, we may at once make a bold and a scientific guess that the case is one of indigestion. In like manner, when there are tasteless eructations, we may as safely charge our patient with being "giddy", if punning be permissible. In guessing from the state of the gums, you will not be wrong once in a hundred times; though it is possible the patient may be scorbutic, or have been taking mercury, or even have had indigestion without knowing it. You may tell your patients of what they are fond. You tell the boy with sick-headache, specially if his gums are not red, that he is fond of sugar, bread and butter, and potatoes; and that he eats quickly and long. You tell the poor woman who feels "done", if there has been no other cause of exhaustion, that she has been living poorly, with tea-dinners; and you tell the duodenal patient, if not obviously constitutionally weak, that he has been living on tea, and has been eating too much bacon, or is too fond of butter. And, in making these guesses, you will be as often right as you are when you promise that quinine will cure an ague, that arsenic will cure lepra, and that the male fern will expel the tape-

worm. The connexion between the phenomena is obvious, and in one sense invariable. Therefore we need not multiply cases; for, as Dr. Barclay teaches, in such circumstances a comparatively restricted investigation is all that is required.

This passing reference to the etiology of indigestion appears to me to complete the argument of this paper, on Dr. Barclay's own principles. But let us venture further, and examine our thesis by his four stages of every medical argument.

1. Facts have been collected and compared with each other. My own infirmary-books show some twelve thousand cases where an attempt has been made to distinguish between oral and gastric dyspepsia, with the causes; and some three thousand in which duodenal and oral and gastric have been collected and compared.

2. An hypothesis has been suggested—viz., that of fermentations—according to views held long before Sydenham and the chemical school, though adopted specially by them. In our day, Dr. Turnbull has written on the *Disorders of the Stomach, with Fermentation, etc.* He quotes from Ure's *Dictionary of Arts* twelve kinds of fermentation—the alcoholic; the saccharine; the viscous or mucous; the lactic; the acetic; the gallic; the peptic; the benzoilic; the sinapic; the ammoniacal; the putrid; and the fatty. This hypothesis of fermentation, then, is a deduction from analogy, and suggests the reason or cause why two facts are united as antecedent and consequent, so that the presence of the one necessitates that of the other, except there has been some interfering circumstance, not in any way of a constant kind. It will not be questioned that the symptoms mentioned as pathognomonic are necessary consequences of the antecedent fermentations.

3. The hypothesis has been tested by experiment, by critically examining old cases, and selecting new ones. The dietetic treatment has been a series of experiments, carried out on a large scale, roughly, amongst the out-patients, and carefully and minutely in the wards. For twelve years, the actions of food and medicine have been separated as much as possible from all interfering causes, and made the subject of constant clinical teaching and observation. This Dr. Barclay declares to be the most characteristic part of the inductive process. When an hypothesis has stood this test of full experimentation, and a relation of cause and effect has been established between the phenomena, then the hypothesis becomes a law.

4. The application of the laws thus established by pure deduction to fresh cases has been partly supplied by the ability afforded, as a rule, of anticipating the causes in the circumstances and habits of the patients, before receiving any information whatever concerning them. It is true that, when we pass from chemical phenomena to physiological, as when we leave the simple pure laws of fermentation to go to the complex empirical laws of etiology, exceptions commence and multiply; but, when examined, as Dr. Barclay explains, the exceptions prove the rule, just as the rising of the balloon demonstrates the more exquisitely the law of gravitation. So, when there is dyspepsia present, and yet there has been no error in diet, and there is no constitutional predisposition, all our rules appear to fail; but when we trace some other cause of impaired secretion, as subacute inflammation, or a general febrile action, or a concealed mental anxiety, the case at once becomes plain. And the longer we may be in ascertaining the true cause, the more confidently do we, in our next difficulty, deductively affirm that there must be some force at work as yet undiscovered. Practically, we illustrate this fourth stage of deduction when, all

our dieting and prescribing being in vain, we confidently pronounce the existence of organic disease long before obstruction, or hæmatemesis, or a tumour, or dissection, has confirmed the prediction.

The grounds, then, of our confidence in the knowledge we possess of the forms of indigestion concerned in the solution of food, are: that the proximate principles of food, and the organs given for their solution, exactly correspond; that we can clearly trace cause and effect between the abnormal fermentations, the distinctive symptoms which distress our patients, and the regimen and remedies required for their relief; and that by the aberrations of the observed phenomena we can discover the existence of other phenomena which acknowledge no subjection to chemical control.

In all functional derangements, connected with the solution of food, which are due to the habits of our patients, or which, in other words, are acquired, we possess that knowledge which is power. We know the cause, and can remove it. Such cases we can cure in the same sense that the surgeon cures a broken leg. That is, it is ordained by infinite goodness that when we do our mechanical and chemical part, all the rest, which is so much above even our comprehension, shall be done for us.

All the similar functional derangements that are due to constitution, i.e., that are inherited, are but symptoms. We can certainly relieve the symptoms, but the treatment in such cases is that of the diathesis. We must avoid all the known causes which take sides with the predisposition. So, when we have indigestion from inflammation, or organic disease, the indigestion is only a symptom, and is altogether secondary in importance. If, then, we make those obvious distinctions, and only seek a chemical effect from a chemical remedy, I again repeat, we shall never be disappointed. But, indeed, we shall often be most agreeably disappointed. It would be difficult to say what functional derangement may not possibly be due to indigestion; and, if health and spirits have followed the restoration of mechanical mastication, by the art of the dentist, may not the chemical physician hope to receive equally great rewards?

In conclusion, gentlemen, it is for you to decide whether, in this paper, each step has been made plain and secure; for all will agree with Dr. Barclay, that "nothing can be more destructive of right reasoning than a foregone conclusion." If each step has not been made secure, let us commence afresh. But if a step in advance has been made, or if our foothold only has been made more sure, we shall have done something to wipe away the reproach that hangs over the topic of indigestion. I refer to general facts, and especially to the quotation from Dr. Chambers by Dr. Aitken, that "there is no part of the body of which we hear so much from our patients, and are able to communicate so little knowledge in return, as about the stomach; and truly it is an ill-used viscus—flattered in metaphor and insulted in fact."

ABOLITION OF CHOLERA QUARANTINE AT MALTA. The board of health has abolished quarantine on arrivals from Alexandria and Marseilles, provided they bring clean bills of health. The board of health of Alexandria has adopted the same course in regard to arrivals from Malta. The board of health in Sicily continues to enforce quarantine on arrivals from Malta, notwithstanding that this island has been free from cholera ever since Nov. 11. Scarlatina has manifested itself at Messina in the form of an epidemic, principally among children, proving fatal to many, causing suffocation after forty-eight hours' illness.

Transactions of Branches.

BATH AND BRISTOL BRANCH.

ANÆMIA OF THE OPTIC NERVE OF THE RIGHT EYE, CONSTITUTING EXTRA-RETINAL AMAUROSIS, FOLLOWING ABSCESS OF THE ANTRUM CAUSED BY A DISEASED MOLAR TOOTH.

By CHARLES GAINÉ, Esq., Bath.

(Read October 24th, 1865.)

EMMA BULLEN, aged 22, was admitted an out-patient at the Bath United Hospital, on August 7th, 1863, under the care of Mr. Soden, on account of defective vision of the right eye. On the 28th, Mr. Soden requested me to examine her teeth, which, from the swollen state of her face, he had reason to believe had much to do with the mischief. She had at this time ptosis of the right eyelid. The pupil was greatly dilated, and there was no action of it on exposure to a bright light. I examined her teeth, and found that the swelling was caused by periosteal inflammation of the first upper molar tooth on the right side, the crown of which had been broken off two months before in an effort to extract it. Upon pressing the palatal fang with a probe, pus exuded from the investing alveolus. There was considerable bulging of the anterior wall of the superior maxilla on that side, below the infraorbital foramen, thereby indicating that the disease had implicated the antrum.

I endeavoured to induce her to have the stumps removed, but she refused. She admitted that nothing had been the matter with her eye until after the tooth had been broken.

Sept. 1st. I saw her again. The bulging of the bone had increased, and some pus escaped through the right nostril. There was some conjunctivitis and congestion of the lower eyelid; the sight was much worse, and the pupil remained fixed. Dr. Woods and I examined her eyes with the ophthalmoscope, and discovered that the optic disc of the affected eye was much paler than the other, the tunics and humours appearing healthy. She still refused to have the stumps removed, but continued to attend at the hospital twice weekly till September 16th. On that day, the sight of the right eye was entirely lost. We examined her again with the ophthalmoscope, and I made a drawing of the fundus of each eye. The difference between them, it will be seen, is very marked. She now wished me to extract the stumps, which I did. After removing them, I punctured the antrum and let out a large quantity of pus.

She continued to attend regularly for two months, but no improvement took place in the affected eye.

The treatment adopted was a mild mercurial course, followed by tonics. She then left the city for her home in Gloucestershire, and I did not see her again till May 6th last. At that time the third nerve had resumed its functions, so far as the eyelid was concerned, and there was very fair action of the pupil, but not co-ordinate with that of the sound eye. The right optic nerve shewed the same anæmic condition, and she was still blind in that eye. Whether she will ever regain the sight of it, must, for the present, remain a matter of doubt; but it is my belief that it is hopelessly gone.

REMARKS. This case, in its more practical and important points, bears a close analogy to one which occurred in the practice of Mr. Salter, the Dental Surgeon to Guy's Hospital (in the *Medical-Chirurgical Transactions* of 1862); and though it does

not altogether correspond with Mr. Salter's case in its general detail, still the cause and effect are similar. For instance, in both cases the third and optic nerves were involved; and there is little doubt that mechanical pressure, extracranial in each instance, was the cause of the mischief, though the difference between the two cases in rapidity and severity is very marked. Mr. Salter's patient was attacked with violent pain about the remains of the first right upper molar tooth, the crown having been lost by caries. Enormous swelling of the face came on rapidly, infiltration of the lower lid, which nearly closed the eye, protrusion of the malar bone, and a thrusting over of the nose to the opposite side. The patient described as fearful the pains of the whole of that side of the face and the eyeball, which latter became protruded. A few hours after the occurrence of these symptoms, she observed that she was quite blind in the right eye, which had hitherto been perfect in its function. About twenty-four hours after the supervention of the swelling, matter pointed below the inner canthus; this was let out by a lancet puncture, by the general practitioner then attending her. The orifice closed at once, and in another twenty-four hours a fresh pointing of matter took place below the outer canthus. No further treatment was adopted, except occasional punctures where the matter pointed, for two or three weeks. At this juncture the girl was sent to Guy's Hospital. Mr. Salter describes her appearance as horrible. The left side of the face was natural, the right enormously swollen, more especially about the region of the malar bone, which was protruded and tilted forward. The eyelids were cedematous and closed, while from the orifice, from the outer canthus, and from the lower lid, streamed a profuse discharge of fetid, grumous pus. Mr. Salter removed the stumps and a caries wisdom-tooth; the withdrawal of the former opened the floor of the antrum, when an abundant discharge of pus followed. The sight of the eye was entirely gone; the globe prominent and everted; there was extreme conjunctivitis of both the eye and lids. The pupil was large and rigidly fixed. Several pieces of dead bone exfoliated, and were removed at different intervals, including the anterior part of the floor of the orbit. The patient continued under treatment until January 3rd, 1861, having been admitted on May 23rd, 1860. She was, after her discharge, taken into the hospital as a night nurse, so that opportunities were afforded of frequently examining her eye, but the loss of vision would appear to be permanent. Mr. Salter describes the humours as transparent, and the retina healthy; the only abnormal appearance being the extreme *anæmia of the optic nerve* at its abutment on the retina.

In comparing the two cases, it will be seen that the pathological condition in each case of the optic nerve, so far as can be ascertained during life, was to all appearances the same, whilst the other structures retained or regained their functions. In Mr. Salter's case, the constitutional disturbance was very great, and the blindness sudden; whilst in my case, the disturbance was very slight, and the blindness gradual in its approach. That the cause in each case was mechanical and extracranial, there can be no doubt; but whether it was due to the obstruction of a vessel, such as the "*arteria centralis retinae*", or to pressure on the optic nerve itself, must, in the absence of a *post mortem* examination, remain a matter of speculation, though a more extended inquiry will probably throw more light on the matter, and teach us to distinguish between such cases and the so-called white cerebral atrophy of the optic nerve. I am aware of only four analogous cases—two which

Mr. Salter quotes, one from notes supplied to him by Mr. G. Pollock, of St. George's Hospital, and another by Dr. Brück, recorded in Casper's *Wochen-schrift* for 1851; and two mentioned in Watson's *Lectures on the Principles and Practice of Physic*. All these cases were doubtless traced to irritation, caused by teeth, either diseased or irregular.

In Mr. Pollock's case, a gentleman, aged 35, was attacked with intense deep-seated inflammation of the superior maxillary region and orbit, involving the eye in universal congestion of its tissues. The globe was protruded; sight completely gone, and the pupil dilated and fixed under all circumstances. Two teeth—the premolar and first true molar—were found to be diseased, and were removed by Mr. Vasey, the surgeon-dentist to the hospital. The latter exhibited indications of great irritation about its roots. The removal of the teeth was followed by immediate and complete subsidence of all the inflammatory symptoms, and in about ten days all heat, redness, and apparent ophthalmic inflammation had left. The eye was restless. At first, the pupil remained as it had been during the inflammatory action, fixed and dilated; but it subsequently resumed its contractile functions in co-ordination with that of the seeing eye. In this case there was no abscess of the antrum. The eye remained, up to the time the case was recorded, June 24th, 1862, after a lapse of four years, entirely blind, though perfectly natural to external appearance. Ophthalmoscopic investigation was probably unknown, or in its infancy at the time this case was under treatment, as no mention is made of it in the report of the case.

In Dr. Brück's case, the patient was a healthy man, aged 45. He had acute attacks of inflammation, involving the whole maxillary bone on the affected side—the teeth, the tongue, and the throat. There was great injection of the eyelids; the globe protruded, and there was much and severe toothache. After a few days, matter previously pent up in the antrum, burst through the left nostril, and the patient recovered the acute symptoms, which, however, frequently recurred. In an early stage of the case *vision was entirely lost, and the axis of the eye was diverged*. Under treatment the antral affection gradually disappeared, and with it the sight of the affected eye returned.

The third case is quoted in Watson's *Lectures*. The patient was the son of a London physician, who, on two or three occasions, became blind in one eye without any obvious cause, and with no visible change in the organ. He ultimately recovered his sight, after the extraction of some teeth which had grown irregularly.

The fourth case, also related in Watson's *Lectures*, came under the notice of Mr. Lawrence. A man, aged 30, was suddenly attacked with violent pain in the left temple near the eye, and in that side of the face generally. The pain continued to react from time to time, and at length he discovered that he was blind in the left eye. By and bye the cheek swelled, and some spoonfuls of bloody matter were discharged by a spontaneous opening in the lower eyelid; the pain then subsided, but after some months it returned with great severity. The patient then went to Wilna, with the intention of having his eye extirpated, and consulted Professor Galenzowski, who found the left eye totally insensible to light, with the pupil dilated, and no other visible alteration. He ascertained, however, that the first molar tooth on that side was carious; it had never caused the patient much uneasiness; and the toothache, which he had occasionally suffered, had not been coincident with the pains in the head and eye in point of time. Dr. Galenzowski thought fit to extract this tooth,

and was greatly surprised at seeing a small substance protruding from the extremity of one fang. This proved to be a little splinter of wood about three lines in length, which had perforated the centre of the tooth, and had probably been introduced in using a wooden tooth-pick. A probe was passed from the socket into the antrum, from which a few drops of a thin purulent fluid escaped. The pain ceased almost entirely, and on the same evening the eye began to be sensible of light. The vision gradually improved, and on the ninth day from that time, after thirteen months' blindness in that eye, he was able to see with it as perfectly as with the other. Dr. Galenowski has since been in England, and he showed Mr. Lawrence the tooth and the splinter of wood.

These, gentlemen, are all the published cases of which I am aware, which would appear to have a similar origin with the one of which I have given you a few brief notes to-night. The appearance of the optic disc in all the cases excepting Mr. Salter's and my own, must remain a matter of speculation, as they occurred before the use of the ophthalmoscope was known. Mr. Hutchinson, in the first volume of the *London Hospital Reports*, has published a series of interesting cases of white atrophy of the optic nerve, but none of them would appear to have any extra-cranial origin.

Progress of Medical Science.

SURGERY.

GUNSHOT INJURIES. Several cases illustrative of the tenacity of life after gunshot injuries have been described in the *Philadelphia Medical Reporter*.

Dr. Leavitt relates the case of H. H., aged 29, who was wounded in the head on July 14th, 1864, by a Minié ball, which entered half an inch above the fronto-parietal suture, and two inches to the right of the median line, penetrating the brain, and apparently lodging there. On July 14th, the brain-substance oozed out in a disorganised mass. The patient was totally unconscious, groaned as if in pain, tossed himself about, requiring force to retain him in a position in bed. He could not take food or medicine. There was marked strabismus; the eyes were open and staring; no dilatation or contraction of pupil was perceptible. On the 18th, he had frequent and violent convulsions. Cold applications were made to the wound, and half a grain of calomel with a quarter of a grain of opium were given. The next day, he had involuntary evacuations of urine. Towards evening, he had some lucid intervals; he suffered intense pain, and talked wildly and incoherently. There were automatic movements of the left side of the body; the right side was paralysed. On the 22nd, the convulsions had ceased. Dr. Leavitt believes the opium effected this change. The pain was mitigated; the spasms had ceased; consciousness had returned; there were no longer relaxations of the sphincters, and involuntary discharges take place. On the 23rd, the patient was still improving. The next day, there was noticed some distension of the scalp, behind the mastoid process, where also there was severe pain. A free incision gave exit to a large amount of pus, and two fragments of bone, protruding, were removed. Attached to one part of the bone was found a small portion of the dura mater and the inner table deeply indented from contact with the ball, which was found, upon further examination, roughened and irregular, having perforated the brain. After this, the patient appeared to do well up to the

27th, when hæmorrhage occurred several times, but it was arrested. On the 28th, convulsions commenced again early in the morning, and continued with increasing frequency and intensity. At 10 A.M., the patient was comatose, and pulseless at the wrist; his respiration was stertorous. He continued in this condition until 4 o'clock P.M., when he died. A bullet had torn its jagged way through the right lobe of the cerebrum, and remained lodged against the meninges for ten days. The autopsy revealed a fracture extending six inches in length and from one to two inches wide, chiselled, as it were, out of the solid skull structure; the right cerebrum was decomposed; and the middle meningeal artery sloughed through.

In another case, T. M., aged 18, received a gunshot wound on May 31st, 1864. The ball entered one half inch below and to the left of the apex of the heart, between the fifth and sixth ribs, passed directly through the left lung, and made its exit posteriorly about one line to the right of inferior angle of the left scapula, shattering the seventh rib in its course. When admitted to hospital, June 5th, the patient suffered greatly from inability to breathe when in a reclining position; had considerable cough and frothy expectoration of bloody mucus, and at times slight hæmorrhages, which were controlled by the free use of table-salt. He could not sleep, except in a sitting posture. He said that he bled a great deal on the field; pulse quick and thready, 120. On examining the chest, Dr. Leavitt found at the apex of the left lung feebleness of respiration, loud mucous râles; and from the fourth rib downward, total absence of all respiratory sounds, increase of vocal fremitus, great dullness on percussion, and in the right lung increased resonance and exaggerated respiration. After this he went on well, and the wounds in the chest were healed on August 27th.

HERNIA CEREBRI. Dr. Traver, of Providence, Rhode Island, was called on June 2nd, 1863, to see John McN., aged 4, who had fallen from a first story window, striking his head upon a sharp stone, fracturing the upper and left part of the os frontis, rupturing the membranes, and wounding the tissues of the brain. Pieces of the cranium, of the size of a ten-cent piece, were taken out. A triangular piece of window-glass, about half-an inch in length, was found imbedded in the brain. The opening in the scalp was partially closed by means of the interrupted suture and adhesive straps. The sutures came away in due time. The straps becoming disarranged, a portion of the brain, about three-fourths of an inch in diameter, protruded and extended seven-eighths of an inch above the surface of the cranium. The hernia or protruding brain was excised, and a piece of patent lint saturated with lime-water was placed over the orifice, and in immediate contact with the brain—over this a graduated compress and bandage. The wound was dressed daily, and the lint kept saturated with the lime-water. The slightly astringent properties of the lime-water produced a contraction of the brain in the apertures of the cranium, and together with the compress, caused it to recede below the surface. The wound in the scalp healed kindly. (*Phil. Med. and Surg. Reporter.*)

EXCISION OF THE SCAPULA. In a girl, whose scapula was removed a few months ago by Mr. Pollock of St. George's Hospital, the following was the condition eleven weeks after operation. She had gained flesh, and appeared in good health. The wound had healed perfectly; there was no uneasiness in the shoulder, and she could move the arm from before backwards, but there was not much lateral move-

ment. When viewed from the front, the shoulder was level with that of the sound side, but a little less full, apparently from the atrophied state of the deltoid muscle. The head of the humerus had not swollen, and could be easily rotated. The patient used her arm freely in sewing and writing. (*Lancet*, Oct. 28, 1865.)

DESTRUCTION OF THE NOSE AND LIPS: NARROWING OF THE OPENING OF THE MOUTH BY CONTRACTED CICATRICES: SUCCESSFUL OPERATION. The following remarkable case occurred in the practice of Professor von Balassa of Pesth. A lad, aged 16, named Karl Szatmary, of pale cachectic appearance, came into the hospital there with a terrible disfigurement of his face. This had been produced a year previously, as far as could be ascertained, by some febrile disease (perhaps pernicious intermittent or typhus); after which the nose, lips, external ear, and a part of the toes, had become gangrenous. The process of cicatrisation which followed this extensive destruction, had left in the place of the nose and lips an uneven cicatrix, firmly adherent to the surface of the jawbone, and narrowing the nostrils to a small longitudinal cleft, and the mouth to a roundish hole of the size of a bean, of which two-thirds were occupied by the middle incisor teeth, so that there remained only an opening of the size of a crowquill, with rigid walls. Respiration and nutrition were necessarily greatly impeded; fluids only could be administered in scanty quantity. Speech was difficult; and saliva flowed almost constantly from the mouth.

It was evident, that the impaired constitution of the patient would not allow the immediate performance of a plastic operation; the indication was therefore to improve his health, and to remedy the defects by operations performed at intervals of time.

The patient having been well nourished for some months, and his health having improved, the formation of an upper lip was undertaken on May 5, 1862. The cicatricial tissue occupying the place of the upper lip was first removed by two vertical semilunar incisions, joined by a horizontal one parallel to the lower edge of the orifice of the nose. This being done, semielliptical incisions, about an inch apart, were made from the ends of the semilunar cuts, nearly as far as the ears. The upper incisions were somewhat longer than the lower, and had their convexity directed upwards; the lower were convex downwards. The transplantation of the flaps was favoured by their curved edges allowing them to be drawn in the proper direction; but it was also necessary to make incisions into them, dividing also the mucous membrane. Hemorrhage having been arrested, the flaps were united in the middle line below the nasal orifice with figure-of-8 sutures, as in the operation for hare-lip; and their upper edges, and the outer third of the lower, were also united in the same way with the corresponding edges of the incision in the face. Ordinary silk sutures, both deep and superficial, were applied in the intervals between the pins. Sutures were also applied to the free edges of the flaps, so as to form the upper lip, the angles of the mouth, and a part of the lower lip. Union rapidly took place; and, when cicatrisation was complete, the patient had not only an upper lip with its red mucous membrane, but also a mouth-opening of sufficient size, and capable of being enlarged by the now free movements of the lower jaw.

From this time the patient improved in health and appearance, and was able to take food in the ordinary way. The furrows also, which were produced by the contraction of the cicatrices along the edges of the flaps, gradually disappeared; so that, at the end of February 1863, scarcely any difference in the level of

the skin could be distinguished. On March 8th, rhinoplasty was performed; the flap being taken from the forehead, a portion of the scalp also being used to form the septum. The flaps of cicatrised tissue on each side of the nose were not extirpated, but were brought together towards the middle line and held there by threads so as to form a bridge for the new nose. Knotted sutures were not employed, as they would have interfered with the application of the flap from the forehead. In performing the last mentioned part of the operation, a portion of the frontal periosteum was removed with the flap. Union took place readily by the first intention, not only between the nasal flap and the sound skin, but also between the septum and the upper lip. The portion that had been used to form the bridge of the nose also became united from within outwards to the flap taken from the forehead. A considerable time was occupied in the after-treatment, in preventing the septum from becoming united with the *ala nasi*; and the patient was therefore kept in hospital until the end of July. This delay, however, gave an opportunity of observing that there was no sinking in of the new nose, but that it had retained the form given it in the operation. The consistence of the bridge of the nose had not undergone the least change; and, as there was no trace of bone having been formed by the transplanted periosteum, this retention of shape must, says Dr. von Balassa, be attributed to the retention of the cicatricial tissue of the nose, so as to form a support for the flap. To prevent the nostrils from becoming closed, a special proceeding was required. This consisted in passing a leaden wire through the part of the septum which lay beneath the point of the nose and was united at the upper part with the *ala*. The wire having been introduced by a lancet-shaped needle, its end was again brought through the septum at a distance of about two lines; and the two ends were then drawn out through the right nostril and twisted together. It was necessary to leave these leaden loops until the newly formed nostrils were fully cicatrised. The small bridges of skin between the leaden wire and the *ala nasi* were not at first cut away; and it was not until the end of some weeks, when the nasal openings had fully cicatrised, that a horizontal incision was made on each side from the nostril into the *ala*; and, after these were healed, the vertical bridges of skin which extended outwards from the leaden loops were divided. The patient remained in hospital a month after the completion of the operation, during which period the cicatrisation of the septum and *ala* pursued a favourable course, and the nostrils appeared to be certain of retaining a proper size. He went home in October, and returned in 1864, when the leaden ring was removed, and a slight plastic operation was performed for the improvement of the lower lip. There was not the least trace of the formation of bone by the transplanted periosteum; but the nose retained its proper shape, and the nostrils remained quite pervious. (*Berliner Klin. Wochenschr.*, August 14, 1865.)

MIDWIFERY AND DISEASES OF WOMEN.

UTERO-INTERSTITIAL PREGNANCY. IN the JOURNAL of December 24th, 1864, we quoted a case of labour in which M. Parise of Lille believed that a fœtus had been developed in an abnormal division of the uterus. At a meeting of the Academy of Medicine on December 19th, a report on the case was presented by M. Devilliers, who believed that M. Parise had been misled, and that what he had supposed to be an abnormal cavity was a pouch formed by the posterior lip and segment of the uterus. In the discussion, M.

Depaul, observing that he agreed with the report as to the incorrectness of the interpretation given by M. Parise, related the following case of utero-interstitial gestation which had come under his care.

He was called to Lille to see a lady, in whom labour had commenced twelve or thirteen days previously. The child, which had not been expelled, was dead and putrefied. A digital examination was attempted, but was desisted from on account of the pain which it produced. Recourse having been had to anaesthesia, the examination was repeated. M. Depaul now felt a hard cord, which he incised with a straight bistoury, and removed the fetus, the feet of which presented. The part which was divided consisted of the posterior circular fibres of the inner orifice of the cervix, which had become tense, hard, and hypertrophied, forming, by irregular development, a sac into which the fetus had entered. (*Gaz. Méd. de Paris*, September 23, 1865.)

PRECOCIOUS PUBERTY. M. Ramon de la Sagra related, at a meeting of the Academy of Sciences, the case of a negro child who at birth was observed to have the breasts much developed, and in whom, a few months later, a sanguineous discharge from the genital organs took place, and, in the second year, recurred at regular monthly intervals. When M. Ramon de la Sagra saw her, at the age of thirty-two months, she had passed through dentition favourably; and the throat, and the genital organs, which, as well as the axillae, were covered with a fine down, gave her the appearance of a girl of thirteen of the negro race. M. Ramon de la Sagra continued to see the child up to the age of seven, at which time she was in good health, the development having steadily continued. (*Gaz. Méd. de Paris*, October 14.)

PECULIAR MALFORMATION OF THE PELVIS: INDUCTION OF PREMATURE LABOUR. M. Devilliers was called in consultation to see a dwarf female, who was little more than forty inches in height, and very rachitic. The spine presented two curves, the upper of which had its concavity directed forwards and to the left; the lower, backwards and to the right. The lower limbs were also curved in opposite directions, so as to represent the form of the letter X. The pelvis appeared very small, even in proportion to the patient's stature. The pubic bones projected but moderately; the ilia were scarcely prominent, and the right especially was completely effaced on its posterior half. On digital examination, there was found to be considerable narrowing of the upper orifice and of part of the cavity of the pelvis, especially in the transverse direction. This was caused by the projection of the angle formed by the sacrum and the last lumbar vertebra, which bones had become twisted on their axis from left to right, and at the same time curved forwards. This singular deformity gave the upper orifice and a part of the cavity the form of a crescent, of which the centre of the arc of the concavity corresponded to the centre of the sacro-vertebral angle, and was opposite the right acetabulum; while the right end of the crescent touched the middle line behind, the left reaching a point placed more anteriorly to the left. The other pelvic diameters were also much diminished. It was determined to provoke abortion, the patient being about five months advanced in pregnancy. Labour was brought on by dilating the os uteri by an elastic bag and tube, distended with warm water from a graduated syringe; the feet were brought down, and the fetus was partly removed; but the head, in passing through the brim, became detached, and it was necessary to remove the contents of the cranium; after which the head became compressed, and was expelled with the

placenta. The patient recovered without any symptoms of importance. M. Devilliers had only met with one pelvis in the Paris collections which presented much resemblance to that which he had met with in the case related. (*Gaz. Méd. de Paris*, October 14, 1865.)

British Medical Journal.

SATURDAY, DECEMBER 30TH, 1865.

THE "LANCET" AND THE LIBEL.

THE *Lancet* knows very well that it was neither from lack of material, nor out of mere *gaieté de cœur*, that it alluded to the case of apology for libel published last week in its pages. We did so solely because it was our duty to defend a member of the profession and of the Association who had been, in our opinion, very unfairly dealt with by the *Lancet*. That journal would have done well to have accepted our rebuke in silence; but, as it has not done so, we must, in justice to ourselves and to Mr. Spencer Wells, once more recur to the subject.

If we were in want of a very forcible answer to the question so often pressed by certain parties upon members of the Association, which has been so often answered, and yet still so unblushingly intruded upon gentlemen who ought to be able to manage their own affairs—"Is your JOURNAL worth the money it costs you?"—we might confidently point to the case before us as convincing proof that the profession wants and must have an independent journal of its own—a journal which is able to defend any member of our body who has been subjected to unjust treatment—a journal which can speak as the voice of the profession, untrammelled by any private considerations.

In our number of December 9th, it became our duty to show how one of our members—Mr. Spencer Wells—had been libelled in the pages of the *Lancet*. Now the libel would have been perfectly harmless, if it had not been published by the *Lancet*. The very title and nature of the papers in which it occurred ought to have excited suspicion and caution; but they were published week after week. The *Lancet* now takes credit that they inserted a letter from Mr. Wells in reply "*at full length*"! It would be interesting to know if this was done before or after legal measures had been taken to obtain an apology for the libel. But, be this as it may, we believe every man in the profession, who is moved by generous feelings, will see at a glance how utterly inadequate are the "editorial notes" which the *Lancet* so complacently reprints last week to serve as reparation for the serious damage necessarily caused by, to say the least of it, the careless insertion of an utterly unfounded libel. The *Lancet* publishes a

statement that a surgeon has been tempted by a splendid fee to operate on a case which he knew to be hopeless. Is it possible to imagine a more cruel charge, and one more likely to damage a man in the estimation of his professional brethren? Yet this charge is printed by a journal which boasts of a large circulation both within and without the profession. Proofs of the falseness of the charge are at once given—proofs so conclusive, that Dr. Clay signed the very ample apology which we published last week. But what does the editor, who has given publicity to this libellous charge, do in the way of reparation? He contents himself with an editorial note regretting "the introduction of personal allusions in scientific communications", forgetting that a stroke of the pen in the manuscript or proof would have erased all the "personal allusions", and left the "scientific communication" harmless. That we were not "premature" in pointing the moral from this history, is proved by the fact that, even when printing the apology of Dr. Clay last week, all the editor could say by way of atonement for his own share of the mischief, was a bald statement that the case had "very properly been referred to professional arbitration." Surely, when a man has unwittingly injured another, his first feeling, on the error being pointed out, is immediately to make the fullest reparation in his power—to express his regret, and his conviction that he has been misinformed or mistaken. But the *Lancet* did nothing of this sort. It carefully avoided anything but a most guarded "editorial note", which might, indeed, be read as an insinuation that the "personal matters", though unsuited to a scientific communication, were not to be considered as calling for apology or reparation.

We, therefore, in defence of Mr. Spencer Wells, thus treated by a powerful medical journal, entered a protest in the name of the profession. We stated, and we repeat it, that when a journal has, wittingly or unwittingly, allowed itself to become a vehicle for attacks upon the personal and professional character of a medical man, it is bound, when the error is proved, to make the fullest reparation for the injury it has inflicted; and that it owes such reparation to the whole profession, as well as to the injured individual. We apprehend that, in the case before us, the opinion of the profession will go wholly with us, and will be this: that the *Lancet* has injured Mr. Spencer Wells, and has not made the reparation which professional justice required at its hands.

HONORARY FELLOWS AND FELLOWS BY EXAMINATION.

WE regret to find that some of the Fellows of the College of Surgeons by examination have set themselves in opposition to the Fellows by election.

Many of the former class of Fellows, we are told, petitioned the Council of the College not to grant country Fellows votes by papers, because such grant would cause the votes of Fellows by examination to be swamped. They, it is said, take more interest in the College than the honorary Fellows do; and, moreover, as they have gone through an examination, ought to have their interests specially considered. But all this is surely a very great mistake—a proceeding which can only serve the interests of retrogradism. Why should the one set of Fellows have the interests of the College more at heart than the other? What gives the one set more right to vote or more capacity for voting, than another? Both classes were formed mainly, if not solely, for the purpose of being a constituency to elect the Council. Why, then, should they allow jealousies to be fomented between them in reference to the exercise of their privileges?

Then, again, we hear, as another reason why country Fellows should not have vote by papers, that more examination-Fellows record their votes than election-Fellows, in proportion to their relative numbers. But such figures are really worthless in this argument—the case of vote by papers; for, until it is shown to the contrary, we may fairly assume that the majority of examination-Fellows over the election-Fellows, here alluded to, is accounted for by the simple fact that it is made up of the votes of Fellows residing in London. We should like to know how many signatures of country Fellows by examination were appended to the petition said to have been presented to the Council by examination-Fellows asking the College not to give them votes by papers.

A most elaborate table, drawn up by the *Medical Times and Gazette* to show the number of Fellows of the College who are members of the British Medical Association, and how they voted at the last election, is valueless as any guide in this question. Its great point is to show that the number of honorary Fellows is greater than the number of Fellows by examination; but that, according to the votes given, the former appear to take much less interest in the election of the Council than the examination-Fellows do. These tables show, it is said, that, in proportion to their relative numbers, many more examination-Fellows attend and vote than election-Fellows. But, when we set aside the *London* Fellows, who really cannot fairly be calculated in this matter, we find that the statement does not hold good. Thus, when we deduct from the 135 Fellows (members of the Association who voted at the last Council election) the 73 included *London* Fellows, we actually find that, of the remaining 62 (country Fellows), 42 were honorary, and only 20 examination-Fellows. These tables, therefore, prove the very opposite of what they were meant to prove. They show that, at

the last election, the number of *country* honorary Fellows who voted was double the number of *country* examination-Fellows. And, on such ground as this, we are told that *country* honorary Fellows should not have a vote by paper, because they show no interest in the College! We again repeat it, that all such tables as those of the *Medical Times and Gazette* are valueless, so long as they include the votes of the *London* Fellows. Clearly, in this question of voting by papers, to include the votes of *London* Fellows, as a comparative basis of calculation, is to include a fact which destroys all just comparison. To say that *country* Fellows have no right to vote because they do not vote, is to beg the whole question. They do not vote, we affirm, because voting is practically rendered impossible to them. How many of the *London* Fellows, who now vote, would record their votes if they were placed in the position of *country* Fellows? Moreover, if this argument is worth anything, it goes much further than those who use it probably intended. Its logical conclusion is, that *London* honorary Fellows, equally as *country* honorary Fellows, ought (and for a similar reason) to be deprived of the power of voting.

As usual at every gaol delivery, the question comes up. Is the prisoner insane? Judges lay down the legal definition of the term insanity; counsel, by the easy trick of their art, trip up the unwary doctor; newspapers turn him into ridicule; and the prisoner is left for execution. No one, however, is completely satisfied with the process which produces the result. All feel that there is something defective in it. Even the most ardent lovers of the penal rope admit indirectly, by their arguments, that to the question, "Is he mad?" a more satisfactory answer is to be desired. As we have so often said in these pages, one radical defect in the law is this, that it throws upon the lunatic the onus of proving his own lunacy. Such law is inhuman law, and very unequal law. If the criminal be a man of money, he may procure some great authority in lunacy who will satisfy the jury of his incapacity; but, if he be a pauper, he can obtain no such powerful advocacy. Both reason and humanity seem to demand, in all cases where there can be questions of the criminal's sanity, that an impartial government expert shall be called in to give opinion *during*, not *after*, the trial. Nothing less will ever satisfy the ends of justice. What is more contrary to the spirit of English law than that, *after* the trial, the criminal should be again tried by the Home Secretary and his expert, and, as not unfrequently happens, be acquitted by them, after having been left for execution by judge and jury? But this improper proceeding is in itself a protest against the legal definition of insanity—a

protest of humanity against law. It shows that high scientific knowledge is required to decide as to the state of mind of the criminal; and also shows that, without such aid, neither judge nor jury can come to a righteous judgment of the case. The painful want of an impartial expert's opinion is shown in the case of a young man, eighteen years old, who has been condemned to death at Stafford. Nevertheless, we will venture to prophesy that he will not be executed; and, if he be not, it can only be on the ground of insanity, and through the interference of the Home Secretary and an expert—the post-judicial interference. In this case, also, the judge laid down the law of insanity; and no doubt the man was condemned in accordance with the law. But who can read the evidence and not believe the man was, spite of legal definition, really insane? His counsel called witnesses to speak to the acts and mental condition of the prisoner, with a view of showing that he was actually labouring under insanity previous to and at the time of the murder. Several of them spoke to acts of strange character done by him; and insanity was proved in some members of his family. His half-sister is now confined in a lunatic asylum; and one of the children of his father's sister was insane.

"Mr. Miller, an assistant to the physician at the South Staffordshire Hospital, spoke to the fact of the prisoner suffering from mental depression and constitutional excitement on his admission there on the 29th of August. He said he had then some of the premonitory symptoms of acute mania. For nine days he was at the hospital, he was very sullen, and on one occasion he refused to take food. Mr. Bunch, surgeon of Wolverhampton, attended the prisoner for violent pains in the head, constipation, and sickness. He appeared to be suffering from congestion of the brain." Dr. Hewson, resident physician at the Green-hill, Stafford Lunatic Asylum, stated that Ann Robinson, the half-sister of the prisoner, was an inmate there, and described her symptoms. He said her appearance physically was strikingly like that of the prisoner. He had examined the prisoner, but could not detect any symptoms of insanity about him now, except that his memory was very defective. The quiet and treatment of the prisoner in gaol would much alleviate any excitement he might have suffered under. The dividing line, according to this gentleman, between sanity and insanity is very fine; and it requires a person to be present at the time of the commission of the act to say whether it was committed under an excitement amounting to insanity."

In a late case of railway accident, where damages were sought by legal process, Serjeant Ballantine congratulated the medical men on both sides for having come to an agreement before entering the court. "The medical men," he said, "on both sides had, with candour and honesty, made a report on the case; and it was to be regretted it was not more generally adopted in cases of this kind." The course here pursued is one which we have more than once recommended when referring to actions of this kind. We have asked, Why should not all the me-

dical men concerned in the case do as they would if they met in consultation in private practice? If they can agree in private, why not in public practice? If this plan were followed, we should at once have an end put to the public scandal which, whether rightly or wrongly, attaches itself to the medical profession when, as too often happens, high illustrations of our art appear in our law-courts, pitted against each other, and in exact opposition in opinion as to matters surgical or medical. Last week a striking example of this unfortunate kind occurred in an action brought against the Great Northern Railway. Never was there exhibited a more remarkable illustration of the "differences of doctors", and of our great ones too! The reporter of the *Times* thus sums these the medical and surgical opinions.

"It would seem that there is something like the difference in opinion among medical men as there is among engineers; for never was there a more complete contradiction among medical men of eminence than in this case—those called by the plaintiff attributing the symptoms under which the plaintiff was labouring to the result of the accident, and those called by the defendants attributing them to any other cause than to the accident. Some thought the injury was permanent; the others thought, when all anxiety ceased, the recovery would be speedy. Some went so far as to say that the pains were imaginary. It was a mental delusion."

In this case appeared for the railway, Drs. Risdon Bennett, Pollock, and Childs, Dr. Dunsmure of Edinburgh, with Mr. Lawrence (who did not, however, appear in court) and Mr. Syme. For the plaintiff appeared Drs. Walshe and R. Reynolds, Sir W. Fergusson, Mr. Erichsen, Mr. Lee, and Mr. Acton, with the plaintiff's own attendants, Messrs. Hewer and Balfour of Edinburgh.

It would appear that the system of visiting the examinations of our medical licensing bodies, by deputies from the Medical Branch Councils, has been commenced. But, to be effective and produce useful results, it should be undertaken on some general principle. All the examining boards should be visited, and all the examinations investigated or inquired into from a similar point of view. Also, it would appear reasonable that the same visitors should attend the different boards; for how otherwise can a comparative estimate of the merits or demerits of different boards be made? The Medical Council should issue some general directions as a basis to guide the inquiry, and commit the very important duty to some particular individuals. So long as the inquiry is only partial, and so long as it is carried out by different persons, who conduct it from different points of view, it seems doubtful whether any substantial benefit can result therefrom. Moreover, if delegates from rival corporations—and some corporations may clearly be said to be rivals to others—are chosen to visit each the other's examina-

tions, there may very naturally be imported into their reports, even unconsciously to themselves, some stain of that feeling of rivalry. We would strongly suggest to the General Council to take this into consideration, and to lay down the line of inquiry to be followed by all visitors sent to inquire into medical examinations. These visitations are matters of much more importance than they seem to be on the surface. If they are to be of any service at all, the visitors must report fully and openly upon the Boards visited by them. Now if, as is not at all improbable, some visitors may think it their duty to report unfavourably of a particular Examining Board, is it to be supposed that the Board impugned will tacitly accept the rebuke, unless it can be shown by overwhelming proof that the visitors are superior judges of the character of the examinations to the Licensing Board itself? We may very well understand that collisions may in this way arise; and that Examining Boards may repudiate—and with a good show of reason—the verdict of visitors to their examinations. How (it may be argued) should the visitors know better than the Examiners what a proper and fitting examination is? In order, therefore, that the Medical Council may be in a position of justifiably rebuking the examinations of any of our Licensing Boards, it must be in a position to show that the opinion on which the rebuke is founded is highly and undeniably authoritative. The whole proceeding is clearly an exceedingly difficult and delicate one; and ought, therefore, in its carrying out, to be most jealously watched over by the Medical Council.

THE disturbances excited amongst the students of law and medicine at Paris by the dismissal of the students, who spoke silly republican and anti-social words at Liege, still continue. But authority seems determined to repress them *vi et armis*. We must conclude that the Dean of the Faculty (Dr. Tardieu) sides with the students, for he has resigned his deanship. M. Faurié, Inspector of the Academy of Paris, has been provisionally appointed to the administration of the Faculty of Medicine, in place of M. Tardieu, whose resignation has been accepted. In this matter, so deeply interesting to medical students, the French medical press is silent *per force*.

MR. CAIRD, the original promotor of homœopathic cattle-curing in this country, admits, in the *Times*, that the trial at Norwich has been a failure. But, like the ghost in *Hamlet*, he is about to shift his ground and try his luck again in Cheshire, which is to have the benefit (he says) of "the experience we have gained in Norfolk." The *Times* of the 27th has a fresh cure worthy of its patronage.

"Hanging four or five onions about the beast's neck directly they are taken ill and will not eat.

Those onions draw out the infection, and look the next day as if they had been boiled. This remedy is to be repeated several times, and the onions which have been used are to be buried in a deep hole. In a few days after, the cattle are taken with a running at the nose, which carries off the distemper. It is also proper at that time to hang up some onions in the distempered cattle's stables."

THE following remarks are made in the *Philadelphia Medical Reporter*, à propos of an article which appeared some time ago in the BRITISH MEDICAL JOURNAL, on the modern over-stimulating practice of medicine. Our views seem to have found an echo on the other side of the Atlantic.

"It is a fact well known by every one of our profession, that during the last ten or fifteen years the use of alcohol, mainly in its stronger forms, has become amazingly frequent; and that, in the treatment of many diseases, it enters as one of the chief agents; and that such practice is strongly advocated by some of the most eminent members of the profession. Milk punches and egg-nogs form, in many a sick-room, the main reliance of the practitioner; and it is really a most serious question, whether we are not doing, on the other side of the house, the same thing which our predecessors did—i.e., run into extremes. They over-bled and over-debilitated. Does it not occur to many of our readers that there is too much tendency in our day to over-stimulate? It is our conviction that such is the case; and, while none can be more willing to admit the efficacious effects of alcoholic stimulation in low fevers, we feel it our duty to protest against a practice of almost indiscriminate stimulation, which bids fair to become the great error of medical practice of this generation."

Does this "indiscriminate" administration of stimulants indicate a change in the type of diseases in America, or in the ideas of the American doctors who treat them?

WE have more than once adverted to the fact that the law seems to be powerless in preventing the illegal practice of medicine and surgery, even in those countries where it strictly prohibits such practice. Public opinion is strongly in favour of free trade in physic; and the result is that, notwithstanding all the efforts of private individuals and of public societies, quackeries and irregular practitioners appear to be as common articles in France as they are in this country. In France, the female "religious congregations" are said to be the greatest opponents, in this way, of the doctors. It is curious that the chief promoters of quackery in this country should be certain of our *religieuses*, only of the male sex. We are told by the French medical journals that, in some "of the rural districts of France, the practice of medicine has become almost impossible, and the situation of our *confrères* there rendered intolerable, in consequence of the *concurrence effrénée* of the aforesaid *religieuses*." More than this, M. Diday complains that the quacks even publicly advertise themselves as doctors in the public journals. He gives a specimen of one in the *Journal des Débats*:

"Cure of the most rebellious diseases in three days. Consultations by M. X., Doctor of Medicine" (giving name and address). This is even further than the quacks can go with safety in England; and is worthy the consideration of those who ask for repressive measures in this country.

Correspondence.

ACUPRESSURE.

LETTER FROM JAMES SYME, ESQ.

SIR,—Your obstetric correspondent can hardly expect that, after the public execution of his obnoxious pamphlet, any amount of personal abuse or professional misrepresentation proceeding from him should be deemed worthy of my notice. I am, etc.,

JAMES SYME.

Edinburgh, December 26th, 1865.

THE ELIMINATIVE TREATMENT OF DIARRHŒA AND CHOLERA.

LETTER FROM GEORGE JOHNSON, M.D.

SIR,—Your correspondent Dr. Bodington, suggests that the treatment of diarrhœa by small doses of sulphate of magnesia combined with the compound infusion of roses, as described by Mr. Startin, has more of a tonic and astringent than of an eliminative mode of operation. Few of your readers, I should imagine, will agree with Dr. Bodington in this opinion. Both Mr. Newton and Mr. Startin believed the treatment to be mainly eliminative; the practice being to give "Epsom salts and acidulated infusion of roses after each morbid evacuation, until the secretions assumed a healthy character; when, if the pain and tenesmus continued, he gave the acid without the salts, adding occasionally a little ginger, kino, and a few drops of laudanum; though this he observed was very rarely needed, if the patient was seen at the commencement of the attack."

Dr. Bodington institutes a comparison between this treatment of diarrhœa and Mr. Swain's treatment of choleraic collapse by calomel. It is difficult to see what object can be attained by a comparison of the results of treatment in cases so totally different as ordinary epidemic diarrhœa and choleraic collapse.

Towards the conclusion of Dr. Bodington's letter, we find that his opinion as to the operation of the various constituents of Mr. Startin's mixture is influenced by a theory of his own. He believes the mineral acid to be the chief curative agent. He says: "The advantages of the acid treatment appear to be these; viz., that it is tonic, astringent, and, more than all, chemically antagonistic to the cholera-poison." Is it too much to expect from Dr. Bodington, that he should favour us with a statement of the evidence upon which he bases his assertion that in the mineral acids we have a chemical antidote to the cholera-poison? I am, etc.,

GEORGE JOHNSON.

11, Savile Row, Dec. 26th, 1865.

TREATMENT OF ENLARGED TONSILS.

LETTER FROM GEORGE EVANS, JUN., ESQ.

SIR,—In last week's number of the BRITISH MEDICAL JOURNAL, I notice your review of a book by Mr. William J. Smith, which I had previously seen advertised and have since read.

The work referred to is on Enlarged Tonsils: and the author advocates the destruction of the glands by the application of caustic potash.

As an apology for the publication of the treatise, Mr. Smith commences his preface as follows:—

"Having paid some attention to the anatomy, physiology, and diseases of the tonsils, and been struck with the want of concurrence between the observations of those—and they are few—who have treated of these subjects, and my own, I have been induced to publish the latter in the form of separate brochures at short intervals, each treating of one or more points according to its or their importance. I have chosen this method in the hope of being aided as I go on by the labours or observations of any of my professional brethren, who have felt an interest in tonsillitic affections akin to my own," etc.

It is quite unnecessary for me to call the attention of your readers to the singularly involved and ambiguous sentences contained in these paragraphs; but I would remark that, though "they are few" who have treated on Mr. Smith's subject, they have completely anticipated his observations.

I forward you a reprint of a paper published by Dr. Morell Mackenzie in the *Medical Mirror* of August 1864, in which Dr. Mackenzie, whilst referring to the mode pursued by Dr. Fournié of Paris, of destroying tonsils with Vienna paste, gives his reasons for preferring a milder escharotic, in which caustic soda is the active agent. Whilst Dr. Mackenzie gave all the credit of the principle to Dr. Fournié, he himself had a very ingenious instrument contrived for applying the caustic which he recommends. Dr. Mackenzie's instrument was made by the same maker who, at a later period, made one for Mr. Smith. I make no remark on this curious coincidence; but I would observe that, unless Mr. Smith does justice to his predecessors, he can scarcely expect to be aided as he goes on by the labours and observations of his professional brethren.

I am, Sir, GEORGE EVANS, JUN.
Surgeon St. Marylebone Dispensary.

Welbeck Street, Dec. 21, 1865.

P.S.—About a year ago, and consequently long before I had the pleasure of perusing Mr. Smith's able work, I successfully employed the plan recommended by Dr. Mackenzie, and therefore feel myself bound to come forward on this occasion.

AMERICAN HOSPITALS. The number of sick and wounded in the United States hospitals throughout the country is less than five thousand. Eight months since there were over one hundred thousand patients.

PUBLIC HEALTH IN IRELAND. The last quarterly return of the Registrar-General of Ireland indicates that prosperity and Fenianism run together in that country. Comparative freedom from epidemic disease, fine weather, and good wages, all combined to render the quarter ending September 30th unusually healthy. Fever was the cause of few deaths, and these chiefly occurred in localities where sanitary precautions were wholly neglected. Deaths from small-pox were comparatively few, and nearly all the persons who succumbed had not been vaccinated. Scarlatina was, as usual, very fatal wherever sanitary precautions were defective. Diarrhoea was more than usually prevalent, and some cases of the ordinary autumnal cholera proved fatal; Asiatic cholera generally recovered. Diarrhoea caused 131 deaths in the Dublin registration district during the quarter; of this number 55 were of infants under one year old, and 27 were of children between one and five years old.

Medical News.

ROYAL COLLEGE OF PHYSICIANS OF LONDON. At a general meeting of the Fellows, held on Friday, December 22nd, 1865, the following gentlemen, having undergone the necessary examination, were duly admitted members of the College:—

Archer, Edmund, Queenstown, 4, Apr of Good Hope
Bastien, Henry Charlton, M.B. Lond., Broadmoor, Wokingham
Buckworth, Percy, M.D. Edin., Wimpole Street
Dicks, John Wale, M.D. Lond., St. Thomas's Hospital
Lush, John A., M.D. St. Andrew's, Fisherton House, Salisbury
Pye-Smith, Philip H., M.D. Lond., Anchor Terrace, Southwark
Smith, Heywood, M.B. Oxon., Park Street, Grosvenor Square
Williams, Charles Theodore, M.B. Oxon., Upper Brook Street

The following gentlemen, having undergone the necessary examination, and satisfied the College of their proficiency in the science and practice of medicine, surgery, and midwifery, were duly admitted to practise physic as Licentiates of the College:—

Barber, William Henry, Cheshamwell
Barnes, Robert, Robert Nussling, Sutton, Streatham Hill
Buckle, William Turberville, 9, New Ormond Street
Freeman, Henry William, United Hospital, Bath
German, Joseph, Friar Gate, Derby
Hall, Henry John, 4, Maud Road, Carter Street, Walworth
Haydon, Nathaniel Thomas John, St. Mary's Hospital
Kempthorne, John, Callington, Cornwall
Mullan, William James, Rye, Sussex
Smith, James William, Whitby
Stedman, James, 43, Rotherfield Street, Islington
Thorne, Richard Thorne, Sussex House Asylum, Hammersmith

APOTHECARIES' HALL. On December 21st, 1865, the following Licentiates were admitted:—

Barracough, Robert W. S., Streatham Hill, Brixton
Broughton, Robert David, Ruyton-of-the-Eleven-Towns, Salop
Folliott, James, Egerton Villas, Douglas Road
Hembrough, John William, Waltham, Lincolnshire
Manby, Frederic Edward, East Rudham, Norfolk
Smith, Samuel Hignett, Weavenham, Cheshire
Spencer, George Oathwaite, Horbury Terrace, Notting Hill
Weller, George, Fairfield Villas, Bow Road

At the same Court, the following passed the first examination:—

Glaister, Harry Burrill, Royal Infirmary, Liverpool
Meadows, Charles John Walford, Guy's Hospital

APPOINTMENTS.

BONNEY, William, Esq., appointed Resident Obstetric Assistant at the Middlesex Hospital.

***PURE, George, Esq.,** appointed Surgeon to the Hospital for Diseases of the Skin.

GRIFFITH, George, Esq., appointed Government Surgeon to the Forts and Batteries at Milford Haven.

SMITH, E. Noble, Esq., appointed Honorary Apothecary to the Lock Hospital at Westbourn.

ARMY.

BARNETT, Assistant-Surgeon O., 12th Lancers, to be Assistant-Surgeon 11th Hussars, vice W. H. Muschamp.

MUSCHAMP, Assistant-Surgeon W. H., 11th Hussars, to be Assistant-Surgeon 12th Lancers, vice O. Barnett.

ROYAL NAVY.

MAIR, George, Esq., Assistant-Surgeon, to the *Lizard*.

SIMPSON, John, M.D., Surgeon, to the *Fisgard*, for the Royal Marine Infirmary, Woolwich.

VOLUNTEERS, (A.V.=Artillery Volunteers; R.V.=Rifle Volunteers):—

CLARK, W. W., M.D., to be Honorary Surgeon 1st Administrative Battalion Northamptonshire R.V.

WRIGHT, S., Esq., to be Honorary Assistant-Surgeon 6th Cambridgeshire R.V.

BIRTH.

NASON. On December 16th, at Stratford-upon-Avon, the wife of *John James Nason, M.B., of a daughter.

DEATHS.

CLFEMENGER. On December 16th, in Dublin, Harriet, widow of Henry Clemenger, Esq., Surgeon R.N.

DAVIES. On December 24th. at Laugherne House, Pershore, Avey, wife of Francis Davies, Esq.
 HENNELLY. On December 19th. at Norwood, aged 2, Albert Lori, only son of L. Huntley, Esq., Surgeon.

Dr. A. HASSALL has registered a process for "improvements in the preparation of meat for food."

AMALGAMATED JOURNALS. The *Dublin Medical Press* announces an incorporation of the *Medical Press* and *Medical Circular*.

UNIVERSITY OF EDINBURGH. The *Senatus Academicus* has granted the application of the medical students for Christmas holidays.

GERMAN YEAST is mostly obtained from the distillers at Hamburg and Rotterdam. One formula directs the fermentation of a decoction of rye-m meal and honey.

AN EPIDEMIC TYPHUS which prevailed for a time in the Garden of Acclimatisation of the Bois de Boulogne has now entirely disappeared. It caused the loss of thirty-five animals.

HEALTH OF LONDON. The weekly report of the Registrar-General shows that the mortality of London is very heavy. The deaths exceed the average by 175.

VISITATION OF EXAMINATIONS. Dr. Hargrave visited the examinations for the Surgical Degree in Trinity College, Dublin, held during the Michaelmas Term of the year 1865. (*Medical Press*.)

SANITARY COMMISSION FOR GIBRALTAR. A proclamation has been issued by Sir Richard Airey, the Governor of Gibraltar, appointing sanitary commissioners for Gibraltar. On the 16th, the Sanitary Commissioners held their first meeting.

BARONETCY CONFERRED ON MR. FERGUSON. Her Majesty has been pleased to confer the title of a Baronet of the United Kingdom on William Ferguson, Esq., F.R.S., Professor of Surgery to King's College.

BEAUTIFUL BRAY! The Irish Registrar-General says: "In the Bray district, sixteen of the deaths were referred to scarlatina. The Registrar remarks that the disease still prevails, and adds: 'Supply of water, ventilation of houses and sewerage, very defective in this district amongst the poor.'"

ROYAL HUMANE SOCIETY. The bronze medallion of the society has been awarded to Mr. W. N. Manley, assistant-surgeon, R.A., for saving Bombardier Malden, R.A., who fell from the steamer *Favourite* into the Waitotara River, New Zealand, on July 21st last.

TESTIMONIAL TO DR. PATERSON. Dr. James Paterson, of Glasgow, has been presented with a testimonial subscribed for by a large number of citizens, as a mark of respect for, and sympathy with him in the difficult position in which he was placed in connection with Dr. Pritchard's trial. The testimonial consisted of a purse, containing 200 guineas, and a handsome silver salver bearing a suitable inscription.

MURDER IN A LUNATIC ASYLUM. At the recent assizes, in Leeds, an inmate of the West Riding Pauper Lunatic Asylum was indicted for the wilful murder of another lunatic, named William Burran. The prisoner had the reputation of being a quiet and harmless man, but one morning he seized a heavy coal shovel and killed the deceased by repeated blows on the head. He afterwards said that voices in the air ordered him to save his own life by killing a man, but he expressed his sorrow that he had not killed some one else than the deceased. The verdict was returned that he was of unsound mind.

CAPITAL PUNISHMENT. The Royal Commission on Capital Punishments has just made its report. The commissioners recommend that the extreme sentence of the law should be inflicted on persons guilty of treason, murder committed with express and evidently shown malice aforethought, and murder committed in connection with the perpetration of other great crimes; that for cases of murder where the malice is more matter of construction than fact, the capital sentence be not inflicted; that the law on child murder be better defined; and, finally, that executions be carried out in private, with, of course, due precautions for the satisfaction of the public that the punishment has been inflicted.

DEATHS FROM LIGHTNING. The *Gazette des Hôpitaux* states that there were 87 persons struck dead by lightning in France during the year 1864, of whom 61 were men and 26 women. The number of deaths in France from a similar cause in 1863 was 103. From 1835 to 1864 the number of deaths from lightning in the 86 ancient departments of France amounted to 2,311. By adding 120 deaths, at the rate of four a year, for the three new departments, we find that there were 2,431 deaths from lightning within 30 years in France as it is at present constituted. It has been further ascertained that the number of persons wounded by lightning in France during the same period was four times the number of killed.

HEALTHINESS OF IRON-CLADS. Some extraordinary statistics concerning the comparative healthiness of iron-clads and wooden vessels are given in the report of the chief of the bureau of medicine and surgery. The monitor class of vessels, it is well known, have but a few inches of their hulls above the water line, and in a heavy sea are entirely submerged. It has been doubted whether, under such circumstances, it would be possible long to preserve the health of the men on board, and consequently to maintain the fighting material in a condition for effective service. An examination of the sick reports shows that there was less sickness on board the monitor vessels than on the same number of wooden ships with an equal number of men and in similarly exposed situations. The conclusion is, that no wooden vessels in any squadron throughout the world can show an equal immunity from disease. (*Report on the Navy, Washington*.)

OBSTETRICAL SOCIETY OF LONDON. It is intended to hold a *conversazione* of this society in March 1866, on a day to be hereafter fixed, at which it is proposed to exhibit instruments and appliances used in obstetrical practice: viz., for midwifery; for the investigation and treatment of the diseases of women; for the management of infants; and miscellaneous for collateral subjects. The Council are especially anxious to obtain specimens illustrating the original forms of obstetric instruments, and the modifications adopted at different times and in various countries. Exhibitors are requested to attach to each instrument a short description, specifying, as far as possible, the name of the instrument, the name of the inventor or modifier, the date of its first construction and publication, together with the name of the actual exhibitor. It is also particularly requested that a full list or invoice be sent with every collection.

THE "TIMES" IN THE PILLORY. Sir J. Tyrell writes as follows in the *Times*:—"Supposing that by this time the doctrine of the Mansion-house in regard to Sanitariums, and its advocacy by the *Times*, are exploded, and, if possible, the more wretched but equally mischievous doctrines of homoeopaths are abandoned, there is hope that the unanimous views of the Royal

Agricultural Society, etc., will be embodied in edicts from the Privy Council. The mischievous statement that 75 beasts were cured in Holland, which went the round of the papers to suit the homœopaths, was coined in this way. The two or three out of twenty that sometimes survive the attack, all that survive from the lung-complaint, and the whole from the foot-and-mouth that get well of themselves, make up the rest; the statement being utterly at variance with the facts. Having no Opposition to take advantage of any shortcomings, the sagacious Emperor of the French and his Minister of Agriculture well know how to best deal with this matter. At this moment Boulogne is enjoying good meat of all kinds; butter, cream, and milk without fear and without stint."

A COMPLIMENT TO LONDON DOCTORS. Dr. Howard, in an introductory address delivered at the McGill University, Montreal, gave some of the impressions made upon him during his recent visit to the London schools of medicine. He alluded to the vast field of observation existing among the numerous large and well endowed hospitals of the metropolis. He noticed the untiring industry of the physicians and surgeons of the hospital, it being no uncommon thing to be attached to two hospitals, and sometimes even three; and spoke in terms of admiration of their caution in drawing conclusions, their candour in confessing their ignorance, and their modesty and reserve in the expression of opinion upon vexed questions in science. (*Canada Med. Jour.*)

LADIES' SANITARY ASSOCIATION, LEEDS BRANCH. The first annual meeting of this Branch was held in the Philosophical Hall, on Monday, the 18th instant, when a large audience was present—the Lord Bishop of Ripon in the chair, who was supported by several influential ladies and gentlemen, the leading clergy, etc. The Honorary Secretary, Mr. Ekin, read the report, showing the operations and utility of the Branch; it also referred to the present defective sanitary condition of Leeds, and made several practical suggestions to lessen, if not remove, the evils now existing. It recommended the appointment of a medical officer of health; and urged that some independent efficient scientific gentleman, not a local practitioner, should be fixed upon. The corporation of Leeds were urged to take active measures to lessen the undue mortality now existing, and co-operation of all parties with the authorities recommended. Letters were read from the Earl of Shaftesbury, the Right Hon. W. Cowper, M.P., and other influential sanitary reformers, expressing their interest in the cause, and their regret at not being able to be present. The Bishop of Ripon, formerly a clergyman of St. Giles's, London, made a most excellent speech, and referred to his previous sanitary labours in the metropolis. Dr. B. W. Richardson, who attended the meeting at the express invitation of the Branch, spoke of the difficulties which sanitary reformers and societies had always at first to contend against, and on the apathy of the public till panic moved them to action. He referred to the objects of the present Association, and alluded to several important points, such as the removal of the sick, their conveyance from their homes to the hospital; the danger of communicating disease from laundries where clothes were indiscriminately collected; to the great need of a better class of work-rooms, especially for sempstresses, tailors, and others. He saw no reason why Leeds should not become as healthy as any other town in England; for it was advantageously circumstanced, and had ample opportunities of making sanitary improvement. The meeting was a highly successful one, and cannot fail to produce good results.

OPERATION DAYS AT THE HOSPITALS.

MONDAY.....Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 9 A.M. and 1.30 P.M.—Royal London Ophthalmic, 11 A.M.
TUESDAY. Guy's, 14 P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.
WEDNESDAY... St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.—St. Thomas's, 1.30 P.M.
THURSDAY.... St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopaedic, 2 P.M.—Royal London Ophthalmic, 11 A.M.
FRIDAY..... Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.
SATURDAY.... St. Thomas's, 9.30 A.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 3 P.M.—Look, Clinical Demonstration and Operations, 1 P.M.—Royal Free, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY. Odontological Society (Anniversary).
TUESDAY. Pathological Society of London, 8 P.M.—Anthropological Society, 8 P.M. (Anniversary).
WEDNESDAY. Obstetrical Society of London, 8 P.M. Annual Meeting for election of Officers; President's Address; Papers by Drs. Lusk, Snow, Beck, Hall Davis, etc.
THURSDAY. Hygienic Society of London, 8 P.M. Anniversary President's Address and election of Officers.

TO CORRESPONDENTS.

*. All letters and communications for the JOURNAL, to be addressed to the EDITOR, 37, Great Queen St., Lincoln's Inn Fields, W.C.

COMMUNICATIONS.—To prevent a not uncommon misconception, we beg to inform our correspondents that, as a rule, all communications which are not returned to their authors, are retained for publication.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course not necessarily for publication.

CATTLE-PLAGUE OR RINDERPEST?—SIR: Can you inform me on what principle some of the writers of letters to newspapers speak of the "spread of the Rinderpest", while I do not find that any Germans allude to "Verbreitung der Cattle-plague"? One of the daily journals informed the public that the disease was known in Russia by the name of "Rinderpest". Quite startling information to any Muscovite farmer, I should fancy. While our Government officials stick to plain English, the newspapers with their "Rinderpest" sadly puzzle the agricultural mind. I observe that all people who are ignorant of German, make the foreign word still more ridiculous, by pronouncing the first two syllables as if they rhymed with "grinder". I am, etc., D.
December 23rd, 1865.

THE GRIFFIN TESTIMONIAL FUND.—SIR: The following subscriptions have been further received on behalf of the above Fund:—E. B. Adams, Esq. (Bungay), 10s.; William Sprigg, Esq. (Watton), 10s.; and Messrs. Roberts and Squires (Festiniog), £1:1.

Amount previously announced, £139:12:3.

I am, etc.,

ROBERT FOWLER, M.D.,

Treasurer and Hon. Sec.

145, Bishopsgate Street Without, December 27th, 1865.

COMMUNICATIONS have been received from:—Dr. HENRY BROWN; Dr. G. K. H. PATERSON; Mr. F. DAVIES; Mr. PAU BELCHER; THE HONORARY SECRETARY OF THE OBSTETRICAL SOCIETY; Dr. BOECK; Mr. GAINES; Mr. SYME; Mr. WILLIA CORSELY; Dr. SIMPSON; Dr. NASON; Mr. J. HOWE; Dr. GEORGE JOHNSON; Mr. G. BURT; Mr. J. ADAMSON; D.; Dr. OBER FOWLER and Mr. T. M. STONE.

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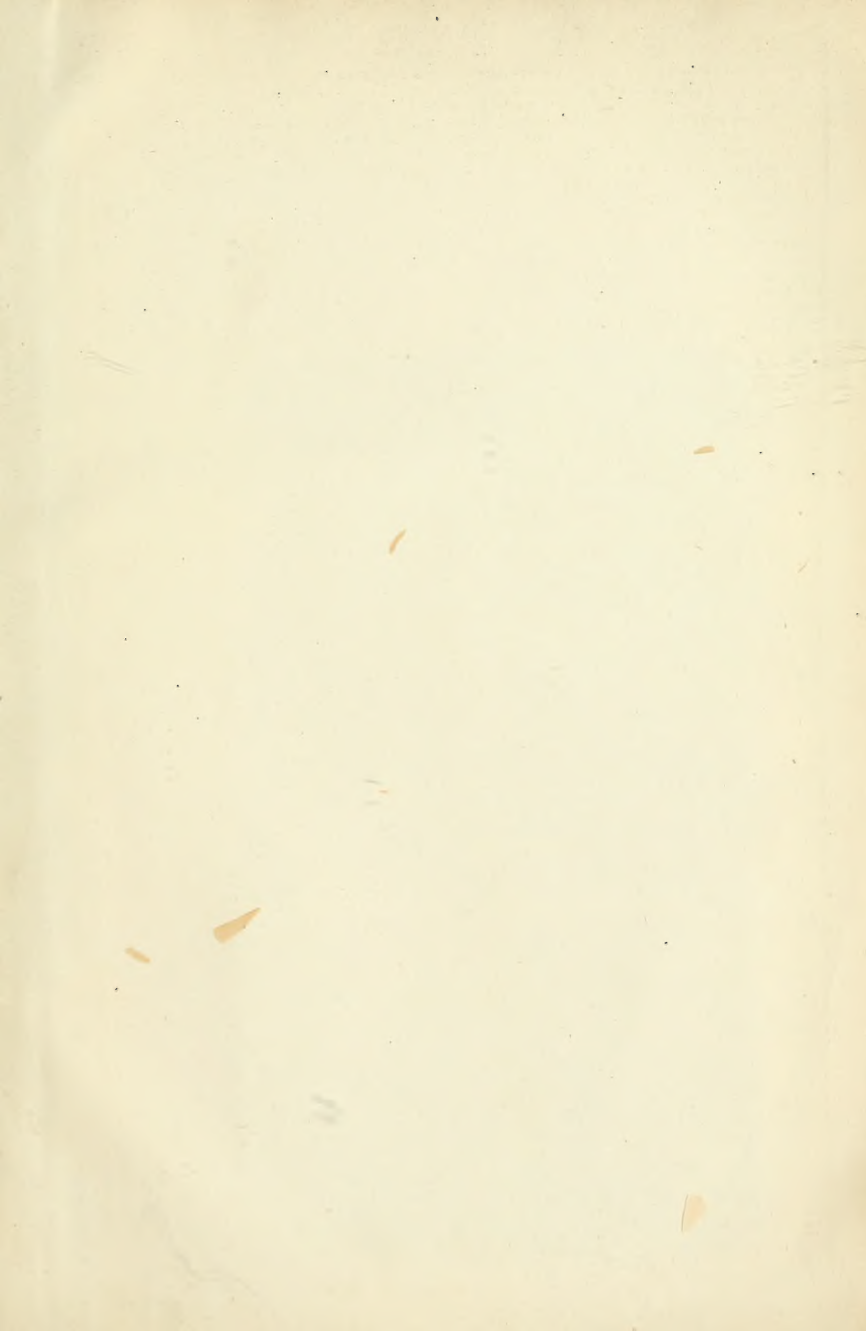
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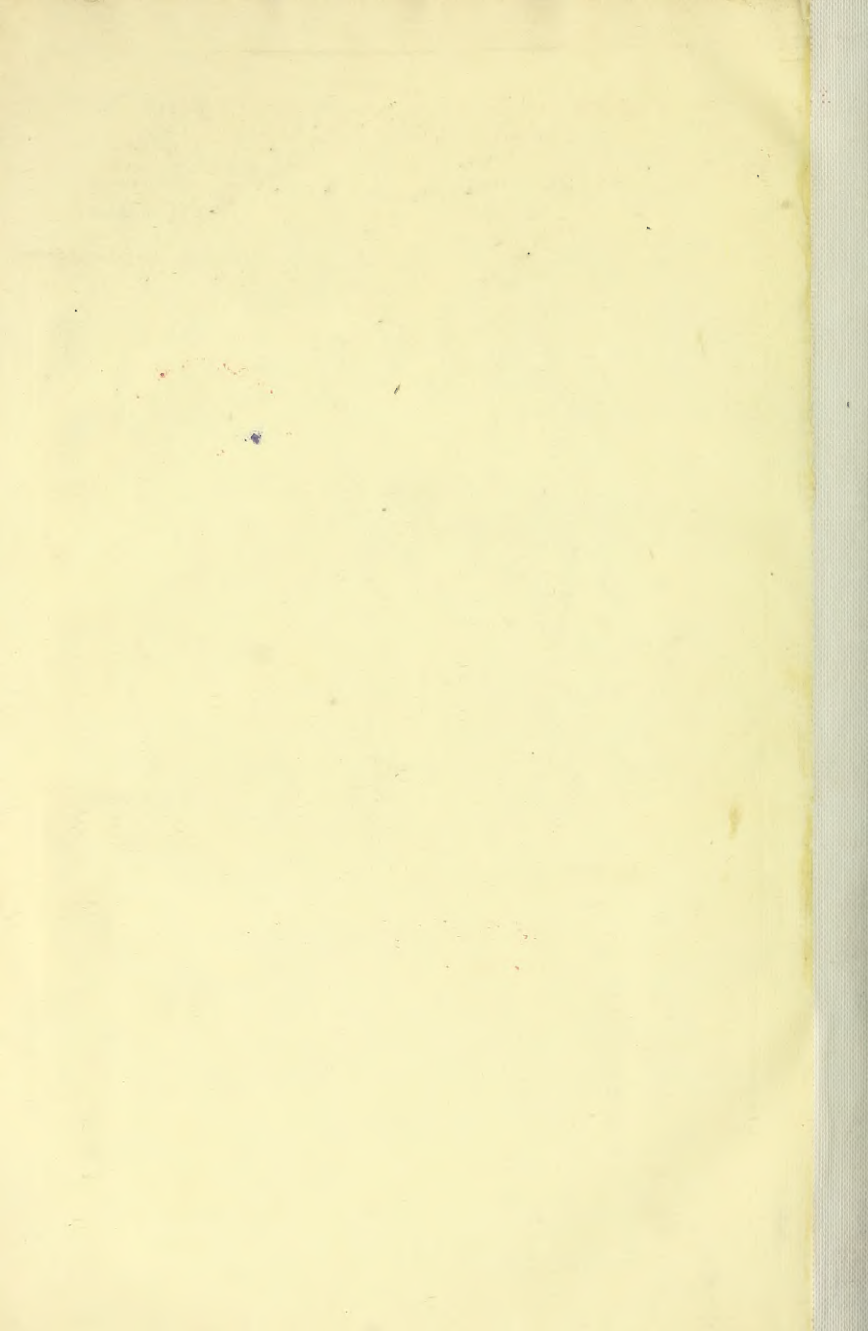
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